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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for:<br><div><input checked="" type="checkbox"/> a multiemployer plan<br/><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)<br/><input type="checkbox"/> a single-employer plan<br/><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report<br/><input type="checkbox"/> the final return/report<br/><input type="checkbox"/> an amended return/report<br/><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558<br/><input type="checkbox"/> automatic extension<br/><input type="checkbox"/> the DFVC program<br/><input type="checkbox"/> special extension (enter description)</div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                            |

|         |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                             |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                           |                                                                                                                                                             |
| 1a      | Name of plan<br>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)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN<br><br>10 BROADWAY<br>HAMDEN, CT 06518-2614 | 2b Employer Identification Number (EIN) 06-1308364<br><br>2c Plan Sponsor's telephone number 203-281-5511<br><br>2d Business code (see instructions) 236200 |
|         | 10 BROADWAY<br>HAMDEN, CT 06518-2614                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |

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. | 10/11/2024 | NICOLA FAVORITO                                              |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/11/2024 | JOSEPH BYRNE                                                 |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/11/2024 | JOHN BUTTS                                                   |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 26964                                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 11025<br><b>6a(2)</b> 10631<br><b>6b</b> 475<br><b>6c</b> 15401<br><b>6d</b> 26507<br><b>6e</b> 372<br><b>6f</b> 26879<br><b>6g(1)</b> 26964<br><b>6g(2)</b> 26879<br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b> 829                                                                                                                                                                                                                                                           |

**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

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

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

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                         |                                                      |     |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023              |                                                      |     |
| A Name of plan<br>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<br>NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN | D Employer Identification Number (EIN)<br>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                               |                                                                             | 01/01/2023              | 12/31/2023 |

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 |                       |
|                                               |                                 |             |                       |

(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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 5538205 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                         |                                                      |     |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023              |                                                      |     |
| A Name of plan<br>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<br>NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN | D Employer Identification Number (EIN)<br>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<br>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                                                                           | 01/01/2023              | 12/31/2023 |

|                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |                       |
|                                               |                                 |             |                       |

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ [AGE & AMOUNT OF COVERAGE](#)

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                         |                                                      |     |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023              |                                                      |     |
| A Name of plan<br>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<br>NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN | D Employer Identification Number (EIN)<br>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                                | 1                                                                           | 07/01/2023              | 06/30/2024 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 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 |                       |
|                                               |                                 |             |                       |

(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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                               |          |  |
|----------|-----------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ [AGE & AMOUNT OF COVERAGE](#)

|          |                                                                                                                                                                                                       |           |     |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> | 656 |
| <b>c</b> | Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |     |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |     |

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

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</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 ..... | <b>10b</b> |  |

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. ▶

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

|                                                                                                         |                                                      |     |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023              |                                                      |     |
| A Name of plan<br>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<br>NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN | D Employer Identification Number (EIN)<br>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).. . . . . ☒ 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<br>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<br>BOSTON, MA 02111 |

74-3130888

|                                                                                                            |                                          |
|------------------------------------------------------------------------------------------------------------|------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                          |
| HARBOURVEST 2013 DIRECT ASSOCIATES                                                                         | ONE FINANCIAL CENTER<br>BOSTON, MA 02111 |

45-4069261

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**(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

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

PORTFOLIO ADVISORS LLC

98-1302448

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

IRONSIDES PARTNERSHIP FUND V, LP

74-3246212

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

IRONSIDES PARTNERSHIP FUND VI, LP

74-3246212

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

COMMUNITY BANK, N.A.

15-0436580

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

FIRST EAGLE INVESTMENT MANAGEMENT,

57-1156902

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**(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

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

J.P. JEANNERET ASSOCIATES, INC.

16-1329502

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

HARBOURVEST IX-BUYOUT ASSOCIATES L.                      ONE FINANCIAL CENTER  
BOSTON, MA 02111

32-0292083

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

GCM CUSTOMIZED FUND INVESTMENT GROU

80-0952472

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

HARBOURVEST IX-VENTURE ASSOCIATES L                      ONE FINANCIAL CENTER  
BOSTON, MA 02111

32-0292082

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**(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

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

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

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

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**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50                  | CONTRACT ADMINISTRATOR                                                                            | 1985474                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LOOMIS SAYLES & COMPANY, LP

04-3200030

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 514116                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 12643                                                                                                                                                                           | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 24 28 50            | NONE                                                                                              | 110905                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       | 293601                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

LOOMIS SAYLES TRUST COMPANY, LP

20-8080381

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 253117                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MEKETA INVESTMENT GROUP, INC.

42-2659023

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 249462                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BANK OF AMERICA MERRILL LYNCH

94-1687665

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | NONE                                                                                              | 245119                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

INVESCO ADVISERS, INC

58-1707262

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | INVESTMENT MANAGER                                                                                | 238714                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AMERICAN REALTY ADVISORS

515 FLOWER STREET 49TH FLOOR  
LOS ANGELES, CA 90071

33-0123114

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51 28                  | NONE                                                                                              | 170223                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #21

10 BROADWAY  
HAMDEN, CT 06518-2614

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 120435                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

REID & RIEGE, P.C.

06-0867204

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | NONE                                                                                              | 107489                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 4995                                                                                                                                                                            | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #13

10 BROADWAY  
HAMDEN, CT 06518-2614

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 104408                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #7

10 BROADWAY  
HAMDEN, CT 06518-2614

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 84469                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

J.P. MORGAN INVESTMENT MANAGEMENT I

13-3200244

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51 28 50               | NONE                                                                                              | 84367                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BEERS, HAMERMAN, COHEN & BURGER P.C

47-2517893

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 70127                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BRIGADE CAPITAL MANAGEMENT, LP

399 PARK AVENUE, 16TH FLOOR  
NEW YORK, NY 10022

20-4895879

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 52                  | INVESTMENT MANAGER                                                                                | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 62908                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

36-4115383

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORD KEEPER                                                                                     | 60395                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

EMPLOYEE #6

270 MOTOR PKWY B  
HAUPPAUGE, NY 11788

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 57060                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #3

270 MOTOR PKWY B  
HAUPPAUGE, NY 11788

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 56005                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

SHENKMAN CAPITAL MANAGEMENT

461 FIFTH AVENUE 22ND FLOOR  
NEW YORK, NY 10017

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 49574                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #23

270 MOTOR PKWY B  
HAUPPAUGE, NY 11788

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 49130                                                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PERFECT PRINTING SOLUTIONS, INC.

47-4140223

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 36                     | NONE                                                                                              | 47882                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

KRAKOW, SOURIS & LANDRY, LLC

04-3363718

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | NONE                                                                                              | 42500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE UNION LABOR LIFE INSURANCE COMP

13-1423090

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 29736                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 5424                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

EMPLOYEE #17

10 BROADWAY  
HAMDEN, CT 06518-2614

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 34213                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

CHEVY CHASE TRUST COMPANY

52-2037618

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 34021                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #18

350 FORDHAM ROAD  
WILMINGTON, MA 01887

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 31114                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #4

350 FORDHAM ROAD  
WILMINGTON, MA 01887

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 26638                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BRIDGEWAY BENEFIT TECHNOLOGIES LLC

52-1796473

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | NONE                                                                                              | 24408                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #5

10 BROADWAY  
HAMDEN, CT 06518-2614

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 24302                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

COMPUMAIL CORP

20-3101934

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | NONE                                                                                              | 23455                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE #8

10 BROADWAY  
HAMDEN, CT 06518-2614

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        | EMPLOYEE                                                                                          | 22046                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #14

10 BROADWAY  
HAMDEN, CT 06518-2614

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 20520                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #11

270 MOTOR PKWY B  
HAUPPAUGE, NY 11788

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 14906                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE #19

350 FORDHAM ROAD  
WILMINGTON, MA 01887

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 14116                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #10

10 BROADWAY  
HAMDEN, CT 06518-2614

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 13820                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #15

350 FORDHAM ROAD  
WILMINGTON, MA 01887

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 13149                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

STATE STREET GLOBAL ADVISORS SENIOR

81-4017137

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51 19 52               | NONE                                                                                              | 12357                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

EMPLOYEE #20

350 FORDHAM ROAD  
WILMINGTON, MA 01887

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 12012                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #22

10 BROADWAY  
HAMDEN, CT 06518-2614

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 10180                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE #12

14 CORPORATE CIR  
ALBANY, NY 12203

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 7313                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #2

10 BROADWAY  
HAMDEN, CT 06518-2614

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 7252                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #9

270 MOTOR PKWY B  
HAUPPAUGE, NY 11788

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 6428                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

EMPLOYEE #1

270 MOTOR PKWY B  
HAUPPAUGE, NY 11788

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 5979                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPLOYEE #16

10 BROADWAY  
HAMDEN, CT 06518-2614

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30                     | EMPLOYEE                                                                                          | 5743                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| SEGAL SELECT INSURANCE SERVICES                                     | 17 22 53                                                                                                                                                           | 18761                                     |
| (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<br><br>45-3957469                                     | STANDARD INSURANCE COMMISSION                                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| SEGAL SELECT INSURANCE SERVICES                                     | 17 22 53                                                                                                                                                           | 4262                                      |
| (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<br><br>06-0566090                                         | STANDARD INSURANCE COMMISSION                                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| SEGAL SELECT INSURANCE SERVICES                                     | 17 22 53                                                                                                                                                           | 26030                                     |
| (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<br><br>13-2988846                                     | 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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| SEGAL SELECT INSURANCE SERVICES                         | 17 22 53                                | 2969                                      |

| (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<br><br>13-1963496                                             | STANDARD INSURANCE COMMISSION                                                                                                                                      |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

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

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

|                                                                                                                              |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN</u>                                                | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN</u> | <b>D</b> Employer Identification Number (EIN)<br><u>06-1308364</u> |            |

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

|                                                                                            |                               |                                                                                                                      |  |  |
|--------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW ULTRA CONSTRUCTION LOAN</u>     |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>                  |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>20-8434730-006</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3489</u>      |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u>             |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL INVESTORS TRUST COMPANY</u> |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>93-6274329-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28888591</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX FUND</u>          |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO</u>  |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>94-6052285-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>155883389</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK INTERMEDIATE GOVT/CREDIT</u>   |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO</u>  |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>94-3199817-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>241802432</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI ACWI EX-US SUPERFUND</u>  |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO</u>  |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>94-3321088-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41418128</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US TREASURY INFLATION</u>      |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO</u>  |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>94-3410125-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54565804</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK JP MORGAN EMBI GLOBAL DIV</u>  |                               |                                                                                                                      |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO</u>  |                               |                                                                                                                      |  |  |
| <b>c</b> EIN-PN <u>83-2484172-001</u>                                                      | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6057029</u>   |  |  |

|                                                                                              |                        |                                                                                                              |
|----------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE FIXED INCOME               |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY LLC            |                        |                                                                                                              |
| <b>c</b> EIN-PN 20-8080381-002                                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41622749 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P GLOBAL LARGEMIDCAP           |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-287                                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8714929  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO GA 1300 SEPARATE GROUP J               |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INS COMPANY           |                        |                                                                                                              |
| <b>c</b> EIN-PN 13-1423090-203                                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5538205  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND               |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY                  |                        |                                                                                                              |
| <b>c</b> EIN-PN 52-6257033-006                                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3065192  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JP MCB STRATEGIC PROPERTY FUND                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.                 |                        |                                                                                                              |
| <b>c</b> EIN-PN 13-6038770-001                                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7164686  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MASTER INCOME-PLUS GROUP TRUST                |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): J.P. JEANNERET ASSOCIATES, INC.            |                        |                                                                                                              |
| <b>c</b> EIN-PN 22-6591835-001                                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3214     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2020 CIT            |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                                 |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-150                                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14954515 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2025 CIT            |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                                 |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-283                                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3452291  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2030 CIT            |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                                 |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-151                                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2289194  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2035 CIT            |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                                 |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-284                                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1740474  |

