

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**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**

<p><b>1a</b> Name of plan <u>NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> 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) <u>NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE</u></p> <p><u>P.O. BOX 4604</u> <u>MANCHESTER, NH 03108</u></p>	<p><b>1c</b> Effective date of plan <u>09/01/1965</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>02-6015031</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>603-669-4771</u></p> <p><b>2d</b> Business code (see instructions) <u>484110</u></p>

**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>	Filed with authorized/valid electronic signature.	05/13/2025	CHRISTINA A. KOSHA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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	
	<b>3c</b> Administrator's telephone number	
<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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	13376
<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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <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) ..... <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) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	12287
	<b>6a(2)</b>	16036
	<b>6b</b>	1763
	<b>6c</b>	0
	<b>6d</b>	17799
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<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>	152

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4B 4D 4E 4F 4G 4L

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

<b>a Pension Schedules</b>		<b>b General Schedules</b>	
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)	
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)	
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  2  </u>	
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)	
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)	

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE</b>		<b>D</b> Employer Identification Number (EIN) <b>02-6015031</b>	

**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

**BCBS OF MASSACHUSETTS**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>04-1045815</b>	<b>53228</b>	<b>4018594</b>	<b>597</b>	<b>01/01/2023</b>	<b>12/31/2023</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> 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	<b>Fees and other commissions paid</b>		<b>(e)</b> 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) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<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:

<b>a</b> State the basis of premium rates ▶		
<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. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> 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>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<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>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<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>	0

**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>	1217700	
(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>		1217700
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	1060679	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	9546	
(3) Incurred claims (add (1) and (2)).....	<b>9b(3)</b>		1070225
(4) Claims charged .....	<b>9b(4)</b>		1070225
<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>	147475	
(H) Total retention .....	<b>9c(1)(H)</b>		147475
(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>	0
<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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<p><b>A</b> Name of plan <b>NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>02-6015031</b></p>	

**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  
**HARTFORD LIFE AND ACCIDENT**

(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
<b>06-0838648</b>	<b>70815</b>	<b>805080G</b>	<b>10174</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

**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.

<p>(a) Total amount of commissions paid <b>208894</b></p>	<p>(b) Total amount of fees paid <b>0</b></p>
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**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  
**JOHN SCOTT NICOLAS**  
**6 PARK LANE**  
**MARBLEHEAD, MA 01945**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<b>208894</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<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 ▶

<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. .... 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>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<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>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</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>	0

**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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

**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>	0
<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>	0
(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>	0
(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>	3666038
<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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

<b>A</b> Name of plan <b>NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE</b>	<b>D</b> Employer Identification Number (EIN) <b>02-6015031</b>	

**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

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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)

CIGNA HEALTH AND LIFE INSURANCE CO.

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 38 49 50 56 62	CONTRACT ADMIN/CLAIM	4107872	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)

ANTHEM HEALTH PLANS OF NH, INC.

02-0510530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	CONTRACT ADMIN/CLAIM	2350814	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CHRISTINA KOSHA

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMNI NISTRATION	319757	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)

BENESYS

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	SOFTWARE	308591	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)

DELTA DENTAL

02-0273013

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	CLAIMS PROCESSING	258326	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)

ELDRIDGE INVESTMENT ADVISORS INC.

02-0366808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 31 51	INVESTMENT MANAGEMENT	250994	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)

LAW OFFICES OF FEINBERG DUMONT & BR

85-4344180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	247699	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)

PHARMACEUTICAL STRATEGIES GROUP

20-2422296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	208356	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)

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	CONTRACT ADMIN/CLAIM	196010	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)

OPTUMRX

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	CONTRACT ADMIN/CLAIM	148231	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

LAW OFFICES OF DUMONT, MORRIS

04-3098453

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	127797	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)

BNY

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 62	INVESTMENT MANAGEMENT	124506	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)

PAUL JUSKIEWICZ

36-4622924

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	OTHER SERVICES	111835	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)

ERIC EICHEN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	104116	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)

INTERCONTINENTAL US REIT

11-3786306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	98931	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)

DAVID LAUGHTON

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	96000	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)

CAROLYN MADDEN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	94254	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)

JACOB CUTONE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	89833	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)

JOHNI BROWN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	82534	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)

CATHERINE LAVIGNE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	81171	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)

PENEE-LEE O'NEIL

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	75458	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)

MARQUETTE ASSOCIATE

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT CONSULTANT	75000	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)

