Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1979

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

10 BROADWAY
HAMDEN, CT 06518-2614

10 BROADWAY
HAMDEN, CT 06518-2614

2b Employer Identification Number (EIN) 06-1308364

2c Plan Sponsor's telephone number 203-281-5511

2d Business code (see instructions) 236200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	LISA HUMPHREY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	JEFF WOLCHESKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	JOHN BUTTS
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name SOUTHERN NEW ENGLAND CARPENTERS ANNUITY PLAN

c Plan Name SOUTHERN NEW ENGLAND CARPENTERSANNUITY PLAN

4b EIN 06-1308364

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	26497
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	10907
a(2) Total number of active participants at the end of the plan year	**6a(2)**	10777
b Retired or separated participants receiving benefits	**6b**	534
c Other retired or separated participants entitled to future benefits	**6c**	15927
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	27238
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	535
f Total. Add lines **6d** and **6e**	**6f**	27773
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	27773
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	1046

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

2E 2F 2H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4B

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

D Employer Identification Number (EIN)
06-1308364

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1423090	69744	GA01300		01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	5312103

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

D Employer Identification Number (EIN)
06-1308364

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5582869	66915	P51225	1	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	0		

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AGE & AMOUNT OF COVERAGE

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

D Employer Identification Number (EIN)
06-1308364

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	P51170	2	07/01/2020	06/30/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		

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

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

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	(c) Amount	**(d)** Purpose	

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ AGE & AMOUNT OF COVERAGE

b	Premiums paid to carrier	**6b**	2909
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN	06-1308364

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL GLOBAL INVESTORS TRUST CO
1300 SW FIFTH AVENUE
PORTLAND, OR 97201

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

DIMENSIONAL FUND ADVISORS, LP

30-0447847

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

HARBOURVEST PARTNERS LP
ONE FINANCIAL CENTER
BOSTON, MA 02111

74-3130888

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

HARBOURVEST IX-CREDIT OPPORTUNITIES
ONE FINANCIAL CENTER
BOSTON, MA 02111

32-0292084

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

HARBOURVEST 2013 DIRECT ASSOCIATES

ONE FINANCIAL CENTER
BOSTON, MA 02111

45-4069261

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

BLACKSTONE INFRASTRUCTURE ASSOCIATE

345 PARK AVENUE
NEW YORK, NY 10154

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

PORTFOLIO ADVISORS LLC

98-1302448

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

GCM CUSTOMIZED FUND INVESTMENT GROU

80-0952472

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

IRONSIDES DIRECT INVESTMENT FUND V

74-3246212

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

IRONSIDES PARTNERSHIP FUND V, LP

74-3246212

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

J.P. JEANNERET ASSOCIATES, INC

16-1329502

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

COMMUNITY BANK, N.A.

15-0436580

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

FIRST EAGLE INVESTMENT MANAGEMENT,

57-1156902

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

RELIANCE TRUST COMPANY

201 17TH ST NW SUITE 1000
ATLANTA, GA 30363

58-1428634

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

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

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

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

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

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

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

NORTH ATLANTIC STATES CARP PENSION

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	1016684	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOOMIS SAYLES & COMPANY, LP

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	607186	Yes [X] No [ ]	Yes [X] No [ ]	16844	Yes [ ] No [X]

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50	NONE	151681	Yes [X] No [ ]	Yes [ ] No [ ]	348776	Yes [ ] No [ ]

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

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

LOOMIS SAYLES TRUST COMPANY, LP

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	317834	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF AMERICA MERRILL LYNCH

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	255412	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEKETA INVESTMENT GROUP, INC.

42-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	171867	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

REID & RIEGE, P.C.

06-0867204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	115522	Yes [X] No [ ]	Yes [X] No [ ]	24892	Yes [ ] No [ ]

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

PALO INFORMATICS LLC

46-2647728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 15	NONE	124697	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE #8

10 BROADWAY
HAMDEN, CT 06518-2614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	103656	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AMERICAN REALTY ADVISORS

515 FLOWER STREET 49TH FLOOR
LOS ANGELES, CA 90071

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	101708	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BEERS, HAMERMAN, COHEN & BURGER P.C

47-2517893

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	76375	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

J.P. MORGAN INVESTMENT MANAGEMENT I

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	68620	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MASSACHUSETTS MUTUAL LIFE INSURANCE

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 62 64 72 60	CONTRACT ADMINISTRATOR	64798	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

EMPLOYEE #5

10 BROADWAY
HAMDEN, CT 06518-2614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63322	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE #13

14 JEFFERSON PARK ROAD
WARWICK, RI 02888

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60124	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SHENKMAN CAPITAL MANAGEMENT

461 FIFTH AVENUE 22ND FLOOR
NEW YORK, NY 10017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	46152	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEVY CHASE TRUST COMPANY

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	38244	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE UNION LABOR LIFE INSURANCE COMP

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	35260	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE #10

10 BROADWAY
HAMDEN, CT 06518-2614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34522	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RBC GLOBAL ASSET MANAGEMENT, INC.

41-1460668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	28171	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 15	NONE	24433	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NORTHEAST CARPENTERS HEALTH FUND

22-6032181

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15	CONTRACT ADMINISTRATOR	23705	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE #9

10 BROADWAY
HAMDEN, CT 06518-2614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	22826	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE #1

10 BROADWAY
HAMDEN, CT 06518-2614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	22407	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE #11

10 BROADWAY
HAMDEN, CT 06518-2614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	15341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PERFECT PRINTING SOLUTIONS, INC.

47-4140223

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	15118	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMPUMAIL CORP

20-3101934

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE #12

14 JEFFERSON PARK ROAD
WARWICK, RI 02888

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	12072	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE #6

10 BROADWAY
HAMDEN, CT 06518-2614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	10846	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE #2

10 BROADWAY
HAMDEN, CT 06518-2614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	8309	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE #3

10 BROADWAY
HAMDEN, CT 06518-2614

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	6764	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

VANGUARD

23-1899003

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

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

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

VANGUARD

23-1945930

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

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

BNY MELLON

25-6078093

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

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

HARRIS

52-2257782

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM MELLON NSL STCK IDX CIT 25-6078093	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM MELLON NSL REIT INDX CI 25-6078093	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM MELLON NSL ACWI EX-US C 25-6078093	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM MELLON NSL TIPS INDEX C 25-6078093	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD HIGH-YIELD CORPORAT 23-1899003	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM MELLON NSL 1-3 YR GVCRD 25-6078093	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD FTSE ALLWD XUS SMCP 23-1945930	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNYM MELLON NSL MDCP STCK IN 25-6078093	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNYM MELLON NSL SMRTPTH RET 25-6078093	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM MELLON NSL SML CP STCK 25-6078093	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM MELLON NSL EMG MKTS STC 25-6078093	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM MELLON SMTPTH 2020 CIT 25-6078093	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM MELLON SMTPTH 2025 CIT 25-6078093	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM MELLON SMTPTH 2030 CIT 25-6078093	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BNYM MELLON SMTPTH 2035 CIT 25-6078093	BASIS POINTS * PLAN ASSETS

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNYM MELLON SMTPTH 2040 CIT 25-6078093	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNYM MELLON SMTPTH 2045 CIT 25-6078093	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNYM MELLON SMTPTH 2050 CIT 25-6078093	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNYM MELLON SMTPTH 2055 CIT 25-6078093	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNYM MELLON SMTPTH 2060 CIT 25-6078093	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASS MUTUAL PREM US GOVT MM 04-3212059	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASS MUTUAL PREM US MNY MKT 04-3212059	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARRIS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK EQUITY & INCOME FUND 52-2257782	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK EQUITY & INCOME FUND 52-2257782	BASIS POINTS * PLAN ASSETS	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	17 22 53	2442
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHUBB 13-1963496	STANDARD INSURANCE COMMISSION	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	17 22 53	8661
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUCLID/HUDSON 45-3957469	STANDARD INSURANCE COMMISSION	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	17 22 53	1146
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRAVELERS 06-0566090	STANDARD INSURANCE COMMISSION	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	17 22 53	11199

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULLICO/MARKEL 13-2988846	STANDARD INSURANCE COMMISSION

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

D Employer Identification Number (EIN)
06-1308364

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW ULTRA CONSTRUCTION LOAN

b Name of sponsor of entity listed in (a): AMALGAMATED BANK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-8434730-006	C	67727

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PRINCIPAL INVESTORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	27676427

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-6052285-001	C	206510616

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INTERMEDIATE GOVT/CREDIT

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3199817-001	C	269369933

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EX-US SUPERFUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3321088-001	C	42438477

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US TREASURY INFLATION

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3410125-001	C	65026850

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK JP MORGAN EMBI GLOBAL DIV

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-2484172-001	C	24375938

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE FIXED INCOME

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC

c EIN-PN 20-8080381-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44992102

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES HIGH YIELD

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC

c EIN-PN 84-6391546-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49905017

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P GLOBAL LARGEMIDCAP

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-287	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12141417

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO GA 1300 SEPARATE GROUP J

b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INS COMPANY

c EIN-PN 13-1423090-203	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5312103

a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

c EIN-PN 52-6257033-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3551882

a Name of MTIA, CCT, PSA, or 103-12 IE: JP MCB STRATEGIC PROPERTY FUND

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 13-6038770-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8206837

a Name of MTIA, CCT, PSA, or 103-12 IE: MASTER INCOME-PLUS GROUP TRUST

b Name of sponsor of entity listed in (a): J.P. JEANNERET ASSOCIATES, INC.