|                                                                                   |                        |                                                                                                              |
|-----------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2040 CIT |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                      |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-152                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 499919   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2045 CIT |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                      |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-285                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138618   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2050 CIT |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                      |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-278                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71340    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2055 CIT |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                      |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-304                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44838    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC 2060 CIT |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                      |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-325                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218945   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON TIPS INDEX CIT          |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                      |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-144                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1168540  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON SMTPTH RET INC CIT      |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                      |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-153                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3532177  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL STCK ID CIT         |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                      |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-083                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37850223 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL MDCP STCKIDX CIT    |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                      |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-174                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4855488  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL SMLCP STKIDX CIT    |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                      |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-110                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2216037  |

|                                                                             |                        |                                                                                                             |
|-----------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL REIT INDX CIT |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                |                        |                                                                                                             |
| <b>c</b> EIN-PN 25-6078093-249                                              | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3570256 |

|                                                                              |                        |                                                                                                             |
|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL ACWI EX-US CIT |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                 |                        |                                                                                                             |
| <b>c</b> EIN-PN 25-6078093-206                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1449980 |

|                                                                                    |                        |                                                                                                              |
|------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON NSL 1-3 YR GVCR BD IDX C |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): BNY MELLON                       |                        |                                                                                                              |
| <b>c</b> EIN-PN 25-6078093-250                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17991384 |

|                                                                              |                        |                                                                                                              |
|------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS EMERGING MARKETS |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY     |                        |                                                                                                              |
| <b>c</b> EIN-PN 82-6258259-012                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28111585 |

|                                                                              |                        |                                                                                                              |
|------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST GLOBAL FUND   |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): GLOBAL FUND ADVISERS, INC. |                        |                                                                                                              |
| <b>c</b> EIN-PN 76-6192146-003                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35848980 |

|                                                                                  |                        |                                                                                                              |
|----------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES AND COMPANY, LP     |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): SENIOR FLOATING RATE FUND, LLC |                        |                                                                                                              |
| <b>c</b> EIN-PN 82-0542784-001                                                   | <b>d</b> Entity code E | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35541943 |

|                                                                             |                        |                                                                                                             |
|-----------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST PARTNERS IX L.P. |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS, LLC |                        |                                                                                                             |
| <b>c</b> EIN-PN 80-0653172-001                                              | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3041062 |

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

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

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |                                                                                                     |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |                                                                                                     |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> 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, other than DCGs)**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                       |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>              |                                                                    |            |
| <b>A</b> Name of plan<br><b>NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN</b>                                         | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                                       |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN</b> | <b>D</b> Employer Identification Number (EIN)<br><b>06-1308364</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | 4255297               | 4197676         |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 5099283               | 5014410         |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 12133966              | 21565326        |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 49857778              | 61620988        |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    | 282438137             | 371914596       |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 32670410              | 26160096        |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    | 1528798               | 1374155         |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 779694037             | 749257904       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 5326545               | 5538205         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 32032779              | 35541943        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 26615288              | 6036029         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   | 225642                | 234621          |

|                                                                           |              |                              |                        |
|---------------------------------------------------------------------------|--------------|------------------------------|------------------------|
| <b>1d</b> Employer-related investments:                                   |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                              |                        |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 1231877960                   | 1288455949             |
| <b>Liabilities</b>                                                        |              |                              |                        |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 590436                       | 580314                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                              |                        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 590436                       | 580314                 |
| <b>Net Assets</b>                                                         |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 1231287524                   | 1287875635             |

**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.

|                                                                                                            |                 |                   |                  |
|------------------------------------------------------------------------------------------------------------|-----------------|-------------------|------------------|
| <b>Income</b>                                                                                              |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
| <b>a</b> Contributions:                                                                                    |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 60386807          |                  |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 6050              |                  |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 60392857         |
| <b>b</b> Earnings on investments:                                                                          |                 |                   |                  |
| (1) Interest:                                                                                              |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 845204            |                  |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 3651428           |                  |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 76781             |                  |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 3202145           |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 7775558          |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 2338726           |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |                   |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 2338726          |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |                   |                  |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 486239301         |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 460269062         |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |                   | 25970239         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | -11716200         |                  |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 1733475           |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   | -9982725         |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | <b>2b(6)</b>  |            | 72343957  |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | <b>2b(7)</b>  |            | -44091    |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 11022070  |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 169816591 |

**Expenses**

|                                                                                             |               |           |           |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 106058305 |           |
| (2) To insurance carriers for the provision of benefits.....                                | <b>2e(2)</b>  |           |           |
| (3) Other .....                                                                             | <b>2e(3)</b>  |           |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 106058305 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           | 174845    |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:                                                           |               |           |           |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |           |           |
| (2) Contract administrator fees.....                                                        | <b>2i(2)</b>  | 2074345   |           |
| (3) Recordkeeping fees.....                                                                 | <b>2i(3)</b>  |           |           |
| (4) IQPA audit fees.....                                                                    | <b>2i(4)</b>  | 63114     |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 3999101   |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 214693    |           |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |           |           |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 134990    |           |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |           |           |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 509087    |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 6995330   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 113228480 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 56588111 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BEERS, HAMERMAN, COHEN & BURGER, P.**

(2) EIN: **47-2517893**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 3000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> 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.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>n</b> 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. ....                                                                                                                         |                                     | <input checked="" type="checkbox"/> |         |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                         |                                                      |     |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023              |                                                      |     |
| A Name of plan<br>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<br>NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN | D Employer Identification Number (EIN)<br>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):<br><br>EIN(s): 94-1687665 36-4115383 |   |   |
| 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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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 _____<br>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? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> 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? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> 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:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> 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:<br><b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....<br><b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>15a</b><br><br><br><b>15b</b>                                                       |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:<br><b>a</b> Enter the number of employers who withdrew during the preceding plan year .....<br><b>b</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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>16a</b><br><br><br><b>16b</b>                                                       |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input type="checkbox"/> N/A |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |

**NORTH ATLANTIC STATES  
CARPENTERS ANNUITY PLAN  
FINANCIAL STATEMENTS AND  
SUPPLEMENTAL INFORMATION  
YEARS ENDED  
DECEMBER 31, 2023 AND 2022**

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN

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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, 2023 and 2022, 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, 2023 and 2022, 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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.

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ne Post Road | Fairfield, CT 06824 | P/203.333.2228 | F/203.333.3520

### **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 the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



New Haven, Connecticut  
October 11, 2024

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

|                                     | December 31,            |                         |
|-------------------------------------|-------------------------|-------------------------|
|                                     | <u>2023</u>             | <u>2022</u>             |
| ASSETS                              |                         |                         |
| Investments, at fair value          | \$ 1,276,676,278        | \$ 1,219,987,194        |
| Cash                                |                         |                         |
| Operating                           | 499,349                 | 494,257                 |
| Collection                          | <u>694,081</u>          | <u>513,131</u>          |
| Total Cash                          | <u>1,193,430</u>        | <u>1,007,388</u>        |
| Receivables                         |                         |                         |
| Employers' contributions            | 4,197,676               | 4,255,297               |
| Accrued interest                    | 133,180                 | 81,988                  |
| Due from Carpenters Funds           | 4,398,781               | 5,004,430               |
| Notes receivable from participants  | 1,374,155               | 1,528,798               |
| Due from broker for securities sold | <u>325,463</u>          | <u>-</u>                |
| Total Receivables                   | <u>10,429,255</u>       | <u>10,870,513</u>       |
| Prepaid Expenses and Other Assets   | <u>156,986</u>          | <u>12,865</u>           |
| Total Assets                        | <u>1,288,455,949</u>    | <u>1,231,877,960</u>    |
| LIABILITIES                         |                         |                         |
| Accounts Payable                    | <u>580,314</u>          | <u>590,436</u>          |
| Total Liabilities                   | <u>580,314</u>          | <u>590,436</u>          |
| NET ASSETS AVAILABLE FOR BENEFITS   | <u>\$ 1,287,875,635</u> | <u>\$ 1,231,287,524</u> |

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, 2023 |                       |                  | Year Ended December 31, 2022 |                       |                  |
|------------------------------------------------------------------------|------------------------------|-----------------------|------------------|------------------------------|-----------------------|------------------|
|                                                                        | Regular<br>Accounts          | Voluntary<br>Accounts | Total            | Regular<br>Accounts          | Voluntary<br>Accounts | Total            |
| <b>Trustee Directed Accounts</b>                                       |                              |                       |                  |                              |                       |                  |
| Additions                                                              |                              |                       |                  |                              |                       |                  |
| Investment income                                                      |                              |                       |                  |                              |                       |                  |
| Net appreciation (depreciation) in<br>fair value of investments        | \$ 85,380,581                | \$ -                  | \$ 85,380,581    | \$ (106,429,519)             | \$ -                  | \$ (106,429,519) |
| Interest on notes receivable<br>from participants                      | 76,781                       | -                     | 76,781           | 76,763                       | -                     | 76,763           |
| Interest income                                                        | 7,698,777                    | -                     | 7,698,777        | 2,939,704                    | -                     | 2,939,704        |
| Dividend income                                                        | 2,338,726                    | -                     | 2,338,726        | 1,558,926                    | -                     | 1,558,926        |
|                                                                        | 95,494,865                   | -                     | 95,494,865       | (101,854,126)                | -                     | (101,854,126)    |
| Less: Investment Management Fees                                       | (4,213,794)                  | -                     | (4,213,794)      | (3,857,799)                  | -                     | (3,857,799)      |
| Net Investment Income (Loss)                                           | 91,281,071                   | -                     | 91,281,071       | (105,711,925)                | -                     | (105,711,925)    |
| Contributions                                                          | 60,386,807                   | 6,050                 | 60,392,857       | 63,697,883                   | 6,530                 | 63,704,413       |
| Total Additions (Deductions)                                           | 151,667,878                  | 6,050                 | 151,673,928      | (42,014,042)                 | 6,530                 | (42,007,512)     |
| Deductions                                                             |                              |                       |                  |                              |                       |                  |
| Benefits paid to participants                                          | 95,678,946                   | 7,945                 | 95,686,891       | 86,246,761                   | 44,496                | 86,291,257       |
| Administrative expenses                                                |                              |                       |                  |                              |                       |                  |
| Allocated overhead expenses                                            | 1,954,226                    | -                     | 1,954,226        | 1,778,324                    | -                     | 1,778,324        |
| Consulting fees                                                        | 267,339                      | -                     | 267,339          | 300,469                      | -                     | 300,469          |
| Insurance                                                              | 143,283                      | -                     | 143,283          | 136,620                      | -                     | 136,620          |
| Legal fees                                                             | 134,990                      | -                     | 134,990          | 109,306                      | -                     | 109,306          |
| Financial audit fees                                                   | 63,114                       | -                     | 63,114           | 62,549                       | -                     | 62,549           |
| Service contract and loan software                                     | 8,553                        | -                     | 8,553            | 8,194                        | -                     | 8,194            |
| Printing                                                               | 34,918                       | -                     | 34,918           | 72,770                       | -                     | 72,770           |
| Postage                                                                | 38,757                       | -                     | 38,757           | 67,315                       | -                     | 67,315           |
| Office expense                                                         | 16,237                       | -                     | 16,237           | 20,508                       | -                     | 20,508           |
| Total Administrative Expenses                                          | 2,661,417                    | -                     | 2,661,417        | 2,556,055                    | -                     | 2,556,055        |
| Total Deductions                                                       | 98,340,363                   | 7,945                 | 98,348,308       | 88,802,816                   | 44,496                | 88,847,312       |
| Net Investment Income (Loss) Income Allocated<br>to Voluntary Accounts | (261,268)                    | 261,268               | -                | 666,674                      | (666,674)             | -                |
| Change in Net Assets - Trustee Directed                                | 53,066,247                   | 259,373               | 53,325,620       | (130,150,184)                | (704,640)             | (130,854,824)    |
| <b>Participant-Directed Accounts</b>                                   |                              |                       |                  |                              |                       |                  |
| Additions                                                              |                              |                       |                  |                              |                       |                  |
| Net appreciation (depreciation) in<br>fair value of investments        | 13,928,869                   | -                     | 13,928,869       | (16,796,581)                 | -                     | (16,796,581)     |
| Deductions                                                             |                              |                       |                  |                              |                       |                  |
| Benefits paid to participants                                          | 10,546,259                   | -                     | 10,546,259       | 9,011,148                    | -                     | 9,011,148        |
| Administrative Expenses                                                | 120,119                      | -                     | 120,119          | 95,045                       | -                     | 95,045           |
| Total Deductions                                                       | 10,666,378                   | -                     | 10,666,378       | 9,106,193                    | -                     | 9,106,193        |
| Change in Net Assets - Participant Directed                            | 3,262,491                    | -                     | 3,262,491        | (25,902,774)                 | -                     | (25,902,774)     |
| Change in Net Assets                                                   | 56,328,738                   | 259,373               | 56,588,111       | (156,052,958)                | (704,640)             | (156,757,598)    |
| Net Assets Available for Benefits,<br>Beginning of Year                | 1,227,881,944                | 3,405,580             | 1,231,287,524    | 1,383,934,902                | 4,110,220             | 1,388,045,122    |
| Net Assets Available for Benefits,<br>End of Year                      | \$ 1,284,210,682             | \$ 3,664,953          | \$ 1,287,875,635 | \$ 1,227,881,944             | \$ 3,405,580          | \$ 1,231,287,524 |