WIPFLI LLP

39-0758449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTING	73340	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)

ANN SIMPSON

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMIN	71979	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)

DANIEL SULLIVAN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	62619	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)

MARSHA CAMPBELL

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	57568	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)

DAVID ROY

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	56776	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"/>

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

HEATHER MACONAGHY

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	56190	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)

JANET FITZMAURICE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	54044	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)

JACQUELINE BECHT

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	52062	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"/>

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

NICHOLE MORDACH

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	50258	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)

AMIE O'LEARY

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	47623	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)

JESSICA STRATZ

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	44914	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"/>

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

JESSICA AUBIN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	44032	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)

SAMANTHA MARCHAND

02-0615031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	43851	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)

MARCIA FRAPPIER

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	43045	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"/>

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

ANNA KELLY

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMIN	42046	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)

BENJAMIN PADELLARO

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	40217	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)

ELAINE BUNIE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	39699	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"/>

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

DAVIS VISION, INC.

11-3051991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	CONTRACT ADMIN	36210	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)

MELANIE WOODS

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	35744	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)

HOLB GROUP OF NEW ENGLAND

20-1906078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL	34500	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"/>

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

BLUE CROSS BLUE SHIELD OF MASS

04-1045815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 38 62	CONTRACT ADMIN/CLAIM	33957	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)

VISION SERVICE PLAN

06-1227840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	CONTRACT ADMIN/CLAIM	32139	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)

CONNECT YOUR CARE

26-1274092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	CONTRACT ADMIN	24029	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"/>

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

DOUGLAS JAY KATZ, DMD

02-0511476

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	24000	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)

BRIAN RAINVILLE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	23506	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)

PURE AIR HEATING AND COOLING LLC

85-2659382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	19630	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"/>

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

THOMAS J. SYNAN, MD

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 16	CONTRACT ADMIN	18000	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)

CAITLIN MILES

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	16503	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)

KATELYN STRAUCH

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	14041	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)

THOMAS MCCARTHY

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	11264	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)

KMA HUMAN RESOURCES CONSULTING LLC

26-3988759

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	9934	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)

NATHAN ALLEN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	8510	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)

ROBERT HOLMES

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 31	EMPLOYEE/ADMINISTRATION	8018	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)

CORPORATE RISK ADVISORS-MANAGERS

04-2532724

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	7681	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)

ROBERT PICCONE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 31	EMPLOYEE/ADMINISTRATION	7580	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)

RON RABIDEAU

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 31	EMPLOYEE/ADMINISTRATION	7018	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)

DENNIS MCGUIRE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 31	EMPLOYEE/ADMINISTRATION	7018	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)

ROBERT ROBICHAUD

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 31	EMPLOYEE/ADMINISTRATION	7018	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)

STEBBINGS COMMERCIAL PROPERTIES LLC

02-0392602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	5035	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHLIC - COR DEPOSITS, PNC BANK 1600 MARKET ST. 19TH FL PHILADELPHIA, PA 19103  59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCE ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMIN APPLICABLE TO SELF-FUNDED PLANS. APPROXIMATELY .31 PER PARTICIPANT WITH AVERAGE ANNUAL RATE OF EARNINGS CREDIT .92%.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CASTLIGHT HEALTH 121 SPEAR ST SAN FRANCISCO, CA 94105  26-1989091	DEFRAY COST FOR THE INFRASTRUCTURE CHANGES REQUIRED TO FACILITATE VENDORS CUSTOMER TRANSPARENCY AND ENGAGEMENT SERVICES. APPROXIMATELY \$3.65 PER PARTICIPANT.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DEUTSCHE BANK 60 WALL ST. NEW YORK, NY 10005-2836  59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCE ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMIN APPLICABLE TO SELF-FUNDED PLANS. APPROXIMATELY .0 PER PARTICIPANT WITH AVERAGE ANNUAL RATE OF EARNINGS CREDIT .5%.