c EIN-PN 22-6591835-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10048

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2020 CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-150	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19351155

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2025 CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-283	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4003076

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2030 CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-151	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2741722

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2035 CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-284	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1723691

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2040 CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-152	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 516016

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2045 CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-285	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 263465

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2050 CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-278	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164855

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2055 CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-304	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172806

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2060 CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-325	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221254

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON TIPS INDEX CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-233	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1545352

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-153	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4626056

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL STCK ID CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-226	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44870653

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL MDCP STCKIDX CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-237	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6261087

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL SMLCP STKIDX CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-234	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3211942

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL REIT INDX CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-185	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5494971

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL ACWI EX-US CIT

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-239	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1590213

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL 1-3 YR GVCR BD IDX C

b Name of sponsor of entity listed in (a): BNY MELLON

c EIN-PN 25-6078093-256	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22057052

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS EMERGING MARKETS

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN 82-6258259-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38572391

a Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST

b Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT MANAGEMENT CAYMAN LTD.

c EIN-PN 76-6192146-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36558693

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES AND COMPANY, LP

b Name of sponsor of entity listed in (a): SENIOR FLOATING RATE FUND, LLC

c EIN-PN 82-0542784-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31691923

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

D Employer Identification Number (EIN)
06-1308364

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4078618	5065854
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1992783	5388187
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	26686393	19343697
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	57064384	76732245
(5) Partnership/joint venture interests	1c(5)	162410097	274937339
(6) Real estate (other than employer real property)	1c(6)	20227354	21258970
(7) Loans (other than to participants)	1c(7)	1124674	1398223
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	890242372	917465900
(10) Value of interest in pooled separate accounts	1c(10)	5160657	5312103
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	30730236	31691923
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	63927591	29837309
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	440946	322560

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1264086105	1388754310
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	1121164	709188
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	187792	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1308956	709188
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1262777149	1388045122

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	61494697	
	(B) Participants	2a(1)(B)	12180	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		61506877
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3725	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)	1084586	
	(E) Participant loans	2b(1)(E)	70280	
	(F) Other	2b(1)(F)	33490	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1192081
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	2724355	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2724355
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	529828048	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	464296421	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		65531627
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	1659575	
	(B) Other	2b(5)(B)	35513948	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		37173523

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		45673215
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		175612
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5531199
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		219508489
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	88289634	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		88289634
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		160082
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	486249	
(2) Contract administrator fees	2i(2)	1682436	
(3) Investment advisory and management fees	2i(3)	3437808	
(4) Other	2i(4)	184307	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5790800
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		94240516
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		125267973
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BEERS, HAMERMAN, COHEN & BURGER, P. **(2)** EIN: 47-2517893

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

D Employer Identification Number (EIN)
06-1308364

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-1687665 04-1590850

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2021 AND 2020

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

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BHC&B
Beers, Hamerman, Cohen & Burger, PC
Certified Public Accountants and Business Consultants

Audit
Tax
Advisory
Assurance
Valuation
Litigation Support

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
North Atlantic States Carpenters Annuity Plan
Hamden, Connecticut

Opinion

We have audited the accompanying financial statements of North Atlantic States Carpenters Annuity Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of North Atlantic States Carpenters Annuity Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of North Atlantic States Carpenters Annuity Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Beers, Hamerman, Cohen + Burger, P.C.

New Haven, Connecticut
October 14, 2022

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2021	December 31, 2020
ASSETS		
Investments, at fair value	$ 1,376,314,645	$ 1,255,429,382
Cash		
Operating	507,851	496,903
Collection	79,550	963,745
Total Cash	587,401	1,460,648
Receivables		
Employers' contributions	5,065,854	4,078,618
Accrued interest	46,233	63,042
Due from Carpenters Funds	4,661,092	1,920,624
Notes receivable from participants	1,398,223	1,124,674
Due from broker for securities sold	670,688	-
Total Receivables	11,842,090	7,186,958
Prepaid expenses and other assets	10,174	9,117
Total Assets	1,388,754,310	1,264,086,105
LIABILITIES		
Accounts payable	709,188	1,121,164
Due to broker for securities purchased	-	187,792
Total Liabilities	709,188	1,308,956
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,388,045,122	$ 1,262,777,149

See accompanying notes to the financial statements.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2021			Year Ended December 31, 2020		
	Regular Accounts	Voluntary Accounts	Total	Regular Accounts	Voluntary Accounts	Total
Trustee Directed Accounts						
Additions						
Investment income						
Net appreciation in fair value of investments	$ 137,036,803	$ -	$ 137,036,803	$ 97,439,351	$ -	$ 97,439,351
Interest on notes receivable from participants	70,280	-	70,280	61,445	-	61,445
Interest income	1,121,801	-	1,121,801	1,050,984	-	1,050,984
Dividend income	2,724,355	-	2,724,355	1,816,668	-	1,816,668
	140,953,239	-	140,953,239	100,368,448	-	100,368,448
Less: investment management fees	(3,437,808)	-	(3,437,808)	(1,961,912)	-	(1,961,912)
Net Investment Income	137,515,431	-	137,515,431	98,406,536	-	98,406,536
Contributions	61,494,697	12,180	61,506,877	59,353,622	13,410	59,367,032
Total Additions	199,010,128	12,180	199,022,308	157,760,158	13,410	157,773,568
Deductions						
Benefits paid to participants	78,090,902	12,055	78,102,957	76,113,736	10,000	76,123,736
Administrative expenses						
Allocated overhead expenses	1,581,638	-	1,581,638	1,815,607	-	1,815,607
Consulting fees	297,823	-	297,823	221,418	-	221,418
Insurance	130,027	-	130,027	91,274	-	91,274
Legal fees	115,522	-	115,522	145,229	-	145,229
Financial audit fees	72,904	-	72,904	44,708	-	44,708
Service contract and loan software	4,671	-	4,671	3,300	-	3,300
Printing	12,242	-	12,242	20,876	-	20,876
Postage	24,763	-	24,763	17,504	-	17,504
Office expense	12,604	-	12,604	10,491	-	10,491
Total Administrative Expenses	2,252,194	-	2,252,194	2,370,407	-	2,370,407
Total Deductions	80,343,096	12,055	80,355,151	78,484,143	10,000	78,494,143
Net investment income allocated to voluntary accounts	(842,104)	842,104	-	(639,708)	639,708	-
Change in Net Assets - Trustee Directed	117,824,928	842,229	118,667,157	78,636,307	643,118	79,279,425
Participant-Directed Accounts						
Additions						
Net appreciation in fair value of investments	17,048,373	-	17,048,373	11,256,442	-	11,256,442
Deductions						
Benefits paid to participants	10,346,759	-	10,346,759	8,499,545	-	8,499,545
Administrative Expenses	100,798	-	100,798	70,159	-	70,159
Total Deductions	10,447,557	-	10,447,557	8,569,704	-	8,569,704
Change in Net Assets - Participant Directed	6,600,816	-	6,600,816	2,686,738	-	2,686,738
Change in Net Assets	124,425,744	842,229	125,267,973	81,323,045	643,118	81,966,163
Assets transferred to plan	-	-	-	629,997,858	-	629,997,858
Net Assets Available for Benefits, Beginning of Year	1,259,509,158	3,267,991	1,262,777,149	548,188,255	2,624,873	550,813,128
Net Assets Available for Benefits, End of Year	**$ 1,383,934,902**	**$ 4,110,220**	**$ 1,388,045,122**	**$ 1,259,509,158**	**$ 3,267,991**	**$ 1,262,777,149**

See accompanying notes to the financial statements.

NOTE 1 - PLAN DESCRIPTION

The following description of the North Atlantic States Carpenters Annuity Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Plan Amendment – Name Change
Effective January 1, 2021, the Plan was amended to change the name of the Plan from Southern New England Carpenters Annuity Plan to North Atlantic States Carpenters Annuity Plan and effective for hours worked after December 31, 2020, the Plan continues to be designated as a profit-sharing plan.

Plan Amendment – Asset/Liability Transfer
The Trustees approved an asset/liability transfer agreement effective January 1, 2020, whereby assets and related liabilities of the Northeast Carpenters Annuity Fund's New York participants were transferred to the Plan. The value of Net Assets Available for Benefits transferred in connection with this agreement totaled $629,997,858. See Note 3 for details of the transfer.

General
The Plan was originally established on April 1, 1979, under the terms of an Agreement and Declaration of Trust. The Plan is a multi-employer, jointly administrated, collectively bargained, defined contribution profit-sharing plan (for all hours worked after December 31, 2019) and was established to provide retirement benefits to carpenters who meet certain eligibility requirements. The Plan includes protected money purchase pension accounts/profit-sharing accounts for participants for certain hours worked after December 31, 2019, as described by the Plan.

The Board of Trustees (Trustees) have overall responsibility for the operation of the Plan. The Trustees determine the appropriateness of the Plan's investment operations and monitors investment performance. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions
The Plan is funded by contributions made by employers and voluntary after-tax contributions by employees. Employer contributions are based on hourly rates set through collective bargaining agreements. Hours reported to the Plan were 12,209,670 and 12,435,856 for the years ended December 31, 2021 and 2020, respectively. Contributions are subject to certain IRS limitations.

Reciprocal Agreement
The Plan participates in a reciprocal agreement where contributions for members of participating plans who work outside their jurisdiction are reciprocated to their local jurisdiction at the rate in effect at the time.

Vesting
Participants are 100% vested in the value of their accounts.