See accompanying notes to the financial statements.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 1 - PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES

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.

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 participants. Employer contributions are based on hourly rates set through collective bargaining agreements. Hours reported to the Plan were 12,856,053 and 13,049,525 for the years ended December 31, 2023 and 2022, 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 is 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.

Active participants who are working as carpenters 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.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 1 - PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES – (CONTINUED)

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. 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

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

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 in the Plan.

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

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.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 1 - PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES – (CONTINUED)

Plan Benefits – (Continued)

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.

Basis of Accounting

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

New Accounting Pronouncement

In June 2016, the FASB issued Accounting Standards Update (ASU) 2016-13, *Financial Instruments-Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments* which replaces the current incurred loss impairment methodology for credit losses with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The Plan adopted these standards effective January 1, 2023, with no material effect on the financial statements.

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.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 1 - PLAN DESCRIPTION AND SIGNIFICANT ACCOUNTING POLICIES – (CONTINUED)

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.

Employer Contribution Receivable

The Plan considers employer contribution receivable to be fully collectible; accordingly, no allowance for credit losses 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, 2023 and 2022. 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 Fund, a related organization, collects employer contributions on behalf of the Plan and wires the money directly to the Plan on a monthly basis. As of December 31, 2023 and 2022, the amount due from the North Atlantic States Carpenters Fund totaling \$4,398,781 and \$5,004,430 represents amounts due from the North Atlantic States Carpenters Pension Fund for contributions collected for December 2023 and 2022, respectively.

Administrative Expense

Certain administrative services are shared by the Plan and other Carpenters' plans. For the years ended December 31, 2023 and 2022, the reimbursement to the North Atlantic Carpenters Pension Fund was \$1,954,230 and \$1,778,324, respectively and has been included in allocated overhead expenses in the statement of changes in net assets available for benefits. Amounts due to the North Atlantic Carpenters Pension Fund as of December 31, 2023 and 2022 totaled \$319,109 and \$257,369, respectively and have been included in accounts payable on the statements of net assets available for benefits.

Subsequent Events

Management has evaluated subsequent events through October 11, 2024, the date the financial statements were available to be issued.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 2 - 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.

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, 2023 and December 31, 2022.

*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.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 2 - FAIR VALUE MEASUREMENTS – (CONTINUED)

*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.

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

|                                                      | Assets at Fair Value as of December 31, 2023 |                   |                         |
|------------------------------------------------------|----------------------------------------------|-------------------|-------------------------|
|                                                      | <u>Level 1</u>                               | <u>Level 3</u>    | <u>Total</u>            |
| Money Market Funds                                   | \$ 20,371,896                                | \$ -              | \$ 20,371,896           |
| Common Stocks                                        | 61,620,988                                   | -                 | 61,620,988              |
| Mutual Funds                                         | 6,036,029                                    | -                 | 6,036,029               |
| Real Estate Investment Trusts                        | 26,160,096                                   | -                 | 26,160,096              |
| Cash Surrender Value of Participant's Life Insurance | -                                            | 234,621           | 234,621                 |
|                                                      | <u>114,189,009</u>                           | <u>234,621</u>    | <u>114,423,630</u>      |
| Investments Measured at Net Asset Value*             |                                              |                   |                         |
| Collective trusts                                    | -                                            | -                 | 749,257,904             |
| Limited partnerships and limited liability companies | -                                            | -                 | 407,456,539             |
| Pooled separate accounts                             | -                                            | -                 | 5,538,205               |
| Investments Measured at Net Asset Value              | -                                            | -                 | 1,162,252,648           |
| Investments at Fair Value                            | <u>\$ 114,189,009</u>                        | <u>\$ 234,621</u> | <u>\$ 1,276,676,278</u> |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 2 - FAIR VALUE MEASUREMENTS – (CONTINUED)

|                                                      | Assets at Fair Value as of December 31, 2022 |                   |                         |
|------------------------------------------------------|----------------------------------------------|-------------------|-------------------------|
|                                                      | <u>Level 1</u>                               | <u>Level 3</u>    | <u>Total</u>            |
| Money Market Funds                                   | \$ 11,126,578                                | \$ -              | \$ 11,126,578           |
| Common Stocks                                        | 49,857,778                                   | -                 | 49,857,778              |
| Mutual Funds                                         | 26,615,288                                   | -                 | 26,615,288              |
| Real Estate Investment Trusts                        | 32,670,410                                   | -                 | 32,670,410              |
| Cash Surrender Value of Participant's Life Insurance | -                                            | 225,642           | 225,642                 |
|                                                      | <u>120,270,054</u>                           | <u>225,642</u>    | <u>120,495,696</u>      |
| Investments Measured at Net Asset Value*             |                                              |                   |                         |
| Collective trusts                                    | -                                            | -                 | 779,694,037             |
| Limited partnerships and limited liability companies | -                                            | -                 | 314,470,916             |
| Pooled separate accounts                             | -                                            | -                 | 5,326,545               |
| Investments Measured at Net Asset Value              | -                                            | -                 | 1,099,491,498           |
| Investments at Fair Value                            | <u>\$ 120,270,054</u>                        | <u>\$ 225,642</u> | <u>\$ 1,219,987,194</u> |

\*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, 2023 and 2022.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 2 - FAIR VALUE MEASUREMENTS – (CONTINUED)

|                                   | Fair Value        |                   | Redemption | Redemption       |
|-----------------------------------|-------------------|-------------------|------------|------------------|
|                                   | December 31, 2023 | December 31, 2022 | Frequency  | Notice Period    |
| Collective Trusts                 |                   |                   |            |                  |
| Blackrock ACWI EX-US Superfund    | \$ 41,418,128     | \$ 35,769,356     | Daily      | 1 business day   |
| Blackrock Equity Index Fund       | 155,883,389       | 141,851,830       | Daily      | 1 business day   |
| Blackrock Int Govt Credit Bond    | 241,802,432       | 239,152,472       | Daily      | 1 business day   |
| Blackrock US Treasury Inflation   | 54,565,804        | 52,459,740        | Daily      | 1 business day   |
| Loomis Sayles Core Fixed Income   | 41,622,749        | 39,151,889        | Daily      | 1 business day   |
| Loomis Sayles High Yield          | -                 | 43,562,631        | Daily      | 1 business day   |
| ASB Allegiance Real Estate Fund   | 3,065,192         | 3,931,065         | Quarterly  | 10 business days |
| JPMCB Strategic Property Fund     | 7,164,686         | 8,504,913         | Quarterly  | 30 business days |
| SSGA S&P Global Large Midcap      | 8,714,929         | 13,972,402        | Daily      | 1 business day   |
| BNY Mellon SmtPth RetInc CIT      | 3,532,177         | 3,693,665         | Daily      | 1 business day   |
| BNY Mellon SmtPth RetInc 2020 CIT | 14,954,515        | 15,201,715        | Daily      | 1 business day   |
| BNY Mellon SmtPth RetInc 2025 CIT | 3,452,291         | 3,203,308         | Daily      | 1 business day   |
| BNY Mellon SmtPth RetInc 2030 CIT | 2,289,194         | 2,161,233         | Daily      | 1 business day   |
| BNY Mellon SmtPth RetInc 2035 CIT | 1,740,474         | 1,448,977         | Daily      | 1 business day   |
| BNY Mellon SmtPth RetInc 2040 CIT | 499,919           | 428,369           | Daily      | 1 business day   |
| BNY Mellon SmtPth RetInc 2045 CIT | 138,618           | 219,515           | Daily      | 1 business day   |
| BNY Mellon SmtPth RetInc 2050 CIT | 71,340            | 137,998           | Daily      | 1 business day   |
| BNY Mellon SmtPth RetInc 2055 CIT | 44,838            | 129,635           | Daily      | 1 business day   |
| BNY Mellon SmtPth RetInc 2060 CIT | 218,945           | 184,310           | Daily      | 1 business day   |
| BNY Mellon NSL Stck Idx CIT       | 37,850,223        | 33,224,171        | Daily      | 1 business day   |
| BNY Mellon NSL MdCp StckIdx CIT   | 4,855,488         | 4,749,144         | Daily      | 1 business day   |
| BNY Mellon NSL SmlCp StkIdx CIT   | 2,216,037         | 1,894,843         | Daily      | 1 business day   |
| BNY Mellon NSL REIT Indx CIT      | 3,570,256         | 3,500,808         | Daily      | 1 business day   |
| BNY Mellon NSL ACWI ex-US CIT     | 1,449,980         | 1,174,675         | Daily      | 1 business day   |
| BNY Mellon NSL 1-3Yr GvCr         |                   |                   |            |                  |
| BdIdx CIT                         | 17,991,384        | 20,026,852        | Daily      | 1 business day   |
| BNY Mellon NSL TIPS Index CIT     | 1,168,540         | 1,683,475         | Daily      | 1 business day   |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 2 - FAIR VALUE MEASUREMENTS – (CONTINUED)