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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation BANK OF AMERICA (LOCKBOX) 540 WEST MADISON STREET CHICAGO, IL 60661 59-1031071	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. APPROXIMATELY 1.91% EARNINGS CREDIT UTILIZED IN THE ADMINISTRATION OF CLAIM OVERPAYMENT RECOVERIES.	
(a) Enter service provider name as it appears on line 2 CIGNA HEALTH AND LIFE INSURANCE CO.	(b) Service Codes (see instructions) 12 13 31 38 49 50 56 62	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation AMPLIFON USA, INC. 150 SOUTH 5TH ST MINNEAPOLIS, MN 55402 85-0437037	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. VOLUME BASED MARKETING FEES FOR PARTICIPANT DISCOUNTS. APPROXIMATELY .13 PER PARTICIPANT.	
(a) Enter service provider name as it appears on line 2 CIGNA HEALTH AND LIFE INSURANCE CO.	(b) Service Codes (see instructions) 12 13 31 38 49 50 56 62	(c) Enter amount of indirect compensation 0
(d) Enter name and EIN (address) of source of indirect compensation JPMORGAN CHASE 3 CHASE METRO TECH CENTER BROOKLYN, NY 11245 59-1031071	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. EARNINGS CREDITS ON DAILY FUND BALANCE ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMIN APPLICABLE TO SELF-FUNDED PLANS. APPROXIMATELY 3.70 PER PARTICIPANT WITH AVERAGE ANNUAL RATE OF EARNINGS CREDIT 3.34%.	

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CITIBANK NA ONE PENNS WAY NEW CASTLE, DE 19720 59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCE ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMIN APPLICABLE TO SELF-FUNDED PLANS. APPROXIMATELY 2.36 PER PARTICIPANT WITH AVERAGE ANNUAL RATE OF EARNINGS CREDIT 3.78%.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CITIBANK NA (CHLIC CORE DEPOSITS) ONE PENNS WAY NEW CASTLE, DE 19720 59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCE ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMIN APPLICABLE TO SELF-FUNDED PLANS. APPROXIMATELY .78 PER PARTICIPANT WITH AVERAGE ANNUAL RATE OF EARNINGS CREDIT 2.51%.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CITIBANK NA (OMNIBUS) ONE PENNS WAY NEW CASTLE, DE 19720 59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCE ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMIN APPLICABLE TO SELF-FUNDED PLANS. APPROXIMATELY .01 PER PARTICIPANT WITH AVERAGE ANNUAL RATE OF EARNINGS CREDIT 3.78%.

**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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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 H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <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>
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For calendar plan year 2023 or fiscal plan year beginning <b>09/01/2023</b> and ending <b>08/31/2024</b>	
<b>A</b> Name of plan <b>NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGiant CARE</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGiant CARE</b>	<b>D</b> Employer Identification Number (EIN) <b>02-6015031</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	95091440	87951816
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	10165274	9510483
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	7823131	11765734
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	16882036	53507386
<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>	1413995	1173495
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	35338278	32029732
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<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>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	200519751	231666783
<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>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(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>	2485448	2672952
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	369719353	430278381
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	17819277	29238709
<b>h</b> Operating payables .....	<b>1h</b>	1605720	2332221
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	5734662	6678519
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	25159659	38249449
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	344559694	392028932

**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>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	300029640	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	9523444	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	10955108	
(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>		320508192
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	2104041	
<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>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		2104041
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	4173195	
<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>		4173195
(3) Rents .....	<b>2b(3)</b>		941174
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	223754594	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	219317730	
<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>		4436864
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>	14627	
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	15973889	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		15988516

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(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>		1757446
<b>c</b> Other income .....	<b>2c</b>		4171305
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		354080733

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	276276325	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	7778937	
(3) Other.....	<b>2e(3)</b>	3384297	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		287439559
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>	4846754	
(2) Contract administrator fees.....	<b>2i(2)</b>	9717746	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	73340	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1094850	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	157053	
(7) Actuarial fees .....	<b>2i(7)</b>	49404	
(8) Legal fees .....	<b>2i(8)</b>	480000	
(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>	2752789	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		19171936
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		306611495

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		47469238
<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: WIPFLI LLP

(2) EIN: 39-0758449

**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.)		X	
<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.)		X	
<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.)		X	
<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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<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?		X	
<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?		X	
<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?		X	
<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.)	X		
<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.)	X		
<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?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<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.			