Participant Accounts – Trustee Directed
Participant accounts include profit sharing accounts, protected money purchase pension accounts/profit sharing plan accounts, voluntary accounts, and certain limited rollover accounts as defined by the Plan. Participant accounts are Trustee-directed accounts, and an annual valuation of these accounts are performed within a reasonable time after year-end. Each participant's account is credited with contributions received and the allocated portion of Plan earnings or losses, net of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - PLAN DESCRIPTION – (CONTINUED)

Participant Accounts – Trustee Directed – (Continued)
Active participants who are working as a carpenter under a collective bargaining agreement or are not highly compensated as defined by the Internal Revenue Service may make voluntary contributions to the Plan. Any contributions received from participants are credited to their Voluntary Accounts. Voluntary Accounts are limited to 10% of compensation for covered employment in a Plan year, as defined by the Plan.

Participant Accounts – Participant Directed
Participant accounts include certain self-directed accounts transferred to the Plan as part of the asset/liability transfer on January 1, 2020. These accounts are for participants who had elected, at the time, to direct the investment of his/her account and will continue to direct his/her account, adjusted for earnings and losses thereon less any subsequent distributions and administrative fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Effective January 1, 2020, a self-directed individual may make a one-time irrevocable election to transfer his or her self-directed portion into the Trustee-directed portion of the Plan.

Notes Receivable from Participants
Effective January 1, 2018 (July 1, 2020 for New York participants), participants may borrow from certain fund accounts a minimum of $1,000 to a maximum equal to the lesser $50,000, reduced by the highest outstanding balance of Plan loans during the 12-month period ending the day before the loan is made or 50% of their account balance under the Plan as of the most recent valuation date. The loans are allowed from profit sharing accounts or grandfathered money purchase pension accounts for certain hardships as defined by the Plan. The loans are secured by the vested balance in the participant's account and bear interest at rates of Bank of America prime plus 1% provided that the rate will not exceed 6% for participants on military leave. In general, loans must be repaid in substantially equal payments of principal and interest within five years of the date of the loan, except for the purchase of a principal residence, which can be up to 30 years. Participants are allowed one loan outstanding at any time and a participant who defaults on a loan is not eligible for any future loans.

Plan Benefits
Prior to January 1, 2020, participants may have elected to receive benefits on or after their normal retirement date (age 65), or early retirement date. Effective January 1, 2020, participants may elect to receive benefits on or after their normal retirement date, which is the date on which they have attained at least age 55 and have permanently ceased to work in covered employment. Participants can request distributions of their profit-sharing account balances in the form of lump sum (including rollover), installment or a combination, as defined within the Plan.

Unless elected otherwise, the normal form of benefit payment relating to money purchase account balances for eligible married participants is a qualified joint and survivor annuity, and for an eligible unmarried participant it is a ten-year certain and life annuity. The Plan also allows for other forms of payment for specific New York participant balances relating to their pre-2016 money purchase pension contributions and earnings thereon as defined the Plan.

Participants with an account balance of $5,000 or less will be distributed only in a lump-sum and the consent of the participant's spouse will not be required.

NOTE 1 - PLAN DESCRIPTION – (CONTINUED)

Plan Benefits – (Continued)
Should a participant have a break in service, a participant is eligible to receive 50% of their account balance after no hours worked in covered or non-covered employment during the prior six consecutive months and 100% of their account balance after no hours worked in covered or non-covered employment during the prior 12 consecutive months.

In the event of a participant's death or total and permanent disability, all amounts credited to such participant's account are available for distributions which can be made in the form of lump sum, installment, or partial withdrawal, as defined within the Plan.

A participant may request in-service withdrawals due to certain financial hardships, as defined by the Plan. Hardship withdrawals must be at least $1,000 and may not exceed $70,000 for hardship withdrawals in their lifetime. Withdrawals for state or federal income taxes are limited to once in a lifetime. A participant is immediately ineligible for any future hardship withdrawals if he or she submits an application that is materially incorrect in any way. The limit on withdrawals for foreclosure on a participant's principal residence is twice in a lifetime, but the limit on withdrawals for evictions is limited to once in a lifetime. A participant is not eligible for a hardship withdrawal if the participant or their family has any ownership interest in an employer that has or ever had an unresolved contribution delinquency to the Plan. A participant may request an in-service distribution from his or her profit-sharing account balance if he or she has attained at least age 59.5 and who has 20 consecutive years of participation in the Plan. This type of distribution can be paid in the form of a lump sum and may only be made once in any Plan year.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared using the accrual basis of accounting.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires that Plan management make estimates and assumptions that could affect certain reported amounts and disclosures in the financial statements. Accordingly, actual results may differ from those estimates.

Concentration of Credit Risk
The Plan maintains its cash deposits in one bank. The Federal Deposit Insurance Corporation (FDIC) insures cash balances up to $250,000 for the non-contingent, ascertainable interest of each beneficiary per bank for each employee benefit plan account. Amounts in excess of the FDIC limits are uninsured. It is management's policy to oversee credit risk on an ongoing basis.

Valuation of Investments and Income Recognition
The investments of the Plan are reported at fair value. Fair value is the price that would be received to sell or transfer an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies utilizing information provided by its investment advisors and custodians. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (CONTINUED)

Employer Contribution Receivable
The Plan considers employer contribution receivable to be fully collectible; accordingly, no provision for doubtful accounts is required.

Notes Receivable from Participants
Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make scheduled repayments and the Plan administrator deems the participant note receivable to be in default, the participant note receivable balance is reduced and a benefit payment is recorded.

Benefit Payments
Benefits are recorded when paid.

Due to/from Carpenters Funds
The North Atlantic States Carpenters Pension Plan (formerly known as the New England Carpenters Pension Plan) collects employer contributions for the Plan and wires the money directly to the Plan on a monthly basis. As of December 31, 2021 and 2020, the due from the North Atlantic States Carpenters Funds totaling $4,661,092 and $1,810,166 represents amounts due from the North Atlantic States Carpenters Pension Plan for contributions collected for December 2021 and 2020 respectively.

Amounts totaling $156,776 due from Carpenters Funds as of December 31, 2020, represent additional money due to the Plan relating to the asset/liability transfer with the Northeast Carpenters Annuity Fund. Amounts totaling $46,318 are included in due from Carpenters Funds and represents a portion of allocated expenses due to the Northeast Carpenters Annuity Fund as of December 31, 2020.

Administrative Expense
Certain administrative services are shared by the Plan and other Carpenters' plans. During 2021, the cost of some services was paid for by the North Atlantic States Carpenters Pension Plan and reimbursed by the Plan on a monthly basis. For the years ended December 31, 2021 and 2020, the reimbursement to the North Atlantic Carpenters Pension Plan was $1,581,638 and $766,883, respectively and have been included in allocated overhead expenses. Amounts due to the North Atlantic Carpenters Pension Plan as of December 31, 2021 and 2020 totaled $294,090 and $183,488, respectively and have been included in accounts payable on the statements of net assets available for benefits.

During 2020, certain other services were paid by the Northeast Carpenters Health Fund and were reimbursed by the Plan on a quarterly basis. For the year ended December 31, 2020, the reimbursement to the Northeast Carpenters Health Fund was $1,048,724 and was included in allocated overhead expenses on the statements of changes in net assets available for benefits. Amounts due to the Northeast Carpenters Health Fund as of December 31, 2020 totaled $551,093 and had been included in accounts payable on the statements of net assets available for benefits.

NOTE 3 - ASSET/LIABILITY TRANSFER

As discussed in Note 1, effective January 1, 2020, the Trustees approved an asset/liability transfer agreement whereby assets and related liabilities of the Northeast Carpenters Annuity Fund's New York participants were transferred to the Plan. The transferred net assets have been recognized in the accounts of the Plan as of January 1, 2020, as follows.

Investments, at fair value	$ 183,551,204
Receivables	
Due from affiliated plans	296,523
Employer contributions	4,350,000
Cash	441,942,328
Due to affiliated plans	(142,197)
Total net assets transferred to the Plan	$ 629,997,858

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under *FASB ASC 820 (Fair Value Measurement)* are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2021 and December 31, 2020.

Money Market Funds: Fair values are estimated to approximate deposit account balances, payable on demand, as no discounts for credit quality or liquidity were determined to be applicable and are classified as Level 1 investments.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded and are classified as Level 1 investments.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and transact at that price. The mutual funds held by the Plan are deemed to be actively traded and classified as Level 1 investments.

Real Estate Investment Trusts: Investment in real estate investment trust is valued at fair value as determined and reported by the trust and represents the Plan's proportionate share of the estimated fair value of the underlying net assets of the trust and are classified as Level 1 investments.

Cash Surrender Value of Participants' Life Insurance is determined by the insurance carrier.

Collective Trusts: The fair values of participation units held in collective trusts are based on the net asset values per unit as reported by the fund managers.

Limited Partnerships and Limited Liability Companies: Investments in limited partnerships and limited liability companies are valued at fair value as determined and reported by the limited partnership or limited liability companies and represent the Plan's proportionate share of the estimated fair value of the underlying net assets of the limited partnerships or limited liability companies.

Pooled Separate Accounts: Valued at the NAV of units of an insurance company collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on their fair value of the underlying investments held by the funds less their liabilities. This practical expedient is not used when it is determined to be probable that the funds will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan were to initiate a full redemption of a pooled separate account, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that security liquidations will be carried out in an orderly business manner.