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

|                                                               | Fair Value            |                       | Redemption   | Redemption                                                        |
|---------------------------------------------------------------|-----------------------|-----------------------|--------------|-------------------------------------------------------------------|
|                                                               | December 31, 2023     | December 31, 2022     | Frequency    | Notice Period                                                     |
| <u>Collective Trusts - (Continued)</u>                        |                       |                       |              |                                                                   |
| EnTrust Capital Diversified Fund                              | \$ 63,488             | \$ 85,250             | Monthly      | 60 days                                                           |
| Longview Ultra Construction Loan Fund                         | 3,489                 | 9,796                 | Illiquid     | Not applicable                                                    |
| Community Bank/JP Jeanneret Income<br>Plus Investment Fund    | 3,214                 | 6,144                 | Monthly      | 60 days                                                           |
| Blackrock JP Morgan EMBI Global<br>Diversified index          | 6,057,029             | 20,188,306            | Daily        | 1 business day                                                    |
| GQG Partners Emerging Markets<br>Equity CIT                   | 28,111,585            | 30,356,902            | Daily        | 1 business day<br>1 business day after<br>valuation date          |
| NCS Group Trust Global Fund                                   | 35,848,980            | 29,467,852            | Weekly       |                                                                   |
| Morley Stable Value Fund                                      | 28,888,591            | 28,160,796            | Daily        | 12 months written<br>notice                                       |
|                                                               | <u>\$ 749,257,904</u> | <u>\$ 779,694,037</u> |              |                                                                   |
| <u>Limited Partnerships and Limited Liability Companies</u>   |                       |                       |              |                                                                   |
| Primus High Yield Bond Fund, L.P. (a)                         | \$ -                  | \$ 12,585,382         | Monthly      | 10 days written notice                                            |
| Harborvest Partners 2013 Cayman<br>Direct Fund L.P. (b)       | 1,020,398             | 1,536,532             | Illiquid     | Not applicable                                                    |
| Harborvest Partners IX L.P.                                   | 3,041,062             | 3,466,755             | Illiquid     | Not applicable                                                    |
| Trumbull Property Fund, L.P. (c)                              | 12,892,141            | 16,191,251            | Quarterly    | 60 days written notice                                            |
| American Core Realty Fund L.P. (d)                            | 14,219,290            | 16,793,889            | Quarterly    | 60 days written notice                                            |
| TA Realty Core Property Fund (e)                              | 26,354,503            | 29,199,267            | Quarterly    | 45 days written notice<br>subject to certain<br>lockup provisions |
| Ironsides Direct Investment<br>Fund V, L.P. (f)               | 8,873,921             | 7,689,003             | Quarterly    | Not applicable                                                    |
| Loomis Sayles Trust Company Senior<br>Floating Rate Fund, LLC | 35,541,943            | 32,032,779            | Semi-monthly | 15 days written notice<br>subject to certain<br>lockup provisions |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 2 - FAIR VALUE MEASUREMENTS – (CONTINUED)

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

|                                                                           | Fair Value            |                       | Redemption | Redemption                                    |
|---------------------------------------------------------------------------|-----------------------|-----------------------|------------|-----------------------------------------------|
|                                                                           | December 31, 2023     | December 31, 2022     | Frequency  | Notice Period                                 |
| <u>Limited Partnerships and Limited Liability Companies - (Continued)</u> |                       |                       |            |                                               |
| GCM Grosvenor Secondary Opportunities Feeder Fund II L.P. (g)             | \$ 6,630,601          | \$ 6,961,733          | Illiquid   | Not applicable                                |
| Grosvenor Opportunistic Credit Fund III, Ltd (h)                          | 251,215               | 272,507               | Illiquid   | Not applicable                                |
| Grosvenor Opportunistic Credit Fund IV, Ltd (i)                           | 521,575               | 556,171               | Illiquid   | Not applicable                                |
| Portfolio Advisors Secondary Fund III, L.P. (j)                           | 5,882,993             | 6,832,269             | Illiquid   | Not applicable                                |
| Blackstone Infrastructure Partners V, L.P. (k)                            | 22,264,209            | 19,874,269            | Illiquid   | Not applicable                                |
| Ironsides Partnership Fund V, L.P. (l)                                    | 5,818,945             | 4,629,960             | Illiquid   | Not applicable                                |
| Ironsides Partnership Fund VI, L.P. (m)                                   | 6,638,364             | 1,095,245             | Illiquid   | Not applicable                                |
| Patriot Financial Partners II, L.P. (n)                                   | 2,060,326             | 2,569,797             | Illiquid   | Not applicable                                |
| Patriot Financial Partners III, L.P. (o)                                  | 10,031,996            | 9,454,623             | Illiquid   | Not applicable                                |
| IFM Global Infrastructure (Offshore), L.P. (p)                            | 56,668,347            | 52,246,333            | Illiquid   | Not applicable                                |
| EnTrust Special Opportunities Fund III Class A (q)                        | 2,440,623             | 2,231,741             | Illiquid   | Not applicable                                |
| EnTrust Special Opportunities Fund III Class E (r)                        | 1,762,843             | 1,794,580             | Illiquid   | Not applicable                                |
| EnTrust Special Opportunities Fund IV Class A (s)                         | 5,553,304             | 5,814,907             | Illiquid   | Not applicable                                |
| Invesco Core Real Estate USA, L.P. (t)                                    | 22,435,806            | 25,799,921            | Illiquid   | Not applicable                                |
| First Eagle Investments Global Value Fund, L.P. (u)                       | 37,402,100            | 33,075,728            | Monthly    | 30 days                                       |
|                                                                           |                       |                       |            | 30 business days after the end of the quarter |
| Ironsides Company Fund VI, L.P. (v)                                       | 21,557,563            | 21,766,274            | Quarterly  |                                               |
| Kohinoor Series (Cayman) Fund (w)                                         | 18,202,275            | -                     | Monthly    | 30 days                                       |
| Peters Thematic SPC Fund, Ltd. (x)                                        | 18,126,129            | -                     | Monthly    | Not applicable                                |
| Brigade High Yield Fund (y)                                               | 61,264,067            | -                     | Quarterly  | Not applicable                                |
|                                                                           | <u>\$ 407,456,539</u> | <u>\$ 314,470,916</u> |            |                                               |
| <u>Pooled Separate Accounts</u>                                           |                       |                       |            |                                               |
| Ullico GA 1300 Separate Group J                                           | \$ 5,538,205          | \$ 5,326,545          | Quarterly  | *                                             |

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

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 2 - 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 purpose of the fund is to actively manage a core portfolio of primarily equity real estate investments located in the United States.
- (d) 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.
- (e) 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.
- (f) 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.
- (g) 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.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 2 - FAIR VALUE MEASUREMENTS – (CONTINUED)

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

- (h) Substantially all of the assets of this fund that are available for investment have been invested in Grosvenor Opportunistic Credit Master Fund III, Ltd.
- (i) Substantially all of the assets of this fund that are available for investment have been invested in Grosvenor Opportunistic Credit Master Fund IV, Ltd.
- (j) 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.
- (k) 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.
- (l) 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.
- (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 February 4, 2021, and will terminate on February 3, 2031, 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.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 2 - FAIR VALUE MEASUREMENTS – (CONTINUED)

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

- (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 opportunistically in select group of funds and investment vehicles that are generally expected to be illiquid.
- (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 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 10<sup>th</sup> anniversary of the final close, unless dissolved earlier or extended in accordance with the partnership agreement.
- (w) The fund is a feeder fund that will invest 30% of its subscription monies received in ordinary shares of the master fund (Kohinoor Core Cayman Master Fund). The fund invests in the master fund and in governmental bonds.
- (x) The fund is incorporated and registered as a segregated portfolio company as an exempted company under the Companies Act (as amended) of the Cayman Islands on January 2, 2015. It is a single corporate entity with the benefit of statutory segregation of assets and liabilities between segregated portfolios. Each fund's investment strategy seeks exposure to a combination of thematic investment portfolios created, offered, and managed by the investment manager in consultation with each investor. The theme or combination of themes, or investment strategy may change in the future at the discretion of its investor in consultation with the investment manager.
- (y) The fund invests substantially all of its assets through a master-feeder structure in the Brigade High Yield Fund, Ltd and was formed on July 22, 2020 for the purpose of trading and investing in securities.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 2 - FAIR VALUE MEASUREMENTS – (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, 2023 and 2022.

|                                                              | <u>December 31, 2023</u> |                    | <u>December 31, 2022</u> |                    |
|--------------------------------------------------------------|--------------------------|--------------------|--------------------------|--------------------|
|                                                              | <u>Committed</u>         | <u>Contributed</u> | <u>Committed</u>         | <u>Contributed</u> |
| Harborvest Partners IX L.P.                                  | \$ 4,000,000             | \$ 3,592,000       | \$ 4,000,000             | \$ 3,512,000       |
| Harborvest Partners 2013<br>Cayman Direct Fund L.P.          | \$ 3,000,000             | \$ 2,903,130       | \$ 3,000,000             | \$ 2,903,130       |
| Ironsides Direct Investment<br>Fund V, L.P.                  | \$ 5,000,000             | \$ 4,587,966       | \$ 5,000,000             | \$ 4,113,177       |
| Ironsides Partnership Fund V, L.P.                           | \$ 5,000,000             | \$ 3,920,910       | \$ 5,000,000             | \$ 3,230,109       |
| Ironsides Partnership Fund VI, L.P.                          | \$ 20,000,000            | \$ 6,472,726       | \$ 20,000,000            | \$ 917,255         |
| Ironsides Co-Investment Fund VI, L.P.                        | \$ 20,000,000            | \$ 17,554,103      | \$ 20,000,000            | \$ 18,951,719      |
| TA Realty Core Property Fund                                 | \$ 20,000,000            | \$ 20,000,000      | \$ 20,000,000            | \$ 20,000,000      |
| American Core Realty Fund, L.P.                              | \$ 10,000,000            | \$ 10,000,000      | \$ 10,000,000            | \$ 10,000,000      |
| GCM Grosvenor Secondary<br>Opportunities Feeder Fund II L.P. | \$ 7,500,000             | \$ 4,475,024       | \$ 7,500,000             | \$ 4,260,791       |
| Portfolio Advisors Secondary<br>Fund III, L.P.               | \$ 7,500,000             | \$ 6,925,614       | \$ 7,500,000             | \$ 6,925,614       |
| Blackstone Infrastructure<br>Partners V, L.P.                | \$ 15,000,000            | \$ 15,000,000      | \$ 15,000,000            | \$ 15,000,000      |
| 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             | \$ 7,177,909       | \$ 7,500,000             | \$ 6,802,909       |
| IFM Global Infrastructure<br>(Offshore), L.P.                | \$ 45,000,000            | \$ 45,000,000      | \$ 45,000,000            | \$ 45,000,000      |
| EnTrust Special Opportunities<br>Fund III Class A            | \$ 6,250,000             | \$ 6,250,000       | \$ 6,250,000             | \$ 6,250,000       |
| EnTrust Special Opportunities<br>Fund III Class E            | \$ 2,500,000             | \$ 2,500,000       | \$ 2,500,000             | \$ 2,500,000       |
| EnTrust Special Opportunities<br>Fund IV Class A             | \$ 6,250,000             | \$ 6,250,000       | \$ 6,250,000             | \$ 6,250,000       |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 2 - FAIR VALUE MEASUREMENTS – (CONTINUED)

Level 3 Investments

Investment income relating to the Level 3 assets held as of December 31, 2023 and 2022 totaled \$8,980 and \$13,284, 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, 2023 and 2022.