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

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

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

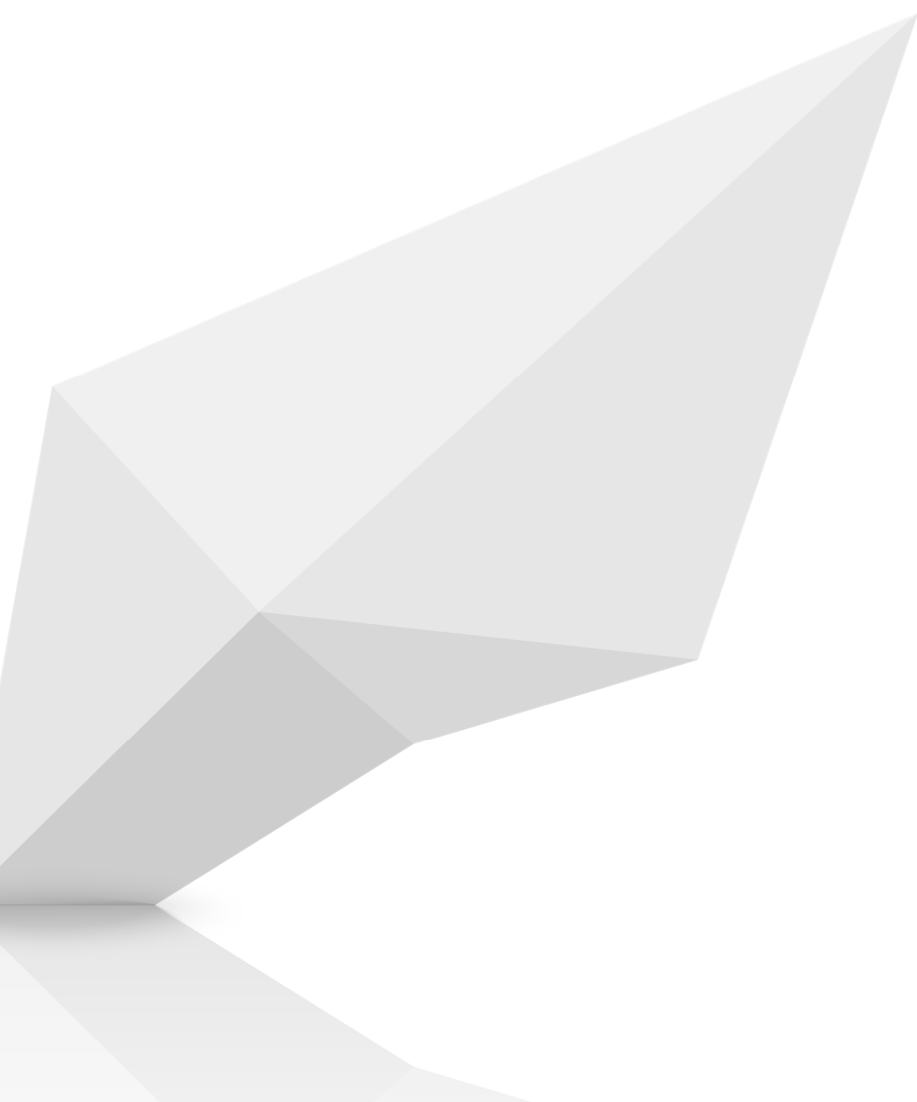
**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

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

# Northern New England Benefit Trust D/B/A Allegiant Care

Financial Statements and Supplemental Schedules

Years Ended August 31, 2024 and 2023



**WIPFLI**

## **Independent Auditor's Report**

To the Board of Trustees  
Northern New England Benefit Trust  
Manchester, New Hampshire

### ***Opinion***

We have audited the accompanying financial statements of Northern New England Benefit Trust D/B/A Allegiant Care (the Trust), 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 and of benefit obligations as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations 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 and benefit obligations of Northern New England Benefit Trust as of August 31, 2024 and 2023, and the changes in net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Northern New England Benefit Trust 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 GAAP, 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 Northern New England Benefit Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Northern New England Benefit Trust'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 Northern New England Benefit Trust'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 and Additional Supplemental Information***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of August 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended August 31, 2024, 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. The supplemental schedules of benefits paid for participants, benefit-related administrative fees, pharmacy expenses, office and administrative expenses, salaries and wages, and professional fees and investments expenses for the years ended August 31, 2024 and 2023, are presented for the purpose of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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 are 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, as applicable.