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

The following tables set forth by level within the fair value hierarchy the Plan's assets:

	Assets at Fair Value as of December 31, 2021		
	Level 1	Level 3	Total
Money market funds	$ 18,756,296	$ -	$ 18,756,296
Common stocks	76,732,245	-	76,732,245
Mutual funds	29,837,309	-	29,837,309
Real estate investment trusts	21,258,970	-	21,258,970
Cash surrender value of participant's life insurance	-	322,560	322,560
	146,584,820	322,560	146,907,380
Investments measured at net asset value*			
Collective trusts	-	-	949,157,823
Limited partnerships and limited liability companies	-	-	274,937,339
Pooled separate accounts	-	-	5,312,103
Investments measured at net asset value	-	-	1,229,407,265
Investments at fair value	$ 146,584,820	$ 322,560	$ 1,376,314,645

	Assets at Fair Value as of December 31, 2020		
	Level 1	Level 3	Total
Money market funds	$ 25,225,745	$ -	$ 25,225,745
Common stocks	57,064,384	-	57,064,384
Mutual funds	63,927,591	-	63,927,591
Real estate investment trusts	20,227,354	-	20,227,354
Cash surrender value of participant's life insurance	-	440,946	440,946
	166,445,074	440,946	166,886,020
Investments measured at net asset value*			
Collective trusts	-	-	920,972,608
Limited partnerships and limited liability companies	-	-	162,410,097
Pooled separate accounts	-	-	5,160,657
Investments measured at net asset value	-	-	1,088,543,362
Investments at fair value	$ 166,445,074	$ 440,946	$ 1,255,429,382

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

*In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient
The following table summarizes investments for which fair value is measured using the net asset value per practical expedient as of December 31, 2021 and 2020.

	Fair Value		Redemption	Redemption
	December 31, 2021	December 31, 2020	Frequency	Notice Period
Collective Trusts				
Blackrock ACWI EX-US Superfund	$ 42,438,477	$ 67,907,543	Daily	1 business day
Blackrock Equity Index Fund	206,510,616	235,600,518	Daily	1 business day
Blackrock Int Govt Credit Bond	269,369,933	273,171,376	Daily	1 business day
Blackrock US Treasury Inflation	65,026,850	61,376,843	Daily	1 business day
Loomis Sayles Core Fixed Income	44,992,102	45,351,500	Daily	1 business day
Loomis Sayles High Yield	49,905,017	47,732,966	Daily	1 business day
ASB Allegiance Real Estate Fund	3,551,882	3,089,482	Quarterly	10 business days
JPMCB Strategic Property Fund	8,206,837	6,850,309	Quarterly	30 business days
SSGA S&P Global Large Midcap	12,141,417	9,612,899	Daily	1 business day
RBC Global Asset Management Int'l Equity Fund	-	6,196,794	Monthly	5 business days
BNY Mellon SmtPth RetInc CIT	4,626,056	4,558,123	Daily	1 business day
BNY Mellon SmtPth RetInc 2020 CIT	19,351,155	17,813,468	Daily	1 business day
BNY Mellon SmtPth RetInc 2025 CIT	4,003,076	3,140,712	Daily	1 business day
BNY Mellon SmtPth RetInc 2030 CIT	2,741,722	2,396,521	Daily	1 business day
BNY Mellon SmtPth RetInc 2035 CIT	1,723,691	1,434,677	Daily	1 business day
BNY Mellon SmtPth RetInc 2040 CIT	516,016	389,018	Daily	1 business day
BNY Mellon SmtPth RetInc 2045 CIT	263,465	215,965	Daily	1 business day
BNY Mellon SmtPth RetInc 2050 CIT	164,855	131,835	Daily	1 business day
BNY Mellon SmtPth RetInc 2055 CIT	172,806	141,321	Daily	1 business day
BNY Mellon SmtPth RetInc 2060 CIT	221,254	178,849	Daily	1 business day
BNY Mellon NSL Stck Idx CIT	44,870,653	39,479,881	Daily	1 business day
BNY Mellon NSL MdCp StckIdx CIT	6,261,087	5,382,066	Daily	1 business day
BNY Mellon NSL SmlCp StkIdx CIT	3,211,942	2,415,482	Daily	1 business day
BNY Mellon NSL REIT Indx CIT	5,494,971	3,564,308	Daily	1 business day
BNY Mellon NSL ACWI ex-US CIT	1,590,213	1,482,596	Daily	1 business day

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

Investments Measured Using the Net Asset Value per Share Practical Expedient – (Continued)

	Fair Value		Redemption	Redemption
	December 31, 2021	December 31, 2020	Frequency	Notice Period
Collective Trusts - (Continued)				
BNY Mellon NSL EmgMktsStkld CIT	$ -	$ 497,855	Daily	1 business day
BNY Mellon NSL 1-3Yr GvCr BdIdx CIT	22,057,052	25,906,518	Daily	1 business day
BNY Mellon NSL TIPS Index CIT	1,545,352	1,497,939	Daily	1 business day
EnTrust Capital Diversified Fund-Maitland	938,102	949,521	Monthly	60 days
Longview Investment	67,727	314,178	Illiquid	Not applicable
JP Jeanneret	10,048	13,960	Monthly	60 days
Blackrock JP Morgan EMBI Global Diversified index	24,375,938	24,919,471	Daily	1 business day
GQG Partners Emerging Markets Equity CIT	38,572,391	-	Daily	1 business day
NCS Group Trust	36,558,693	-	Weekly	1 business day after valuation date
Morley Stable Value Fund	27,676,427	27,258,114	Daily	12 months written notice
	$ 949,157,823	$ 920,972,608		
Limited Partnerships and Limited Liability Companies				
Primus High Yield Bond Fund, L.P. (a)	$ 13,814,728	$ 13,282,244	Monthly	10 days written notice
Harborvest Partners 2013 Cayman Direct Fund L.P. (b)	1,968,067	1,589,685	Illiquid	Not applicable
Harborvest Partners IX L.P. (c)	4,476,880	3,186,765	Illiquid	Not applicable
Trumbull Property Fund, L.P. (d)	16,419,489	14,242,983	Quarterly	60 days written notice
American Core Realty Fund L.P. (e)	15,530,138	3,403,882	Quarterly	60 days written notice
TA Realty Core Property Fund (f)	26,826,986	12,327,298	Quarterly	45 days written notice subject to certain lockup provisions
Ironsides Direct Investment Fund V, L.P. (g)	7,773,701	6,697,247	Quarterly	Not applicable
Loomis Sayles Trust Company Senior Floating Rate Fund, LLC	31,691,923	30,730,236	Semi-monthly	15 days written notice subject to certain lockup provisions

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

Investments Measured Using the Net Asset Value per Share Practical Expedient – (Continued)

	Fair Value		Redemption	Redemption
	December 31, 2021	December 31, 2020	Frequency	Notice Period
Limited Partnerships and Limited Liability Companies - (Continued)				
GCM Grosvenor Secondary Opportunities Feeder Fund II L.P. (h)	$ 6,222,225	$ 3,445,428	Illiquid	Not applicable
Grosvenor Opportunistic Credit Fund III, Ltd (i)	420,644	604,708	Illiquid	Not applicable
Grosvenor Opportunistic Credit Fund IV, Ltd (j)	994,106	1,990,449	Illiquid	Not applicable
Portfolio Advisors Secondary Fund III, L.P. (k)	8,441,958	5,767,357	Illiquid	Not applicable
Blackstone Infrastructure Partners V, L.P. (l)	14,914,713	3,292,901	Illiquid	Not applicable
Ironsides Partnership Fund V, L.P. (m)	2,252,408	769,924	Illiquid	Not applicable
Patriot Financial Partners II, L.P. (n)	3,897,376	5,909,772	Illiquid	Not applicable
Patriot Financial Partners III, L.P. (o)	9,107,282	6,335,710	Illiquid	Not applicable
IFM Global Infrastructure (Offshore), L.P. (p)	18,667,122	16,022,701	Illiquid	Not applicable
EnTrust Special Opportunities Fund III Class A (q)	2,997,014	3,364,174	Illiquid	Not applicable
EnTrust Special Opportunities Fund III Class E (r)	2,382,504	2,427,122	Illiquid	Not applicable
EnTrust Special Opportunities Fund IV Class A (s)	7,744,409	6,856,567	Illiquid	Not applicable
Invesco Core Real Estate USA, L.P. (t)	24,180,485	20,162,944	Illiquid	Not applicable
First Eagle Investments Global Value Fund, L.P. (u)	35,429,443	-	Monthly	30 days
Ironsides Company Fund VI, L.P. (v)	18,783,738	-	Quarterly	30 business days after the end of the quarter
	$ 274,937,339	$ 162,410,097		
Pooled Separate Accounts				
Ullico GA 1300 Separate Group J	$ 5,312,103	$ 5,160,657	Quarterly	*

(*) Notification on the first business day of the month with redemption proceeds received approximately three months after same day.

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

Investments Measured Using the Net Asset Value per Share Practical Expedient – (Continued)

(a) The partnership engages in investment activities, the objective of which is to maximize total returns by investing primarily in debt securities of non-investment grade (high yield) companies.

(b) The sole purpose of the partnership is to hold the investment in HarbourVest Partners 2013 Direct Fund L.P., which in turn, makes investments with a primary emphasis on equity-oriented investments in management buy-in, management buy-out, leveraged buy-out, recapitalization, growth equity, special situation, and mezzanine transactions involving companies having trailing twelve-month revenues greater than $7.5 million. The partnership primarily invests in entities which intend to operate principally in North America, Europe, Latin America, Asia, and Australia. The investment period is scheduled to end after the earliest of (i) such date as may be determined by limited partners holding in the aggregate sharing percentages equal to 80% of the total sharing percentages and written notices to the General Partner, (ii) April 1, 2018 (the fifth anniversary of the Inception date) and (iii) such date as determined by the General Partner and written notice to the limited partners (the "Investment Period Termination Date").