NOTE 3 - 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, 2023 and 2022 are as follows:

|                                                      | <u>December 31, 2023</u> | <u>December 31, 2022</u> |
|------------------------------------------------------|--------------------------|--------------------------|
| <u>Investments</u>                                   |                          |                          |
| Money market funds                                   | \$ 19,938,897            | \$ 11,126,578            |
| Common stocks                                        | 61,620,988               | 49,857,778               |
| Mutual funds                                         | 4,919,370                | 25,358,785               |
| Real estate investment trusts                        | 26,160,096               | 32,670,410               |
| Collective trusts                                    | 653,213,685              | 686,631,344              |
| Limited partnerships and limited liability companies | 407,456,539              | 314,470,916              |
| Pooled separate accounts                             | 5,538,205                | 5,326,545                |
| Cash surrender value of participant's life insurance | 234,621                  | 225,642                  |
| Total                                                | <u>\$ 1,179,082,401</u>  | <u>\$ 1,125,667,998</u>  |
| <u>Changes in Investments</u>                        |                          |                          |
| Net investment income (loss)                         | \$ 91,281,071            | \$ (105,711,925)         |
| Employer contributions                               | 60,392,857               | 63,704,413               |
| Benefits paid                                        | (95,686,891)             | (86,291,257)             |
| Administrative expenses                              | (2,661,417)              | (2,556,055)              |
| Net increase (decrease)                              | <u>\$ 53,325,620</u>     | <u>\$ (130,854,824)</u>  |

NOTE 4 - 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, 2023 and December 31, 2022 were \$1,184,475,305 and \$1,130,905,232, respectively. The difference between these amounts and the amounts reported in the accompanying financial statements is principally the result of timing differences.

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2023 AND 2022

NOTE 5 - 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 6 - LEASE

The Plan entered into a lease with the North Atlantic States Carpenters Pension Fund, a related organization, to lease office and parking space in Hamden, CT. The term of the lease is January 1, 2021, through December 31, 2023, at an annual rent of \$32,802 payable in monthly installments. Escalation costs may be incurred for any increase in real estate taxes or operating costs beyond the base years, as stipulated in the lease. The lease is cancellable by either party with 90 days' notice. As such, no right of use assets is recognized. Total rent expense related to this lease for the years ended December 31, 2023 and 2022 was \$33,325 and \$33,802, respectively.

NOTE 7 - 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 8 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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.

NOTE 9 - 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.