*Wipfli LLP*

Wipfli LLP

Bedford, New Hampshire  
April 18, 2025

# Northern New England Benefit Trust

## Statements of Net Assets Available for Benefits

<i>August 31,</i>	2024	2023
<b>Assets</b>		
Investments, at fair value	\$ 265,120,236	\$ 237,572,071
Other investments - certificate of deposit	1,245,739	1,245,115
Receivables		
Contributions, net	9,510,483	10,165,274
Prescription rebates	10,079,023	7,655,005
Other, net	1,686,711	168,126
Total receivables	21,276,217	17,988,405
Cash and cash equivalents	139,963,237	110,428,314
Property and equipment used in operations, at cost		
Land	47,231	47,231
Buildings and improvements	2,103,452	2,087,482
Furniture, fixtures and equipment	646,803	619,573
Vehicles	99,689	91,015
Subtotal	2,897,175	2,845,301
Less: accumulated depreciation	2,499,668	2,449,293
Total property and equipment, net	397,507	396,008
Other assets		
Advances for self-insured plans	25,051	24,496
Prepaid expenses and other assets	530,091	359,268
Total other assets	555,142	383,764
Total assets	428,558,078	368,013,677
<b>Liabilities</b>		
Accounts payable and accrued expenses	2,332,221	1,605,720
Contributions received in advance	5,883,414	4,939,557
Deposit held	795,105	795,105
Total liabilities	9,010,740	7,340,382
Net assets available for benefits	\$ 419,547,338	\$ 360,673,295

See accompanying notes to financial statements.

# Northern New England Benefit Trust

## Statements of Changes in Net Assets Available for Benefits

<i>Years Ended August 31,</i>	2024	2023
Additions to net assets attributed to:		
Contributions		
Employer contributions, net	\$ 300,029,640	\$ 237,704,281
Participant and retiree contributions	9,523,444	8,237,215
Total contributions	309,553,084	245,941,496
Transfer from Local Fund	10,955,108	-
Other Income		
Pharmacy benefit manager amounts billed	3,728,878	3,841,488
Administrative fee income	348,348	403,326
Forfeitures and other income	99,259	129,283
Total other income	4,176,485	4,374,097
Investment income (loss)		
Dividend, interest, and mutual fund capital gain distribution income	8,034,682	4,642,734
Income from real estate investment funds	827,807	667,318
Income from real estate held for rental	113,367	145,461
Net unrealized appreciation (depreciation) of investments	16,454,558	(621,631)
Net realized gain on sale of investments	3,951,015	1,452,017
Investment expenses	(1,094,850)	(862,459)
Net investment income	28,286,579	5,423,440
Total additions	352,971,256	255,739,033
Deductions from net assets attributed to:		
Benefits paid for participants		
Health and short-term disability benefits	210,788,258	156,420,480
Prescription benefits	37,007,654	27,971,265
Dental, vision and other benefits	17,060,981	12,671,421
Insurance premiums	7,778,937	6,122,621
Total benefits paid for participants	272,635,830	203,185,787

# Northern New England Benefit Trust

## Statements of Changes in Net Assets Available for Benefits (Continued)

<i>Years Ended August 31,</i>	2024	2023
Pharmacy expenses		
Pharmacy benefit manager claims	\$ 3,384,297	\$ 3,424,692
Pharmacy benefit manager expenses	1,058,073	994,924
Total pharmacy expenses	4,442,370	4,419,616
Administrative expenses		
Benefit-related administrative expenses	9,702,120	7,799,056
Office and administrative expenses	5,279,377	4,739,461
Professional fees	1,674,645	1,211,495
Occupancy expenses	362,871	416,177
Total administrative expenses	17,019,013	14,166,189
Total deductions	294,097,213	221,771,592
Change in net assets available for benefits during the year	58,874,043	33,967,441
Net assets available for benefits - beginning of year	360,673,295	326,705,854
Net assets available for benefits - end of year	\$ 419,547,338	\$ 360,673,295

See accompanying notes to financial statements.

# Northern New England Benefit Trust

## Statements of Benefit Obligations

<i>August 31,</i>	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents		
Benefits payable	\$ 15,783,809	\$ 11,212,977
Benefits incurred but not reported	13,454,900	6,606,300
Total amounts currently payable to or for participants, beneficiaries and dependents	29,238,709	17,819,277
Other obligations for current benefit coverage, at present value of estimated amounts		
Liability for future benefits based upon participant's accumulated eligibility	18,902,000	18,219,000
Total obligations other than post-retirement benefit obligations	48,140,709	36,038,277
Post-retirement benefit obligations		
Current retirees	29,747,000	17,518,000
Other participants fully eligible for benefits	49,039,000	16,444,000
Other participants not fully eligible for benefits	162,471,000	77,102,000
Total post-retirement benefit obligations	241,257,000	111,064,000
Total benefit obligations	\$ 289,397,709	\$ 147,102,277

See accompanying notes to financial statements.