(c) The sole purpose of the combined fund is to hold investments in HarbourVest Partners IX-Cayman Buyout Fund L.P. in an amount equal to 60% of the aggregate capital commitments of the partners, in HarbourVest Partners IX-Cayman Venture Fund L.P. in an amount equal to 30% of the aggregate capital commitments of the partners and in HarbourVest Partners IX-Cayman Credit Opportunities Fund L.P. in an amount equal to 10% of the aggregate capital commitments of the partners. The combined fund is scheduled to terminate on December 31, 2024.

(d) The purpose of the fund is to actively manage a core portfolio of primarily equity real estate investments located in the United States.

(e) The fund has been organized to allow Taft-Hartley pension funds, governmental retirement plans, corporate pension plans and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations and other taxable and tax-exempt organizations to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

(f) The partnership was formed for the purpose of investing alongside TA Realty Core Property Fund PF-1, L.P., TA Realty Core Property Fund PF-2, L.P., and TA Realty Core Property Fund PF-3, L.P. in TAR CPF OP, LLC, a limited liability company investing directly in real estate assets.

(g) The fund is organized for the purpose of investing in privately negotiated transactions, generally sourced on a co-investment basis with certain private equity partnerships in companies whose principal operations are in North America in accordance with the investment objectives, policies, procedures, and restrictions more specifically set forth in the partnership agreement. The fund commenced operations on April 11, 2019, and will terminate on April 10, 2030, unless dissolved earlier or extended in accordance with the partnership agreement.

(h) The purpose of the partnership is to invest, directly or indirectly, as a limited partner in, and as a feeder vehicle of GCM Grosvenor Secondary Opportunities Fund, II, L.P.

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

Investments Measured Using the Net Asset Value per Share Practical Expedient – (Continued)

(i) Substantially all of the assets of this fund that are available for investment have been invested in Grosvenor Opportunistic Credit Master Fund III, Ltd.

(j) Substantially all of the assets of this fund that are available for investment have been invested in Grosvenor Opportunistic Credit Master Fund IV, Ltd.

(k) The purpose of the partnership is to achieve long-term returns through investment in a diversified portfolio of private equity limited partnerships purchased in the secondary market and in a select number of co-investments.

(l) The partnership invests in infrastructure assets through its investment in Blackstone Infrastructure Partners, V, L.P., and its affiliated alternative investment vehicles and may also include one or more additional collective investment vehicles.

(m) The fund is organized for the purpose of making commitments to leading private equity funds and primarily engaging in leveraged buyouts of middle market companies located in or having a principal place of business in North America. The fund commenced operations on April 11, 2018, and will terminate on April 10, 2030, unless dissolved earlier or extended in accordance with the partnership agreement.

(n) The partnership was established to provide risk-adjusted return by applying a hands-on, value-added investment model to non-controlled investments. The fund will continue until the tenth anniversary of the final closing of the partnership, unless terminated early or extended for two additional one-year periods by the general partner with the consent of a majority interest of the limited partners. The partnership focuses on investments in the community banking sector defined as banks and thrifts with assets under $5 billion throughout the United States with a secondary focus on financial services firms closely related to the banking industry.

(o) The partnership was established to provide risk-adjusted return by applying a hands-on, value-added investment model to non-controlled investments. The fund will continue until the tenth anniversary of the final closing of the partnership, unless terminated early or extended for two additional one-year periods by the general partner with the consent of a majority interest of the limited partners. The partnership focuses on investments in the community banking sector defined as banks and thrifts with assets under $5 billion throughout the United States with a secondary focus on financial services firms closely related to the banking industry.

(p) The fund operates as a feeder fund in which it invests substantially all of its assets in the IFM Global Infrastructure Fund. The fund's objective is to acquire and maintain a diversified portfolio of global infrastructure investments that realizes a 10% annual return over the long term (10+ years), which will range between 8-12% per annum depending on the stage of the market cycle.

(q) The fund invests all its net assets in a master-feeder arrangement in EnTrust Special Opportunities Master Fund III LP. Through its investment, the fund seeks to achieve above-average rates of return and long-term capital growth by investing in opportunistically in select group of funds and investment vehicles that are generally expected to be illiquid.

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

Investments Measured Using the Net Asset Value per Share Practical Expedient – (Continued)

(r) The fund invests all its net assets in a master-feeder arrangement in EnTrust Special Opportunities Master Fund III LP. Through its investment, the fund seeks to achieve above-average rates of return and long-term capital growth by investing in opportunistically in select group of funds and investment vehicles that are generally expected to be illiquid.

(s) The fund invests all its net assets in a master-feeder arrangement in EnTrustPermal Special Opportunities Master Fund IV LP. Through its investment, the fund seeks to achieve above-average rates of return and long-term capital growth by investing in highly attractive, select investment opportunities through private investment entities and/or separately managed accounts.

(t) The objective of the fund is to provide investors with access to an institutional-quality portfolio or core real estate investments throughout the United States.

(u) The objective of the fund is to seek capital appreciation by investing primarily in equity securities (and securities convertible into equity securities) of both U.S. and non-U.S. issuers.

(v) The limited partnership was formed on February 4, 2021 and was organized for the purpose of investing in privately negotiated transactions, generally sourced on a co-investment basis with certain private equity partnerships in companies whose principal operations are in North America. The fund commenced operations on February 4, 2021 and will terminate on the 10th anniversary of the final close, unless dissolved earlier or extended in accordance with the partnership agreement.

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

Investments Measured Using the Net Asset Value per Share Practical Expedient – (Continued)

The Plan has entered into membership/partnership agreements with certain limited liability partnerships. These agreements call for capital commitments from the Plan and impose certain restrictions as to capital withdrawals or distributions. The following is a schedule of the total capital contribution commitments and the capital contributed as of December 31, 2021 and 2020.

	December 31, 2021		December 31, 2020	
	Committed	Contributed	Committed	Contributed
Harborvest Partners IX L.P.	$ 4,000,000	$ 3,512,000	$ 4,000,000	$ 3,512,000
Harborvest Partners 2013 Cayman Direct Fund L.P.	$ 3,000,000	$ 2,903,130	$ 3,000,000	$ 2,903,130
Ironsides Direct Investment Fund V, L.P.	$ 5,000,000	$ 4,063,006	$ 5,000,000	$ 4,087,764
Ironsides Partnership Fund V, L.P.	$ 5,000,000	$ 1,401,648	$ 5,000,000	$ 741,486
Ironsides Co-Investment Fund VI, L.P.	$ 20,000,000	$ 16,972,598	$ -	$ -
TA Realty Core Property Fund	$ 10,000,000	$ 10,000,000	$ 10,000,000	$ 10,000,000
American Core Realty Fund, L.P.	$ 10,000,000	$ 10,000,000	$ 8,500,000	$ 8,500,000
GCM Grosvenor Secondary Opportunities Feeder Fund II L.P.	$ 7,500,000	$ 3,663,202	$ 7,500,000	$ 3,047,593
Portfolio Advisors Secondary Fund III, L.P.	$ 7,500,000	$ 6,621,114	$ 7,500,000	$ 6,144,768
Blackstone Infrastructure Partners V, L.P.	$ 15,000,000	$ 13,672,996	$ 15,000,000	$ 1,535,665
Patriot Financial Partners II, L.P.	$ 7,500,000	$ 7,241,379	$ 7,500,000	$ 7,241,379
Patriot Financial Partners III, L.P.	$ 7,500,000	$ 6,802,909	$ 7,500,000	$ 6,375,000
IFM Global Infrastructure (Offshore), L.P.	$ 45,000,000	$ 15,000,000	$ 15,000,000	$ 15,000,000
EnTrust Special Opportunities Fund III Class A	$ 6,250,000	$ 6,250,000	$ 6,250,000	$ 6,250,000
EnTrust Special Opportunities Fund III Class E	$ 2,500,000	$ 2,500,000	$ 2,500,000	$ 2,500,000
EnTrust Special Opportunities Fund IV Class A	$ 6,250,000	$ 6,250,000	$ 6,250,000	$ 6,250,000
Invesco Core Real Estate USA, L.P.	$ 20,000,000	$ 20,000,000	$ 20,000,000	$ 20,000,000

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

Level 3 Investments

Investment income relating to the Level 3 assets held as of December 31, 2021 and 2020 totaled $21,096 and $22,660, respectively and is included in the interest income category in the Statements of Changes in Net Assets Available for Benefits. There were no changes in unrealized gains and losses for the years ending December 31, 2021 and 2020.

NOTE 5 - NON-PARTICIPANT DIRECTED INVESTMENTS

Information about the investments and components of the changes in investments relating to the non-participant directed investments for the years ended December 31, 2021 and 2020 are as follows:

	December 31, 2021	December 31, 2020
Investments		
Money market funds	$ 18,756,296	$ 25,225,745
Common stocks	76,732,245	57,064,384
Mutual funds	28,408,760	60,920,264
Real estate investment trusts	21,258,970	20,227,354
Collective trusts	830,342,457	810,345,474
Limited partnerships and limited liability companies	274,937,339	162,410,097
Pooled separate accounts	5,312,103	5,160,657
Cash surrender value of participant's life insurance	322,560	440,946
Total	$ 1,256,070,730	$ 1,141,794,921
Changes in investments		
Net investment income	$ 137,515,431	$ 98,406,536
Employer contributions	61,506,877	59,367,032
Benefits paid	(78,102,957)	(76,123,736)
Administrative expenses	(2,252,194)	(2,370,407)
Net increase	$ 118,667,157	$ 79,279,425

NOTE 6 - ALLOCATION OF NET ASSETS AVAILABLE FOR BENEFITS TO PARTICIPANTS

Net assets available for benefits allocated to Trustee directed individual participant accounts as of December 31, 2021 and December 31, 2020 were $1,261,003,054 and $1,143,492,979, respectively. The difference between these amounts and the amounts reported in the accompanying financial statements is principally the result of timing differences.