## SUPPLEMENTAL INFORMATION

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Date | (d)<br>Cost  | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
|     | <u>Cash and Cash Equivalents</u>                                  |                                                                                                                       |              |                         |
| *   | Bank of America                                                   | Money Market Fund                                                                                                     | \$ 2,791,153 | \$ 2,791,153            |
| *   | Bank of America                                                   | Money Market Fund                                                                                                     | 16,014,285   | 16,014,285              |
| *   | Bank of America                                                   | Money Market Fund                                                                                                     | 1,200        | 1,200                   |
| *   | Bank of America                                                   | Money Market Fund                                                                                                     | 1,132,259    | 1,132,259               |
| *   | Mass Mutual                                                       | Money Market Fund                                                                                                     | **           | 432,999                 |
|     | Total Cash and Cash Equivalents                                   |                                                                                                                       | 19,938,897   | 20,371,896              |
|     | <u>Common Stocks</u>                                              |                                                                                                                       |              |                         |
|     | Aecom                                                             | Common Stock                                                                                                          | 389,975      | 868,531                 |
|     | Alight Inc                                                        | Common Stock                                                                                                          | 1,041,560    | 880,765                 |
|     | Alkermes Plc                                                      | Common Stock                                                                                                          | 362,564      | 353,907                 |
|     | API Group Corp                                                    | Common Stock                                                                                                          | 663,118      | 1,100,522               |
|     | Arcosa Inc.                                                       | Common Stock                                                                                                          | 300,838      | 994,986                 |
|     | Atkore Inc                                                        | Common Stock                                                                                                          | 331,325      | 423,200                 |
|     | Avantor Inc                                                       | Common Stock                                                                                                          | 964,315      | 1,030,729               |
|     | Bath & Body Works Inc                                             | Common Stock                                                                                                          | 1,034,236    | 961,130                 |
|     | Bellring Brands Inc.                                              | Common Stock                                                                                                          | 382,054      | 938,596                 |
|     | Colliers International Group                                      | Common Stock                                                                                                          | 513,378      | 682,069                 |
|     | Championx                                                         | Common Stock                                                                                                          | 487,444      | 658,978                 |
|     | Chart Industries Inc                                              | Common Stock                                                                                                          | 194,904      | 423,441                 |
|     | Chemed Corp                                                       | Common Stock                                                                                                          | 879,231      | 974,778                 |
|     | Churchill Downs, Inc.                                             | Common Stock                                                                                                          | 443,846      | 1,156,350               |
|     | Clean Harbors Inc                                                 | Common Stock                                                                                                          | 589,097      | 627,014                 |
|     | Collegium Pharmaceutical                                          | Common Stock                                                                                                          | 365,717      | 491,864                 |
|     | Concentrix Corp                                                   | Common Stock                                                                                                          | 366,157      | 648,972                 |
|     | Core and Main Inc                                                 | Common Stock                                                                                                          | 427,037      | 463,664                 |
|     | Crane Holdings Co                                                 | Common Stock                                                                                                          | 562,020      | 772,750                 |
|     | Eagle Materials Inc                                               | Common Stock                                                                                                          | 491,998      | 959,230                 |
|     | Euronet Worldwide Inc                                             | Common Stock                                                                                                          | 686,560      | 779,951                 |
|     | Expedia Group Inc                                                 | Common Stock                                                                                                          | 695,913      | 718,422                 |
|     | Federal Agricultural Mortgage Corp                                | Common Stock                                                                                                          | 620,760      | 714,015                 |
|     | Ferguson PLC REG                                                  | Common Stock                                                                                                          | 447,045      | 659,913                 |
|     | First American Financial Corp                                     | Common Stock                                                                                                          | 528,143      | 613,469                 |
|     | Genpact Ltd                                                       | Common Stock                                                                                                          | 561,537      | 485,940                 |
|     | Herc Holdings                                                     | Common Stock                                                                                                          | 368,612      | 674,174                 |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Date | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | <u>Common Stocks - (Continued)</u>                                |                                                                                                                       |             |                         |
|     | Hologic Inc.                                                      | Common Stock                                                                                                          | \$ 183,936  | \$ 321,739              |
|     | Home Bancshares Inc                                               | Common Stock                                                                                                          | 675,152     | 809,344                 |
|     | Hunt J B Trans Svcs Inc                                           | Common Stock                                                                                                          | 346,870     | 868,470                 |
|     | Icon Plc                                                          | Common Stock                                                                                                          | 270,131     | 996,973                 |
|     | Ingersoll Rand Inc                                                | Common Stock                                                                                                          | 414,387     | 1,032,025               |
|     | INTL Seaways Inc                                                  | Common Stock                                                                                                          | 199,642     | 548,398                 |
|     | ITT Inc.                                                          | Common Stock                                                                                                          | 672,952     | 969,236                 |
|     | Jazz Pharmaceuticals Plc                                          | Common Stock                                                                                                          | 611,112     | 537,756                 |
|     | Kadant Inc                                                        | Common Stock                                                                                                          | 205,159     | 1,453,688               |
|     | Korn                                                              | Common Stock                                                                                                          | 481,922     | 605,073                 |
|     | Kosmos Energy LTD                                                 | Common Stock                                                                                                          | 650,198     | 683,595                 |
|     | Lantheus Holdings Inc                                             | Common Stock                                                                                                          | 887,223     | 688,262                 |
|     | Leidos Holdings Inc                                               | Common Stock                                                                                                          | 642,302     | 777,380                 |
|     | Leonardo Drs Inc                                                  | Common Stock                                                                                                          | 371,611     | 615,348                 |
|     | Liberty Media Corp                                                | Common Stock                                                                                                          | 846,319     | 954,230                 |
|     | Littelfuse, Inc.                                                  | Common Stock                                                                                                          | 611,186     | 814,185                 |
|     | M&T Bank Corp                                                     | Common Stock                                                                                                          | 680,848     | 733,926                 |
|     | Moog Inc                                                          | Common Stock                                                                                                          | 603,243     | 781,667                 |
|     | Mural Oncology Plc                                                | Common Stock                                                                                                          | -           | 7,553                   |
|     | NCR Atleos Corp                                                   | Common Stock                                                                                                          | 143,403     | 165,221                 |
|     | NCR Voyix Corp                                                    | Common Stock                                                                                                          | 224,016     | 230,044                 |
|     | Neogen Corp                                                       | Common Stock                                                                                                          | 205,185     | 268,288                 |
|     | Nexstar Media Group Inc                                           | Common Stock                                                                                                          | 522,621     | 694,716                 |
|     | Northern Oil and Gas Inc                                          | Common Stock                                                                                                          | 654,502     | 746,923                 |
|     | Option Care Health Inc.                                           | Common Stock                                                                                                          | 892,798     | 986,915                 |
|     | Packaging Corp Amer                                               | Common Stock                                                                                                          | 429,081     | 592,015                 |
|     | Post Hldgs Inc                                                    | Common Stock                                                                                                          | 867,977     | 959,238                 |
|     | Prosperity Bancshares Inc                                         | Common Stock                                                                                                          | 655,196     | 726,269                 |
|     | Pulte Group                                                       | Common Stock                                                                                                          | 461,307     | 1,073,694               |
|     | Reinsurance Group Amer Inc                                        | Common Stock                                                                                                          | 399,646     | 751,306                 |
|     | Reliance Steel & Aluminum Co                                      | Common Stock                                                                                                          | 180,542     | 779,468                 |
|     | Roivant Sciences LTD                                              | Common Stock                                                                                                          | 338,194     | 360,157                 |
|     | Skechers USA Inc                                                  | Common Stock                                                                                                          | 496,782     | 904,304                 |
|     | Skyline Corp                                                      | Common Stock                                                                                                          | 331,050     | 786,933                 |
|     | Super Micro Computer Inc                                          | Common Stock                                                                                                          | 227,140     | 636,174                 |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Date | (d)<br>Cost       | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|
|     | <u>Common Stocks - (Continued)</u>                                |                                                                                                                       |                   |                         |
|     | TD Synnex Corp                                                    | Common Stock                                                                                                          | \$ 900,657        | \$ 1,272,273            |
|     | Teledyne Technologies Inc                                         | Common Stock                                                                                                          | 520,340           | 1,215,248               |
|     | Telephone & Data Sys Inc                                          | Common Stock                                                                                                          | 220,903           | 313,822                 |
|     | Tenet Healthcare Corp                                             | Common Stock                                                                                                          | 955,231           | 1,182,973               |
|     | Tidewater Inc                                                     | Common Stock                                                                                                          | 895,427           | 1,369,153               |
|     | Tractor Supply Co.                                                | Common Stock                                                                                                          | 402,558           | 651,326                 |
|     | Transunion                                                        | Common Stock                                                                                                          | 506,911           | 547,481                 |
|     | Travel & Leisure Co REG                                           | Common Stock                                                                                                          | 611,018           | 674,342                 |
|     | UFP Inds Inc                                                      | Common Stock                                                                                                          | 462,348           | 994,984                 |
|     | UFP Technologies Inc                                              | Common Stock                                                                                                          | 354,209           | 380,036                 |
|     | United Therapeutics Corp                                          | Common Stock                                                                                                          | 955,292           | 892,314                 |
|     | US Cellular Corp                                                  | Common Stock                                                                                                          | 502,914           | 718,102                 |
|     | Utah Med Prods Inc.                                               | Common Stock                                                                                                          | 334,382           | 313,214                 |
|     | Valaris LTD                                                       | Common Stock                                                                                                          | 536,540           | 695,574                 |
|     | Vistra Energy Corp.                                               | Common Stock                                                                                                          | 594,958           | 1,011,420               |
|     | Vontier Corp                                                      | Common Stock                                                                                                          | 808,356           | 935,338                 |
|     | Rexford Industrial Realty Inc.                                    | Common Stock                                                                                                          | 686,005           | 645,599                 |
|     | Weatherford International PLC                                     | Common Stock                                                                                                          | 763,797           | 818,739                 |
|     | Wex Inc                                                           | Common Stock                                                                                                          | 325,078           | 1,031,310               |
|     | WR Berkley Corp                                                   | Common Stock                                                                                                          | 907,595           | 1,039,867               |
|     | Total Common Stock                                                |                                                                                                                       | <u>43,327,536</u> | <u>61,620,988</u>       |
|     | <u>Mutual Funds</u>                                               |                                                                                                                       |                   |                         |
|     | Vanguard                                                          | High Yield Corp Fund                                                                                                  | **                | 1,116,659               |
|     | Dimensional                                                       | DFA Emerging Markets Value Portfolio                                                                                  | 4,414,299         | 4,919,370               |
|     | Total Mutual Funds                                                |                                                                                                                       | <u>4,414,299</u>  | <u>6,036,029</u>        |
|     | <u>Real Estate Investment Trust</u>                               |                                                                                                                       |                   |                         |
|     | Intercontinental                                                  | Build Real Estate Investment Fund                                                                                     | 1,185,203         | 1,028,883               |
|     | Intercontinental                                                  | U.S. Real Estate Investment Fund                                                                                      | 30,280,355        | 24,573,539              |
|     | Agree Realty Corp                                                 | Real Estate Investment Trust                                                                                          | 598,748           | 557,674                 |
|     | Total Real Estate Investment Trust                                |                                                                                                                       | <u>32,064,306</u> | <u>26,160,096</u>       |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Date | (d)<br>Cost        | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|
|     | <u>Collective Trusts</u>                                          |                                                                                                                       |                    |                         |
|     | Blackrock                                                         | Blackrock ACWI EX-US Superfund                                                                                        | \$ 30,375,337      | \$ 41,418,128           |
|     | Blackrock                                                         | Blackrock Equity Index Fund                                                                                           | 94,190,473         | 155,883,389             |
|     | Blackrock                                                         | Blackrock Int Govt Credit Bond                                                                                        | 222,175,175        | 241,802,432             |
|     | Blackrock                                                         | Blackrock US Treasury Inflation                                                                                       | 49,968,942         | 54,565,804              |
|     | Blackrock                                                         | JP Morgan EMBI Global Diversified index                                                                               | 6,478,958          | 6,057,029               |
|     | NCS Group Trust                                                   | Global Fund                                                                                                           | 34,569,567         | 35,848,980              |
|     | BNY Mellon                                                        | SmtPth RetInc CIT                                                                                                     | **                 | 3,532,177               |
|     | BNY Mellon                                                        | SmtPth RetInc 2020 CIT                                                                                                | **                 | 14,954,515              |
|     | BNY Mellon                                                        | SmtPth RetInc 2025 CIT                                                                                                | **                 | 3,452,291               |
|     | BNY Mellon                                                        | SmtPth RetInc 2030 CIT                                                                                                | **                 | 2,289,194               |
|     | BNY Mellon                                                        | SmtPth RetInc 2035 CIT                                                                                                | **                 | 1,740,474               |
|     | BNY Mellon                                                        | SmtPth RetInc 2040 CIT                                                                                                | **                 | 499,919                 |
|     | BNY Mellon                                                        | SmtPth RetInc 2045 CIT                                                                                                | **                 | 138,618                 |
|     | BNY Mellon                                                        | SmtPth RetInc 2050 CIT                                                                                                | **                 | 71,340                  |
|     | BNY Mellon                                                        | SmtPth RetInc 2055 CIT                                                                                                | **                 | 44,838                  |
|     | BNY Mellon                                                        | SmtPth RetInc 2060 CIT                                                                                                | **                 | 218,945                 |
|     | BNY Mellon                                                        | NSL Stck Idx CIT                                                                                                      | **                 | 37,850,223              |
|     | BNY Mellon                                                        | NSL MdCp StckIdx CIT                                                                                                  | **                 | 4,855,488               |
|     | BNY Mellon                                                        | NSL SmlCp StkIdx CIT                                                                                                  | **                 | 2,216,037               |
|     | BNY Mellon                                                        | NSL REIT Indx CIT                                                                                                     | **                 | 3,570,256               |
|     | BNY Mellon                                                        | NSL ACWI ex-US CIT                                                                                                    | **                 | 1,449,980               |
|     | BNY Mellon                                                        | NSL 1-3Yr GvCr BdIdx CIT                                                                                              | **                 | 17,991,384              |
|     | BNY Mellon                                                        | NSL TIPS Index CIT                                                                                                    | **                 | 1,168,540               |
|     | Loomis Sayles Trust Company                                       | Loomis Sayles Core Fixed Income                                                                                       | 34,090,865         | 41,622,749              |
|     | EnTrust                                                           | Capital Diversified Fund                                                                                              | 952,767            | 63,488                  |
|     | Amalgamated Bank                                                  | Longview Ultra Construction Loan Fund                                                                                 | 14,575             | 3,489                   |
|     | Community Bank/JP Jeanneret                                       | Income Plus Investment Fund                                                                                           | 24,621             | 3,214                   |
|     | ASB Allegiance                                                    | ASB Allegiance Real Estate Fund                                                                                       | 2,482,992          | 3,065,192               |
|     | JPMCB                                                             | JPMCB Strategic Property Fund                                                                                         | 4,587,870          | 7,164,686               |
|     | GQG Partners                                                      | Emerging Markets Equity CIT                                                                                           | 28,398,438         | 28,111,585              |
|     | SSGA                                                              | SSGA S&P Global Large Midcap                                                                                          | 5,098,004          | 8,714,929               |
|     | Principal Global Investor Trust<br>Company                        | Morley Stable Value Fund                                                                                              | 25,232,801         | 28,888,591              |
|     | Total Collective Trusts                                           |                                                                                                                       | <u>538,641,385</u> | <u>749,257,904</u>      |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Date | (d)<br>Cost    | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
|     | <u>Limited Partnerships and Limited Liability Companies</u>       |                                                                                                                |                |                         |
|     | Harborvest Partners                                               | Harborvest Partners 2013 Cayman<br>Direct Fund L.P.                                                            | \$ 625,824     | \$ 1,020,398            |
|     | Harborvest Partners                                               | Harborvest Partners IX L.P.                                                                                    | 1,472,929      | 3,041,062               |
|     | American                                                          | American Core Realty Fund L.P.                                                                                 | 14,218,300     | 14,219,290              |
|     | GCM Grosvenor                                                     | Secondary Opportunities Feeder Fund II L.P.                                                                    | 3,889,199      | 6,630,601               |
|     | Grosvenor                                                         | Opportunistic Credit Fund III, Ltd                                                                             | 224,287        | 251,215                 |
|     | Grosvenor                                                         | Opportunistic Credit Fund IV, Ltd                                                                              | 501,137        | 521,575                 |
|     | Portfolio Advisors                                                | Secondary Fund III, L.P.                                                                                       | 2,411,376      | 5,882,993               |
|     | First Eagle Investments                                           | Global Value Fund, L.P.                                                                                        | 35,000,000     | 37,402,100              |
|     | Blackstone                                                        | Infrastructure Partners V, L.P.                                                                                | 15,873,860     | 22,264,209              |
|     | Ironsides                                                         | Partnership Fund V, L.P.                                                                                       | 3,920,803      | 5,818,945               |
|     | Ironsides                                                         | Partnership Fund VI, L.P.                                                                                      | 6,467,622      | 6,638,364               |
|     | Ironsides                                                         | Company Fund VI, L.P.                                                                                          | 17,186,584     | 21,557,563              |
|     | Patriot                                                           | Financial Partners II, L.P.                                                                                    | 663,297        | 2,060,326               |
|     | Patriot                                                           | Financial Partners III, L.P.                                                                                   | 5,416,726      | 10,031,996              |
|     | IFM                                                               | Global Infrastructure (Offshore), L.P.                                                                         | 45,000,000     | 56,668,347              |
|     | EnTrust                                                           | Special Opportunities Fund III Class A                                                                         | 2,157,352      | 2,440,623               |
|     | EnTrust                                                           | Special Opportunities Fund III Class E                                                                         | 1,599,883      | 1,762,843               |
|     | EnTrust                                                           | Special Opportunities Fund IV Class A                                                                          | 5,423,038      | 5,553,304               |
|     | Invesco                                                           | Core Real Estate USA, L.P.                                                                                     | 21,493,639     | 22,435,806              |
|     | UBS Realty Investors                                              | Trumbull Property Fund, L.P.                                                                                   | 8,605,179      | 12,892,141              |
|     | Ironsides                                                         | Direct Investment Fund V, L.P.                                                                                 | 4,313,280      | 8,873,921               |
|     | Loomis Sayles Trust Company                                       | Senior Floating Rate Fund, LLC                                                                                 | 30,000,000     | 35,541,943              |
|     | One River Asset Management, LLC                                   | Peters Thematic SPC Fund, Ltd.                                                                                 | 18,000,000     | 18,126,129              |
|     | Brigade                                                           | High Yield Fund                                                                                                | 58,500,000     | 61,264,067              |
|     | 36 South Capital Advisors                                         | Kohinoor Series (Cayman) Fund                                                                                  | 18,000,000     | 18,202,275              |
|     | TA Realty                                                         | TA Realty Core Property Fund                                                                                   | 23,753,614     | 26,354,503              |
|     | Total Limited Partnerships and Limited Liability Companies        |                                                                                                                | 344,717,929    | 407,456,539             |
|     | <u>Other</u>                                                      |                                                                                                                |                |                         |
|     | New York Life Insurance                                           | Cash Surrender Value of Life Insurance                                                                         | 234,621        | 234,621                 |
|     | <u>Pooled Separate Account</u>                                    |                                                                                                                |                |                         |
|     | Ullico                                                            | Ullico GA 1300 Separate Group J                                                                                | 3,525,320      | 5,538,205               |
| *   | Participant loans (interest rate 4.25%-9.50%)                     |                                                                                                                | -              | 1,374,155               |
|     | Total                                                             |                                                                                                                | \$ 986,864,293 | \$ 1,278,050,433        |

\* Denotes party-in-interest

\*\* Cost omitted for participant-directed investments

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF REPORTABLE TRANSACTIONS  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4j - EIN: 06-1308364, PLAN: 001

| (a)<br>Identity of<br>Party Involved    | (b)<br>Description<br>of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred with<br>Transaction | (g)<br>Cost<br>of Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>or (Loss) |
|-----------------------------------------|--------------------------------|--------------------------|-------------------------|------------------------|------------------------------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <u>Series Transactions</u>              |                                |                          |                         |                        |                                                |                         |                                                            |                              |
| * Bank of America<br>(233 transactions) | Federated Govt Obligs Fund     | \$ 116,250,580           | \$ -                    | \$ -                   | \$ -                                           | \$ 116,250,580          | \$ 116,250,580                                             | \$ -                         |
| * Bank of America<br>(136 transactions) | Federated Govt Obligs Fund     | \$ -                     | \$ 107,229,754          | \$ -                   | \$ -                                           | \$ 107,229,754          | \$ 107,229,754                                             | \$ -                         |
| * Bank of America<br>(93 transactions)  | Temporary Overnight Deposit    | \$ 190,852,352           | \$ -                    | \$ -                   | \$ -                                           | \$ 190,852,352          | \$ 190,852,352                                             | \$ -                         |
| * Bank of America<br>(98 transactions)  | Temporary Overnight Deposit    | \$ -                     | \$ 191,060,820          | \$ -                   | \$ -                                           | \$ 191,060,820          | \$ 191,060,820                                             | \$ -                         |

\* Denotes party-in-interest

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Date | (d)<br>Cost  | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
|     | <u>Cash and Cash Equivalents</u>                                  |                                                                                                                       |              |                         |
| *   | Bank of America                                                   | Money Market Fund                                                                                                     | \$ 2,791,153 | \$ 2,791,153            |
| *   | Bank of America                                                   | Money Market Fund                                                                                                     | 16,014,285   | 16,014,285              |
| *   | Bank of America                                                   | Money Market Fund                                                                                                     | 1,200        | 1,200                   |
| *   | Bank of America                                                   | Money Market Fund                                                                                                     | 1,132,259    | 1,132,259               |
| *   | Mass Mutual                                                       | Money Market Fund                                                                                                     | **           | 432,999                 |
|     | Total Cash and Cash Equivalents                                   |                                                                                                                       | 19,938,897   | 20,371,896              |
|     | <u>Common Stocks</u>                                              |                                                                                                                       |              |                         |
|     | Aecom                                                             | Common Stock                                                                                                          | 389,975      | 868,531                 |
|     | Alight Inc                                                        | Common Stock                                                                                                          | 1,041,560    | 880,765                 |
|     | Alkermes Plc                                                      | Common Stock                                                                                                          | 362,564      | 353,907                 |
|     | API Group Corp                                                    | Common Stock                                                                                                          | 663,118      | 1,100,522               |
|     | Arcosa Inc.                                                       | Common Stock                                                                                                          | 300,838      | 994,986                 |
|     | Atkore Inc                                                        | Common Stock                                                                                                          | 331,325      | 423,200                 |
|     | Avantor Inc                                                       | Common Stock                                                                                                          | 964,315      | 1,030,729               |
|     | Bath & Body Works Inc                                             | Common Stock                                                                                                          | 1,034,236    | 961,130                 |
|     | Bellring Brands Inc.                                              | Common Stock                                                                                                          | 382,054      | 938,596                 |
|     | Colliers International Group                                      | Common Stock                                                                                                          | 513,378      | 682,069                 |
|     | Championx                                                         | Common Stock                                                                                                          | 487,444      | 658,978                 |
|     | Chart Industries Inc                                              | Common Stock                                                                                                          | 194,904      | 423,441                 |
|     | Chemed Corp                                                       | Common Stock                                                                                                          | 879,231      | 974,778                 |
|     | Churchill Downs, Inc.                                             | Common Stock                                                                                                          | 443,846      | 1,156,350               |
|     | Clean Harbors Inc                                                 | Common Stock                                                                                                          | 589,097      | 627,014                 |
|     | Collegium Pharmaceutical                                          | Common Stock                                                                                                          | 365,717      | 491,864                 |
|     | Concentrix Corp                                                   | Common Stock                                                                                                          | 366,157      | 648,972                 |
|     | Core and Main Inc                                                 | Common Stock                                                                                                          | 427,037      | 463,664                 |
|     | Crane Holdings Co                                                 | Common Stock                                                                                                          | 562,020      | 772,750                 |
|     | Eagle Materials Inc                                               | Common Stock                                                                                                          | 491,998      | 959,230                 |
|     | Euronet Worldwide Inc                                             | Common Stock                                                                                                          | 686,560      | 779,951                 |
|     | Expedia Group Inc                                                 | Common Stock                                                                                                          | 695,913      | 718,422                 |
|     | Federal Agricultural Mortgage Corp                                | Common Stock                                                                                                          | 620,760      | 714,015                 |
|     | Ferguson PLC REG                                                  | Common Stock                                                                                                          | 447,045      | 659,913                 |
|     | First American Financial Corp                                     | Common Stock                                                                                                          | 528,143      | 613,469                 |
|     | Genpact Ltd                                                       | Common Stock                                                                                                          | 561,537      | 485,940                 |
|     | Herc Holdings                                                     | Common Stock                                                                                                          | 368,612      | 674,174                 |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Date | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | <u>Common Stocks - (Continued)</u>                                |                                                                                                                       |             |                         |
|     | Hologic Inc.                                                      | Common Stock                                                                                                          | \$ 183,936  | \$ 321,739              |
|     | Home Bancshares Inc                                               | Common Stock                                                                                                          | 675,152     | 809,344                 |
|     | Hunt J B Trans Svcs Inc                                           | Common Stock                                                                                                          | 346,870     | 868,470                 |
|     | Icon Plc                                                          | Common Stock                                                                                                          | 270,131     | 996,973                 |
|     | Ingersoll Rand Inc                                                | Common Stock                                                                                                          | 414,387     | 1,032,025               |
|     | INTL Seaways Inc                                                  | Common Stock                                                                                                          | 199,642     | 548,398                 |
|     | ITT Inc.                                                          | Common Stock                                                                                                          | 672,952     | 969,236                 |
|     | Jazz Pharmaceuticals Plc                                          | Common Stock                                                                                                          | 611,112     | 537,756                 |
|     | Kadant Inc                                                        | Common Stock                                                                                                          | 205,159     | 1,453,688               |
|     | Korn                                                              | Common Stock                                                                                                          | 481,922     | 605,073                 |
|     | Kosmos Energy LTD                                                 | Common Stock                                                                                                          | 650,198     | 683,595                 |
|     | Lantheus Holdings Inc                                             | Common Stock                                                                                                          | 887,223     | 688,262                 |
|     | Leidos Holdings Inc                                               | Common Stock                                                                                                          | 642,302     | 777,380                 |
|     | Leonardo Drs Inc                                                  | Common Stock                                                                                                          | 371,611     | 615,348                 |
|     | Liberty Media Corp                                                | Common Stock                                                                                                          | 846,319     | 954,230                 |
|     | Littelfuse, Inc.                                                  | Common Stock                                                                                                          | 611,186     | 814,185                 |
|     | M&T Bank Corp                                                     | Common Stock                                                                                                          | 680,848     | 733,926                 |
|     | Moog Inc                                                          | Common Stock                                                                                                          | 603,243     | 781,667                 |
|     | Mural Oncology Plc                                                | Common Stock                                                                                                          | -           | 7,553                   |
|     | NCR Atleos Corp                                                   | Common Stock                                                                                                          | 143,403     | 165,221                 |
|     | NCR Voyix Corp                                                    | Common Stock                                                                                                          | 224,016     | 230,044                 |
|     | Neogen Corp                                                       | Common Stock                                                                                                          | 205,185     | 268,288                 |
|     | Nexstar Media Group Inc                                           | Common Stock                                                                                                          | 522,621     | 694,716                 |
|     | Northern Oil and Gas Inc                                          | Common Stock                                                                                                          | 654,502     | 746,923                 |
|     | Option Care Health Inc.                                           | Common Stock                                                                                                          | 892,798     | 986,915                 |
|     | Packaging Corp Amer                                               | Common Stock                                                                                                          | 429,081     | 592,015                 |
|     | Post Hldgs Inc                                                    | Common Stock                                                                                                          | 867,977     | 959,238                 |
|     | Prosperity Bancshares Inc                                         | Common Stock                                                                                                          | 655,196     | 726,269                 |
|     | Pulte Group                                                       | Common Stock                                                                                                          | 461,307     | 1,073,694               |
|     | Reinsurance Group Amer Inc                                        | Common Stock                                                                                                          | 399,646     | 751,306                 |
|     | Reliance Steel & Aluminum Co                                      | Common Stock                                                                                                          | 180,542     | 779,468                 |
|     | Roivant Sciences LTD                                              | Common Stock                                                                                                          | 338,194     | 360,157                 |
|     | Skechers USA Inc                                                  | Common Stock                                                                                                          | 496,782     | 904,304                 |
|     | Skyline Corp                                                      | Common Stock                                                                                                          | 331,050     | 786,933                 |
|     | Super Micro Computer Inc                                          | Common Stock                                                                                                          | 227,140     | 636,174                 |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Date | (d)<br>Cost       | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|
|     | <u>Common Stocks - (Continued)</u>                                |                                                                                                                       |                   |                         |
|     | TD Synnex Corp                                                    | Common Stock                                                                                                          | \$ 900,657        | \$ 1,272,273            |
|     | Teledyne Technologies Inc                                         | Common Stock                                                                                                          | 520,340           | 1,215,248               |
|     | Telephone & Data Sys Inc                                          | Common Stock                                                                                                          | 220,903           | 313,822                 |
|     | Tenet Healthcare Corp                                             | Common Stock                                                                                                          | 955,231           | 1,182,973               |
|     | Tidewater Inc                                                     | Common Stock                                                                                                          | 895,427           | 1,369,153               |
|     | Tractor Supply Co.                                                | Common Stock                                                                                                          | 402,558           | 651,326                 |
|     | Transunion                                                        | Common Stock                                                                                                          | 506,911           | 547,481                 |
|     | Travel & Leisure Co REG                                           | Common Stock                                                                                                          | 611,018           | 674,342                 |
|     | UFP Inds Inc                                                      | Common Stock                                                                                                          | 462,348           | 994,984                 |
|     | UFP Technologies Inc                                              | Common Stock                                                                                                          | 354,209           | 380,036                 |
|     | United Therapeutics Corp                                          | Common Stock                                                                                                          | 955,292           | 892,314                 |
|     | US Cellular Corp                                                  | Common Stock                                                                                                          | 502,914           | 718,102                 |
|     | Utah Med Prods Inc.                                               | Common Stock                                                                                                          | 334,382           | 313,214                 |
|     | Valaris LTD                                                       | Common Stock                                                                                                          | 536,540           | 695,574                 |
|     | Vistra Energy Corp.                                               | Common Stock                                                                                                          | 594,958           | 1,011,420               |
|     | Vontier Corp                                                      | Common Stock                                                                                                          | 808,356           | 935,338                 |
|     | Rexford Industrial Realty Inc.                                    | Common Stock                                                                                                          | 686,005           | 645,599                 |
|     | Weatherford International PLC                                     | Common Stock                                                                                                          | 763,797           | 818,739                 |
|     | Wex Inc                                                           | Common Stock                                                                                                          | 325,078           | 1,031,310               |
|     | WR Berkley Corp                                                   | Common Stock                                                                                                          | 907,595           | 1,039,867               |
|     | Total Common Stock                                                |                                                                                                                       | <u>43,327,536</u> | <u>61,620,988</u>       |
|     | <u>Mutual Funds</u>                                               |                                                                                                                       |                   |                         |
|     | Vanguard                                                          | High Yield Corp Fund                                                                                                  | **                | 1,116,659               |
|     | Dimensional                                                       | DFA Emerging Markets Value Portfolio                                                                                  | 4,414,299         | 4,919,370               |
|     | Total Mutual Funds                                                |                                                                                                                       | <u>4,414,299</u>  | <u>6,036,029</u>        |
|     | <u>Real Estate Investment Trust</u>                               |                                                                                                                       |                   |                         |
|     | Intercontinental                                                  | Build Real Estate Investment Fund                                                                                     | 1,185,203         | 1,028,883               |
|     | Intercontinental                                                  | U.S. Real Estate Investment Fund                                                                                      | 30,280,355        | 24,573,539              |
|     | Agree Realty Corp                                                 | Real Estate Investment Trust                                                                                          | 598,748           | 557,674                 |
|     | Total Real Estate Investment Trust                                |                                                                                                                       | <u>32,064,306</u> | <u>26,160,096</u>       |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Date | (d)<br>Cost   | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
|     | <u>Collective Trusts</u>                                          |                                                                                                                       |               |                         |
|     | Blackrock                                                         | Blackrock ACWI EX-US Superfund                                                                                        | \$ 30,375,337 | \$ 41,418,128           |
|     | Blackrock                                                         | Blackrock Equity Index Fund                                                                                           | 94,190,473    | 155,883,389             |
|     | Blackrock                                                         | Blackrock Int Govt Credit Bond                                                                                        | 222,175,175   | 241,802,432             |
|     | Blackrock                                                         | Blackrock US Treasury Inflation                                                                                       | 49,968,942    | 54,565,804              |
|     | Blackrock                                                         | JP Morgan EMBI Global Diversified index                                                                               | 6,478,958     | 6,057,029               |
|     | NCS Group Trust                                                   | Global Fund                                                                                                           | 34,569,567    | 35,848,980              |
|     | BNY Mellon                                                        | SmtPth RetInc CIT                                                                                                     | **            | 3,532,177               |
|     | BNY Mellon                                                        | SmtPth RetInc 2020 CIT                                                                                                | **            | 14,954,515              |
|     | BNY Mellon                                                        | SmtPth RetInc 2025 CIT                                                                                                | **            | 3,452,291               |
|     | BNY Mellon                                                        | SmtPth RetInc 2030 CIT                                                                                                | **            | 2,289,194               |
|     | BNY Mellon                                                        | SmtPth RetInc 2035 CIT                                                                                                | **            | 1,740,474               |
|     | BNY Mellon                                                        | SmtPth RetInc 2040 CIT                                                                                                | **            | 499,919                 |
|     | BNY Mellon                                                        | SmtPth RetInc 2045 CIT                                                                                                | **            | 138,618                 |
|     | BNY Mellon                                                        | SmtPth RetInc 2050 CIT                                                                                                | **            | 71,340                  |
|     | BNY Mellon                                                        | SmtPth RetInc 2055 CIT                                                                                                | **            | 44,838                  |
|     | BNY Mellon                                                        | SmtPth RetInc 2060 CIT                                                                                                | **            | 218,945                 |
|     | BNY Mellon                                                        | NSL Stck Idx CIT                                                                                                      | **            | 37,850,223              |
|     | BNY Mellon                                                        | NSL MdCp StckIdx CIT                                                                                                  | **            | 4,855,488               |
|     | BNY Mellon                                                        | NSL SmlCp StkIdx CIT                                                                                                  | **            | 2,216,037               |
|     | BNY Mellon                                                        | NSL REIT Indx CIT                                                                                                     | **            | 3,570,256               |
|     | BNY Mellon                                                        | NSL ACWI ex-US CIT                                                                                                    | **            | 1,449,980               |
|     | BNY Mellon                                                        | NSL 1-3Yr GvCr BdIdx CIT                                                                                              | **            | 17,991,384              |
|     | BNY Mellon                                                        | NSL TIPS Index CIT                                                                                                    | **            | 1,168,540               |
|     | Loomis Sayles Trust Company                                       | Loomis Sayles Core Fixed Income                                                                                       | 34,090,865    | 41,622,749              |
|     | EnTrust                                                           | Capital Diversified Fund                                                                                              | 952,767       | 63,488                  |
|     | Amalgamated Bank                                                  | Longview Ultra Construction Loan Fund                                                                                 | 14,575        | 3,489                   |
|     | Community Bank/JP Jeanneret                                       | Income Plus Investment Fund                                                                                           | 24,621        | 3,214                   |
|     | ASB Allegiance                                                    | ASB Allegiance Real Estate Fund                                                                                       | 2,482,992     | 3,065,192               |
|     | JPMCB                                                             | JPMCB Strategic Property Fund                                                                                         | 4,587,870     | 7,164,686               |
|     | GQG Partners                                                      | Emerging Markets Equity CIT                                                                                           | 28,398,438    | 28,111,585              |
|     | SSGA                                                              | SSGA S&P Global Large Midcap                                                                                          | 5,098,004     | 8,714,929               |
|     | Principal Global Investor Trust<br>Company                        | Morley Stable Value Fund                                                                                              | 25,232,801    | 28,888,591              |
|     | Total Collective Trusts                                           |                                                                                                                       | 538,641,385   | 749,257,904             |