NOTE 7 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employers, and certain others. The Plan and certain other related Carpenters benefit funds are administered by the same management personnel and share the same office space as well as personnel and other administrative services. Also, the Plan holds shares of a Bank of America deposit account and a corporate bond. Bank of America is a service provider to the Plan and, therefore, these transactions and the Plan's payment of fees to Bank of America qualify as exempt party-in-interest transactions. In addition, the Plan has arrangements with service providers providing legal, actuary, audit, and tax services. These transactions are also exempt party-in-interest transactions under ERISA.

NOTE 8 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated July 17, 2020, that as then designed, the Plan and related trust are designed in accordance with Sections 401(a) and 501(a), respectively, of the Internal Revenue Code (the IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with all the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

NOTE 9 - RISKS AND UNCERTAINTIES

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

The COVID-19 outbreak has adversely affected, and may continue to adversely affect, economic activity globally, nationally, and locally. The economic and market conditions and other effects of the outbreak may adversely affect the volatility of the Plan assets. The extent of any adverse impact of the COVID-19 outbreak on the Plan's net assets and participants' account balances cannot be predicted at this time.

NOTE 10 - PLAN TERMINATION

The Board of Trustees, as administrator of the Plan, expects and believes that the Plan will continue without interruption. However, in the event of Plan termination, the Plan provides that the rights to benefits accrued to the date of termination of all affected participants, inactive participants and beneficiaries shall be non-forfeitable and the Plan assets will be allocated to pay all obligations of the Plan and to provide benefits to those eligible under the terms of the Plan and as otherwise required by law.

NOTE 11 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 14, 2022, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	Cash and Cash Equivalents			
*	Bank of America	Money Market Fund	$ 1,855,972	$ 1,855,972
*	Bank of America	Money Market Fund	15,143,289	15,143,289
*	Bank of America	Money Market Fund	1,130	1,130
*	Bank of America	Money Market Fund	1,755,905	1,755,905
	Total Cash and Cash Equivalents		18,756,296	18,756,296
	Common Stocks			
	Aecom	Common stock	921,459	1,747,259
	Allegion Plc	Common stock	286,400	575,057
	Alight Inc	Common stock	1,019,694	1,066,342
	All Scripts Healthcare	Common stock	551,746	646,525
	Altra Industrial	Common stock	1,066,261	978,902
	American Wtr Wks Co Inc	Common stock	127,070	811,909
	AMN Healthcare Svcs Inc.	Common stock	247,295	548,772
	API Group Corp	Common stock	791,779	949,341
	Arcosa Inc.	Common stock	373,524	787,812
	Ashland Global Holdings Inc	Common stock	501,777	704,312
	Avantor Inc	Common stock	544,140	1,311,776
	Bath & Body Works Inc	Common stock	902,140	901,757
	Catalent Inc	Common stock	281,851	1,302,833
	CDK Global Inc	Common stock	654,749	538,738
	Channeladvisor Corp	Common stock	431,230	479,903
	Championx	Common stock	810,300	757,087
	Chart Industries Inc	Common stock	379,140	963,639
	Churchill Dows, Inc.	Common stock	601,600	1,399,147
	Colfax Corp	Common stock	360,503	591,036
	Concentrix Corp	Common stock	492,319	2,020,371
	Eagle Materials Inc	Common stock	773,749	1,314,202
	Encompass Health Corp	Common stock	555,466	566,196
	Euronet Worldwide Inc	Common stock	695,187	936,795
	Expedia Group Inc	Common stock	936,347	1,156,427
	Ferguson PLC REG	Common stock	696,040	1,000,458
	Frontier Communications	Common stock	1,019,105	1,008,411
	First American Financial Corpp	Common stock	1,091,403	1,539,019
	Genpact Ltd	Common stock	743,392	1,006,184
	Herc Holdings	Common stock	905,004	1,740,366

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	Common Stocks - (Continued)			
	Hologic Inc.	Common stock	$ 505,814	$ 948,042
	Home Bancshares Inc	Common stock	1,099,002	1,266,468
	Hunt J B Trans Svcs Inc	Common stock	215,051	849,282
	Iaa, Inc.	Common stock	362,368	579,599
	Icon Plc	Common stock	396,147	1,599,601
	Ingersoll Rand Inc	Common stock	841,941	1,677,419
	INTL Seaways Inc	Common stock	530,117	470,024
	Jazz Pharmaceuticals Plc	Common stock	1,242,600	1,152,715
	Kadant Inc	Common stock	278,939	1,625,114
	Korn	Common stock	685,618	1,170,331
	Lci Inds	Common stock	906,127	1,247,895
	Liberty Broadband-C	Common stock	405,485	1,027,013
	Liberty Media Corp Delaware	Common stock	1,128,576	1,681,711
	Littelfuse, Inc.	Common stock	561,068	913,516
	Lumentum Holdings	Common stock	813,718	1,036,863
	Natl Instruments	Common stock	549,158	562,557
	Nexstar Media Group Inc	Common stock	480,326	669,294
	Nomad Foods LTD	Common stock	668,300	865,113
	On Semiconductor Corp	Common stock	830,679	1,875,679
	Packaging Corp Amer	Common stock	532,631	614,173
	Popular Inc	Common stock	670,863	1,328,310
	Post Hldgs Inc	Common stock	261,344	415,410
	Prosperity Bancshares Inc	Common stock	602,967	746,136
	Pulte Group	Common stock	840,735	1,076,380
	Raymond James Finl Inc	Common stock	172,804	1,288,935
	Reinsurance Group Amer Inc	Common stock	496,202	631,319
	Reliance Steel & Aluminum Co	Common stock	329,860	826,024
	Rent-A-Center Inc	Common stock	1,003,297	890,085
	Science Applications	Common stock	572,301	524,611
	Scotts Miracle Gro	Common stock	761,323	814,177
	Signature Bk New York N Y	Common stock	443,477	1,441,382
	Skechers USA Inc	Common stock	725,516	919,429
	Skyline Corp	Common stock	471,255	1,191,413
	Synnex Corp	Common stock	759,848	1,267,909
	Teledyne Technologies Inc	Common stock	344,876	1,139,846
	Telephone & Data Sys Inc	Common stock	894,670	863,972
	Tempur Sealy INTL Inc	Common stock	564,904	687,767
	Tractor Supply Co.	Common stock	188,954	680,249
	Transunion	Common stock	611,538	1,118,684
	Travel & Leisure Co REG	Common stock	625,253	1,043,221

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	Common Stocks - (Continued)			
	UFP Inds Inc	Common stock	$ 649,927	$ 1,086,178
	Utah Med Prods Inc.	Common stock	415,213	461,800
	Valvoline Inc	Common stock	586,963	1,029,353
	Vertiv HLDGS LLC	Common stock	804,448	1,256,790
	Vistra Energy Corp.	Common stock	374,926	484,773
	Vontier Corp	Common stock	1,418,718	1,411,060
	Wex Inc	Common stock	403,634	924,047
	Total Common Stock		47,790,151	76,732,245
	Mutual Funds			
	Vanguard	High Yield Corp Fund	**	1,428,549
	Dimensional	DFA Emerging Markets Value Portfolio	24,157,051	28,408,760
	Total Mutual Funds		24,157,051	29,837,309
	Real Estate Investment Trust			
	Intercontinental	U.S. Real Estate Investment Fund	16,510,670	19,095,977
	Agree Realty Corp	Real estate investment trust	743,450	784,960
	Sun Communities Inc.	Real estate investment trust	610,878	1,378,033
	Total Real Estate Investment Trust		17,864,998	21,258,970
	Collective Trusts			
	Blackrock	Blackrock ACWI EX-US Superfund	34,354,344	42,438,477
	Blackrock	Blackrock Equity Index Fund	126,135,881	206,510,616
	Blackrock	Blackrock Int Govt Credit Bond	249,868,843	269,369,933
	Blackrock	Blackrock US Treasury Inflation	54,550,000	65,026,850
	Blackrock	JP Morgan EMBI Global Diversified index	24,000,000	24,375,938
	NCS Group Trust	Global Fund	34,978,186	36,558,693
	BNY Mellon	SmtPth RetInc CIT	**	4,626,056
	BNY Mellon	SmtPth RetInc 2020 CIT	**	19,351,155
	BNY Mellon	SmtPth RetInc 2025 CIT	**	4,003,076
	BNY Mellon	SmtPth RetInc 2030 CIT	**	2,741,722
	BNY Mellon	SmtPth RetInc 2035 CIT	**	1,723,691
	BNY Mellon	SmtPth RetInc 2040 CIT	**	516,016
	BNY Mellon	SmtPth RetInc 2045 CIT	**	263,465
	BNY Mellon	SmtPth RetInc 2050 CIT	**	164,855
	BNY Mellon	SmtPth RetInc 2055 CIT	**	172,806
	BNY Mellon	SmtPth RetInc 2060 CIT	**	221,254
	BNY Mellon	NSL Stck Idx CIT	**	44,870,653

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	Collective Trusts - (Continued)			
	BNY Mellon	NSL MdCp StckIdx CIT	**	$ 6,261,087
	BNY Mellon	NSL SmlCp StkIdx CIT	**	3,211,942
	BNY Mellon	NSL REIT Indx CIT	**	5,494,971
	BNY Mellon	NSL ACWI ex-US CIT	**	1,590,213
	BNY Mellon	NSL 1-3Yr GvCr BdIdx CIT	**	22,057,052
	BNY Mellon	NSL TIPS Index CIT	**	1,545,352
	Loomis Sayles Trust Company	Loomis Sayles Core Fixed Income	$ 34,090,865	44,992,102
	Loomis Sayles Trust Company	Loomis Sayles High Yield	36,093,572	49,905,017
	EnTrust	Capital Diversified Fund	952,767	938,102
	Amalgamated Bank	Longview Ultra Construction Loan Investment Fund	110,721	67,727
	Community Bank/JP Jeanneret	Income Plus Investment Fund	24,621	10,048
	ASB Allegiance	ASB Allegiance Real Estate Fund	2,500,000	3,551,882
	JPMCB	JPMCB Strategic Property Fund	4,710,509	8,206,837
	GQG Partners	Emerging Markets Equity CIT	40,000,000	38,572,391
	SSGA	SSGA S&P Global Large Midcap	8,080,141	12,141,417
	Principal Global Investor Trust Company	Morley Stable Value Fund	25,232,801	27,676,427
	Total Collective Trusts		675,683,251	949,157,823
	Limited Partnerships and Limited Liability Companies			
	Harborvest Partners	Harborvest Partners 2013 Cayman Direct Fund L.P.	286,381	1,968,067
	Harborvest Partners	Harborvest Partners IX L.P.	2,667,076	4,476,880
	American	American Core Realty Fund L.P.	13,489,801	15,530,138
	Primus	Primus High Yield Bond Fund, L.P.	4,000,000	13,814,728
	GCM Grosvenor	Secondary Opportunities Feeder Fund II L.P.	3,642,740	6,222,225
	Grosvenor	Opportunistic Credit Fund III, Ltd	433,998	420,644
	Grosvenor	Opportunistic Credit Fund IV, Ltd	954,581	994,106
	Portfolio Advisors	Secondary Fund III, L.P.	4,102,151	8,441,958
	First Eagle Investments	Global Value Fund, L.P.	35,000,000	35,429,443
	Blackstone	Infrastructure Partners V, L.P.	13,011,564	14,914,713
	Ironsides	Partnership Fund V, L.P.	1,642,128	2,252,408
	Ironsides	Company Fund VI, L.P.	17,133,242	18,783,738
	Patriot	Financial Partners II, L.P.	1,011,199	3,897,376
	Patriot	Financial Partners III, L.P.	5,041,726	9,107,282

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	Limited Partnerships and Limited Liability Companies - (Continued)			
	IFM	Global Infrastructure (Offshore), L.P.	$ 15,000,000	$ 18,667,122
	EnTrust	Special Opportunities Fund III Class A	2,189,089	2,997,014
	EnTrust	Special Opportunities Fund III Class E	1,796,613	2,382,504
	EnTrust	Special Opportunities Fund IV Class A	6,063,023	7,744,409
	Invesco	Core Real Estate USA, L.P.	20,454,501	24,180,485
	UBS Realty Investors	Trumbull Property Fund, L.P.	9,124,585	16,419,489
	Ironsides	Direct Investment Fund V, L.P.	4,157,790	7,773,701
	Loomis Sayles Trust Company	Senior Floating Rate Fund, LLC	30,000,000	31,691,923
	TA Realty	TA Realty Core Property Fund	21,712,189	26,826,986
	Total Limited Partnerships		212,914,377	274,937,339
	Other			
	New York Life Insurance	Cash Surrender Value of Life Insurance	322,560	322,560
	Pooled Separate Account			
	Ullico	Ullico GA 1300 Separate Group J	3,566,923	5,312,103
*	Participant loans (interest rate 4.25%-6.50%)		-	1,398,223
	Total		$ 1,001,055,607	$ 1,377,712,868

* Denotes party-in-interest
** Cost omitted for participant-directed investments

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2021
SCHEDULE H, LINE 4j - EIN: 06-1308364, PLAN: 001

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Realized Gain or (Loss)
	Series Transactions								
*	Bank of America (196 transactions)	Federated Govt Obligs Fund	$ 132,887,980	$ -	$ -	$ -	$ 132,887,980	$ 132,887,980	$ -
*	Bank of America (143 transactions)	Federated Govt Obligs Fund	$ -	$ 139,357,429	$ -	$ 139,357,429	$ 139,357,429	$ 139,357,429	$ -
*	Bank of America (87 transactions)	Temporary Overnight Deposit	$ 189,785,154	$ -	$ -	$ -	$ 189,785,154	$ 189,785,154	$ -
*	Bank of America (85 transactions)	Temporary Overnight Deposit	$ -	$ 189,785,154	$ -	$ 189,785,154	$ 189,785,154	$ 189,785,154	$ -
*	Blackrock (7 transactions)	Equity Index Fund A	$ -	$ 83,560,700	$ -	$ -	$ 52,794,162	$ 52,794,162	$ 30,766,538

* Denotes party-in-interest

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	Cash and Cash Equivalents			
*	Bank of America	Money Market Fund	$ 1,855,972	$ 1,855,972
*	Bank of America	Money Market Fund	15,143,289	15,143,289
*	Bank of America	Money Market Fund	1,130	1,130
*	Bank of America	Money Market Fund	1,755,905	1,755,905
	Total Cash and Cash Equivalents		18,756,296	18,756,296
	Common Stocks			
	Aecom	Common stock	921,459	1,747,259
	Allegion Plc	Common stock	286,400	575,057
	Alight Inc	Common stock	1,019,694	1,066,342
	All Scripts Healthcare	Common stock	551,746	646,525
	Altra Industrial	Common stock	1,066,261	978,902
	American Wtr Wks Co Inc	Common stock	127,070	811,909
	AMN Healthcare Svcs Inc.	Common stock	247,295	548,772
	API Group Corp	Common stock	791,779	949,341
	Arcosa Inc.	Common stock	373,524	787,812
	Ashland Global Holdings Inc	Common stock	501,777	704,312
	Avantor Inc	Common stock	544,140	1,311,776
	Bath & Body Works Inc	Common stock	902,140	901,757
	Catalent Inc	Common stock	281,851	1,302,833
	CDK Global Inc	Common stock	654,749	538,738
	Channeladvisor Corp	Common stock	431,230	479,903
	Championx	Common stock	810,300	757,087
	Chart Industries Inc	Common stock	379,140	963,639
	Churchill Dows, Inc.	Common stock	601,600	1,399,147
	Colfax Corp	Common stock	360,503	591,036
	Concentrix Corp	Common stock	492,319	2,020,371
	Eagle Materials Inc	Common stock	773,749	1,314,202
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	Expedia Group Inc	Common stock	936,347	1,156,427
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	Genpact Ltd	Common stock	743,392	1,006,184
	Herc Holdings	Common stock	905,004	1,740,366

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
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DECEMBER 31, 2021
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(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	Common Stocks - (Continued)			
	Hologic Inc.	Common stock	$ 505,814	$ 948,042
	Home Bancshares Inc	Common stock	1,099,002	1,266,468
	Hunt J B Trans Svcs Inc	Common stock	215,051	849,282
	Iaa, Inc.	Common stock	362,368	579,599
	Icon Plc	Common stock	396,147	1,599,601
	Ingersoll Rand Inc	Common stock	841,941	1,677,419
	INTL Seaways Inc	Common stock	530,117	470,024
	Jazz Pharmaceuticals Plc	Common stock	1,242,600	1,152,715
	Kadant Inc	Common stock	278,939	1,625,114
	Korn	Common stock	685,618	1,170,331
	Lci Inds	Common stock	906,127	1,247,895
	Liberty Broadband-C	Common stock	405,485	1,027,013
	Liberty Media Corp Delaware	Common stock	1,128,576	1,681,711
	Littelfuse, Inc.	Common stock	561,068	913,516
	Lumentum Holdings	Common stock	813,718	1,036,863
	Natl Instruments	Common stock	549,158	562,557
	Nexstar Media Group Inc	Common stock	480,326	669,294
	Nomad Foods LTD	Common stock	668,300	865,113
	On Semiconductor Corp	Common stock	830,679	1,875,679
	Packaging Corp Amer	Common stock	532,631	614,173
	Popular Inc	Common stock	670,863	1,328,310
	Post Hldgs Inc	Common stock	261,344	415,410
	Prosperity Bancshares Inc	Common stock	602,967	746,136
	Pulte Group	Common stock	840,735	1,076,380
	Raymond James Finl Inc	Common stock	172,804	1,288,935
	Reinsurance Group Amer Inc	Common stock	496,202	631,319
	Reliance Steel & Aluminum Co	Common stock	329,860	826,024
	Rent-A-Center Inc	Common stock	1,003,297	890,085
	Science Applications	Common stock	572,301	524,611
	Scotts Miracle Gro	Common stock	761,323	814,177
	Signature Bk New York N Y	Common stock	443,477	1,441,382
	Skechers USA Inc	Common stock	725,516	919,429
	Skyline Corp	Common stock	471,255	1,191,413
	Synnex Corp	Common stock	759,848	1,267,909
	Teledyne Technologies Inc	Common stock	344,876	1,139,846
	Telephone & Data Sys Inc	Common stock	894,670	863,972
	Tempur Sealy INTL Inc	Common stock	564,904	687,767
	Tractor Supply Co.	Common stock	188,954	680,249
	Transunion	Common stock	611,538	1,118,684
	Travel & Leisure Co REG	Common stock	625,253	1,043,221