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4i - EIN: 06-1308364, PLAN: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor<br>or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Date | (d)<br>Cost    | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
|     | <u>Limited Partnerships and Limited Liability Companies</u>       |                                                                                                                |                |                         |
|     | Harborvest Partners                                               | Harborvest Partners 2013 Cayman<br>Direct Fund L.P.                                                            | \$ 625,824     | \$ 1,020,398            |
|     | Harborvest Partners                                               | Harborvest Partners IX L.P.                                                                                    | 1,472,929      | 3,041,062               |
|     | American                                                          | American Core Realty Fund L.P.                                                                                 | 14,218,300     | 14,219,290              |
|     | GCM Grosvenor                                                     | Secondary Opportunities Feeder Fund II L.P.                                                                    | 3,889,199      | 6,630,601               |
|     | Grosvenor                                                         | Opportunistic Credit Fund III, Ltd                                                                             | 224,287        | 251,215                 |
|     | Grosvenor                                                         | Opportunistic Credit Fund IV, Ltd                                                                              | 501,137        | 521,575                 |
|     | Portfolio Advisors                                                | Secondary Fund III, L.P.                                                                                       | 2,411,376      | 5,882,993               |
|     | First Eagle Investments                                           | Global Value Fund, L.P.                                                                                        | 35,000,000     | 37,402,100              |
|     | Blackstone                                                        | Infrastructure Partners V, L.P.                                                                                | 15,873,860     | 22,264,209              |
|     | Ironsides                                                         | Partnership Fund V, L.P.                                                                                       | 3,920,803      | 5,818,945               |
|     | Ironsides                                                         | Partnership Fund VI, L.P.                                                                                      | 6,467,622      | 6,638,364               |
|     | Ironsides                                                         | Company Fund VI, L.P.                                                                                          | 17,186,584     | 21,557,563              |
|     | Patriot                                                           | Financial Partners II, L.P.                                                                                    | 663,297        | 2,060,326               |
|     | Patriot                                                           | Financial Partners III, L.P.                                                                                   | 5,416,726      | 10,031,996              |
|     | IFM                                                               | Global Infrastructure (Offshore), L.P.                                                                         | 45,000,000     | 56,668,347              |
|     | EnTrust                                                           | Special Opportunities Fund III Class A                                                                         | 2,157,352      | 2,440,623               |
|     | EnTrust                                                           | Special Opportunities Fund III Class E                                                                         | 1,599,883      | 1,762,843               |
|     | EnTrust                                                           | Special Opportunities Fund IV Class A                                                                          | 5,423,038      | 5,553,304               |
|     | Invesco                                                           | Core Real Estate USA, L.P.                                                                                     | 21,493,639     | 22,435,806              |
|     | UBS Realty Investors                                              | Trumbull Property Fund, L.P.                                                                                   | 8,605,179      | 12,892,141              |
|     | Ironsides                                                         | Direct Investment Fund V, L.P.                                                                                 | 4,313,280      | 8,873,921               |
|     | Loomis Sayles Trust Company                                       | Senior Floating Rate Fund, LLC                                                                                 | 30,000,000     | 35,541,943              |
|     | One River Asset Management, LLC                                   | Peters Thematic SPC Fund, Ltd.                                                                                 | 18,000,000     | 18,126,129              |
|     | Brigade                                                           | High Yield Fund                                                                                                | 58,500,000     | 61,264,067              |
|     | 36 South Capital Advisors                                         | Kohinoor Series (Cayman) Fund                                                                                  | 18,000,000     | 18,202,275              |
|     | TA Realty                                                         | TA Realty Core Property Fund                                                                                   | 23,753,614     | 26,354,503              |
|     | Total Limited Partnerships and Limited Liability Companies        |                                                                                                                | 344,717,929    | 407,456,539             |
|     | <u>Other</u>                                                      |                                                                                                                |                |                         |
|     | New York Life Insurance                                           | Cash Surrender Value of Life Insurance                                                                         | 234,621        | 234,621                 |
|     | <u>Pooled Separate Account</u>                                    |                                                                                                                |                |                         |
|     | Ullico                                                            | Ullico GA 1300 Separate Group J                                                                                | 3,525,320      | 5,538,205               |
| *   | Participant loans (interest rate 4.25%-9.50%)                     |                                                                                                                | -              | 1,374,155               |
|     | Total                                                             |                                                                                                                | \$ 986,864,293 | \$ 1,278,050,433        |

\* Denotes party-in-interest

\*\* Cost omitted for participant-directed investments

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

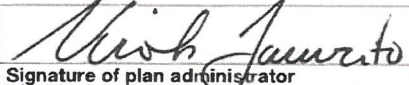
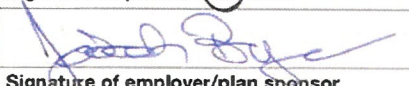
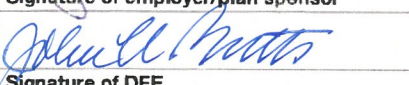
This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110  
1210 - 0089**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- 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 ☒
- 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****2b** Employer Identification Number (EIN)  
**06-1308364****2c** Plan Sponsor's telephone number  
**203-281-5511****2d** Business code (see instructions)  
**236200****10 BROADWAY****HAMDEN****CT 06518-2614****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.

|                  |                                                                                     |                   |                                                              |
|------------------|-------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | <b>10/11/2024</b> | <b>NICOLA FAVORITO</b>                                       |
|                  | Signature of plan administrator                                                     | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | <b>10/11/2024</b> | <b>JOSEPH BYRNE</b>                                          |
|                  | Signature of employer/plan sponsor                                                  | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |  | <b>10/11/2024</b> | <b>JOHN BUTTS</b>                                            |
|                  | Signature of DFE                                                                    | Date              | Enter name of individual signing as DFE                      |

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

**Form 5500 (2023)**  
**v. 230728**

NORTH ATLANTIC STATES CARPENTERS ANNUITY PLAN  
SCHEDULE OF REPORTABLE TRANSACTIONS  
DECEMBER 31, 2023  
SCHEDULE H, LINE 4j - EIN: 06-1308364, PLAN: 001

| (a)<br>Identity of<br>Party Involved    | (b)<br>Description<br>of Asset | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (e)<br>Lease<br>Rental | (f)<br>Expense<br>Incurred with<br>Transaction | (g)<br>Cost<br>of Asset | (h)<br>Current Value<br>of Asset on<br>Transaction<br>Date | (i)<br>Net Gain<br>or (Loss) |
|-----------------------------------------|--------------------------------|--------------------------|-------------------------|------------------------|------------------------------------------------|-------------------------|------------------------------------------------------------|------------------------------|
| <u>Series Transactions</u>              |                                |                          |                         |                        |                                                |                         |                                                            |                              |
| * Bank of America<br>(233 transactions) | Federated Govt Obligs Fund     | \$ 116,250,580           | \$ -                    | \$ -                   | \$ -                                           | \$ 116,250,580          | \$ 116,250,580                                             | \$ -                         |
| * Bank of America<br>(136 transactions) | Federated Govt Obligs Fund     | \$ -                     | \$ 107,229,754          | \$ -                   | \$ -                                           | \$ 107,229,754          | \$ 107,229,754                                             | \$ -                         |
| * Bank of America<br>(93 transactions)  | Temporary Overnight Deposit    | \$ 190,852,352           | \$ -                    | \$ -                   | \$ -                                           | \$ 190,852,352          | \$ 190,852,352                                             | \$ -                         |
| * Bank of America<br>(98 transactions)  | Temporary Overnight Deposit    | \$ -                     | \$ 191,060,820          | \$ -                   | \$ -                                           | \$ 191,060,820          | \$ 191,060,820                                             | \$ -                         |

\* Denotes party-in-interest