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	Common Stocks - (Continued)			
	UFP Inds Inc	Common stock	$ 649,927	$ 1,086,178
	Utah Med Prods Inc.	Common stock	415,213	461,800
	Valvoline Inc	Common stock	586,963	1,029,353
	Vertiv HLDGS LLC	Common stock	804,448	1,256,790
	Vistra Energy Corp.	Common stock	374,926	484,773
	Vontier Corp	Common stock	1,418,718	1,411,060
	Wex Inc	Common stock	403,634	924,047
	Total Common Stock		47,790,151	76,732,245
	Mutual Funds			
	Vanguard	High Yield Corp Fund	**	1,428,549
	Dimensional	DFA Emerging Markets Value Portfolio	24,157,051	28,408,760
	Total Mutual Funds		24,157,051	29,837,309
	Real Estate Investment Trust			
	Intercontinental	U.S. Real Estate Investment Fund	16,510,670	19,095,977
	Agree Realty Corp	Real estate investment trust	743,450	784,960
	Sun Communities Inc.	Real estate investment trust	610,878	1,378,033
	Total Real Estate Investment Trust		17,864,998	21,258,970
	Collective Trusts			
	Blackrock	Blackrock ACWI EX-US Superfund	34,354,344	42,438,477
	Blackrock	Blackrock Equity Index Fund	126,135,881	206,510,616
	Blackrock	Blackrock Int Govt Credit Bond	249,868,843	269,369,933
	Blackrock	Blackrock US Treasury Inflation	54,550,000	65,026,850
	Blackrock	JP Morgan EMBI Global Diversified index	24,000,000	24,375,938
	NCS Group Trust	Global Fund	34,978,186	36,558,693
	BNY Mellon	SmtPth RetInc CIT	**	4,626,056
	BNY Mellon	SmtPth RetInc 2020 CIT	**	19,351,155
	BNY Mellon	SmtPth RetInc 2025 CIT	**	4,003,076
	BNY Mellon	SmtPth RetInc 2030 CIT	**	2,741,722
	BNY Mellon	SmtPth RetInc 2035 CIT	**	1,723,691
	BNY Mellon	SmtPth RetInc 2040 CIT	**	516,016
	BNY Mellon	SmtPth RetInc 2045 CIT	**	263,465
	BNY Mellon	SmtPth RetInc 2050 CIT	**	164,855
	BNY Mellon	SmtPth RetInc 2055 CIT	**	172,806
	BNY Mellon	SmtPth RetInc 2060 CIT	**	221,254
	BNY Mellon	NSL Stck Idx CIT	**	44,870,653

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	Collective Trusts - (Continued)			
	BNY Mellon	NSL MdCp StckIdx CIT	**	$ 6,261,087
	BNY Mellon	NSL SmlCp StkIdx CIT	**	3,211,942
	BNY Mellon	NSL REIT Indx CIT	**	5,494,971
	BNY Mellon	NSL ACWI ex-US CIT	**	1,590,213
	BNY Mellon	NSL 1-3Yr GvCr BdIdx CIT	**	22,057,052
	BNY Mellon	NSL TIPS Index CIT	**	1,545,352
	Loomis Sayles Trust Company	Loomis Sayles Core Fixed Income	$ 34,090,865	44,992,102
	Loomis Sayles Trust Company	Loomis Sayles High Yield	36,093,572	49,905,017
	EnTrust	Capital Diversified Fund	952,767	938,102
	Amalgamated Bank	Longview Ultra Construction Loan Investment Fund	110,721	67,727
	Community Bank/JP Jeanneret	Income Plus Investment Fund	24,621	10,048
	ASB Allegiance	ASB Allegiance Real Estate Fund	2,500,000	3,551,882
	JPMCB	JPMCB Strategic Property Fund	4,710,509	8,206,837
	GQG Partners	Emerging Markets Equity CIT	40,000,000	38,572,391
	SSGA	SSGA S&P Global Large Midcap	8,080,141	12,141,417
	Principal Global Investor Trust Company	Morley Stable Value Fund	25,232,801	27,676,427
	Total Collective Trusts		675,683,251	949,157,823
	Limited Partnerships and Limited Liability Companies			
	Harborvest Partners	Harborvest Partners 2013 Cayman Direct Fund L.P.	286,381	1,968,067
	Harborvest Partners	Harborvest Partners IX L.P.	2,667,076	4,476,880
	American	American Core Realty Fund L.P.	13,489,801	15,530,138
	Primus	Primus High Yield Bond Fund, L.P.	4,000,000	13,814,728
	GCM Grosvenor	Secondary Opportunities Feeder Fund II L.P.	3,642,740	6,222,225
	Grosvenor	Opportunistic Credit Fund III, Ltd	433,998	420,644
	Grosvenor	Opportunistic Credit Fund IV, Ltd	954,581	994,106
	Portfolio Advisors	Secondary Fund III, L.P.	4,102,151	8,441,958
	First Eagle Investments	Global Value Fund, L.P.	35,000,000	35,429,443
	Blackstone	Infrastructure Partners V, L.P.	13,011,564	14,914,713
	Ironsides	Partnership Fund V, L.P.	1,642,128	2,252,408
	Ironsides	Company Fund VI, L.P.	17,133,242	18,783,738
	Patriot	Financial Partners II, L.P.	1,011,199	3,897,376
	Patriot	Financial Partners III, L.P.	5,041,726	9,107,282

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current value
	Limited Partnerships and Limited Liability Companies - (Continued)			
	IFM	Global Infrastructure (Offshore), L.P.	$ 15,000,000	$ 18,667,122
	EnTrust	Special Opportunities Fund III Class A	2,189,089	2,997,014
	EnTrust	Special Opportunities Fund III Class E	1,796,613	2,382,504
	EnTrust	Special Opportunities Fund IV Class A	6,063,023	7,744,409
	Invesco	Core Real Estate USA, L.P.	20,454,501	24,180,485
	UBS Realty Investors	Trumbull Property Fund, L.P.	9,124,585	16,419,489
	Ironsides	Direct Investment Fund V, L.P.	4,157,790	7,773,701
	Loomis Sayles Trust Company	Senior Floating Rate Fund, LLC	30,000,000	31,691,923
	TA Realty	TA Realty Core Property Fund	21,712,189	26,826,986
	Total Limited Partnerships		212,914,377	274,937,339
	Other			
	New York Life Insurance	Cash Surrender Value of Life Insurance	322,560	322,560
	Pooled Separate Account			
	Ullico	Ullico GA 1300 Separate Group J	3,566,923	5,312,103
*	Participant loans (interest rate 4.25%-6.50%)		-	1,398,223
	Total		$ 1,001,055,607	$ 1,377,712,868

* Denotes party-in-interest
** Cost omitted for participant-directed investments

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

B This return/report is: [ ] a single-employer plan [ ] a DFE (specify) _____
[ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1979

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

10 BROADWAY

HAMDEN CT 06518-2614

2b Employer Identification Number (EIN) 06-1308364

2c Plan Sponsor's telephone number 203-281-5511

2d Business code (see instructions) 236200

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

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

SIGN HERE		10/14/2022	LISA HUMPHREY, PLAN ADMINISTRATOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2022	JEFF WOLCHESKI, LABOR TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		10/14/2022	JOHN BUTTS, MANAGEMENT TRUSTEE
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

118401 12-30-21

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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OMB Nos. 1210 - 0110
1210 - 0089

2021

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NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

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SIGN HERE		10/14/2022	LISA HUMPHREY, PLAN ADMINISTRATOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2022	JEFF WOLCHESKI, LABOR TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	John M. Butts	10/14/2022	JOHN BUTTS, MANAGEMENT TRUSTEE
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

118401 12-30-21

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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OMB Nos. 1210 - 0110
1210 - 0089

2021

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SIGN HERE	Signature of plan administrator	10/14/2022 Date	LISA HUMPHREY, PLAN ADMINISTRATOR Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	10/14/2022 Date	JEFF WOLCHESKI, LABOR TRUSTEE Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	10/14/2022 Date	JOHN BUTTS, MANAGEMENT TRUSTEE Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

118401 12-30-21

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2021
SCHEDULE H, LINE 4j - EIN: 06-1308364, PLAN: 001

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Realized Gain or (Loss)
	Series Transactions								
*	Bank of America (196 transactions)	Federated Govt Obligs Fund	$ 132,887,980	$ -	$ -	$ -	$ 132,887,980	$ 132,887,980	$ -
*	Bank of America (143 transactions)	Federated Govt Obligs Fund	$ -	$ 139,357,429	$ -	$ 139,357,429	$ 139,357,429	$ 139,357,429	$ -
*	Bank of America (87 transactions)	Temporary Overnight Deposit	$ 189,785,154	$ -	$ -	$ -	$ 189,785,154	$ 189,785,154	$ -
*	Bank of America (85 transactions)	Temporary Overnight Deposit	$ -	$ 189,785,154	$ -	$ 189,785,154	$ 189,785,154	$ 189,785,154	$ -
*	Blackrock (7 transactions)	Equity Index Fund A	$ -	$ 83,560,700	$ -	$ -	$ 52,794,162	$ 52,794,162	$ 30,766,538

* Denotes party-in-interest