# Northern New England Benefit Trust

## Statements of Changes in Benefit Obligations

<i>Years Ended August 31,</i>	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents		
Balance at beginning of year	\$ 17,819,277	\$ 16,093,681
Claims and premiums incurred, including benefits reclassified from accumulated eligibility credits and post retirement benefit obligations	284,055,262	204,911,383
Benefits paid	(272,635,830)	(203,185,787)
Balance at end of year	29,238,709	17,819,277
Other obligations for current benefit coverage, at present value of estimated amounts		
Balance at beginning of year	18,219,000	17,743,000
Net change during year:		
Change in liability for future benefits based upon participant's accumulated eligibility	683,000	476,000
Balance at end of year	18,902,000	18,219,000
Total obligations other than post-retirement benefit obligations	48,140,709	36,038,277
Post-retirement benefit obligations		
Balance at beginning of year	111,064,000	128,838,000
Increase (decrease) in post-retirement benefits attributable to:		
Benefits earned	7,338,000	9,288,000
Plan amendments	16,693,000	-
Passage of time	6,034,000	6,146,000
Benefits reclassified to amounts currently payable (benefits paid during the year)	(4,708,000)	(3,111,000)
Change in actuarial assumptions and other actuarial gains and losses	104,836,000	(30,097,000)
Balance at end of year	241,257,000	111,064,000
Total benefit obligations at end of year	\$ 289,397,709	\$ 147,102,277

See accompanying notes to financial statements.

# Northern New England Benefit Trust

## Notes to Financial Statements

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### Note 1: Description of Trust

The following description of the Northern New England Benefit Trust D/B/A Allegiant Care (the "Trust") provides general information only. Participants should refer to the Trust document for a more complete description of the Trust's benefits and other provisions.

#### General Provisions

The Trust was established as a multi-employer, jointly administered, collectively bargained trust primarily for the purpose of providing health and welfare benefits for eligible Teamsters' Union members located throughout the United States. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In the event of termination of the Trust, any remaining funds may be used to best effectuate the purpose of the Trust, as determined by the Trustees. However, in no event shall any of the Trust's assets revert to or be recoverable by the participating member companies or any union.

On January 1, 2024, approximately 4,050 active members of the Teamsters Local 1150 became members of the Trust. The former Teamsters 1150 Fund members generally are eligible for the same benefits as the Trust's current members. As part of the transfer agreement, the Trust received \$9,480,588 from the remaining assets of the Teamsters Local 1150 Fund. An additional \$1,474,520 is included in revenue for the year ended August 31, 2024 and as an other receivable as of August 31, 2024 and was received by the Trust subsequent to that date. The revenue related to the transfer was recorded as Transfer from local fund on the statement of changes in net assets available for benefits.

#### Benefits

Health, prescription, and disability benefits are paid from the Trust's assets up to certain amounts per year, per individual, subject to various deductibles and co-payments. The benefit limits for plans vary depending on the plan document. The Trust also provides life and accidental death and dismemberment benefits, which are underwritten by independent insurance companies, and legal defense benefits, on a fully insured basis, to groups which include public safety employees. Benefits are funded primarily by contributions from participating employers and participants as described below.

Certain members, upon meeting eligibility requirements, are eligible to receive postretirement health and prescription benefits until age 65, after which they may be eligible to participate in a prescription-only benefit plan.

In addition, the Trust provides dental, vision benefits and health club reimbursement. Benefits under the plan are established by the Trustees and may be changed at their discretion.

# Northern New England Benefit Trust

## Notes to Financial Statements

---

### Note 1: Description of Trust (Continued)

#### Contributions

Contributions to the Trust are made based upon the respective collective bargaining agreements between the union and the participating employers. Individual members, including certain retirees, may contribute directly to the Trust under certain prescribed circumstances in order to maintain eligibility for benefits.

Certain retirees who retired prior to January 1, 2007, currently contribute approximately 40% of the estimated cost of providing their post-retirement medical benefits. The contribution rates for those members who retired on or after January 1, 2007, are 50% of the cost of the plan for those who retire under age 60 and 30% for those who retire on or after age 60 and before 62 years of age. There will be no contribution required for those who retire on or after age 62 and before 65 years of age. Effective March 1, 2024, certain employees of Anheuser Busch Companies are eligible for a post retirement benefit from the Trust. Contribution rates are on a graduated scale based on years of service. In addition, certain retirees contribute approximately 50% of the estimated cost of the Medicare supplemental prescription plan benefits. Retirees that do not meet a service requirement must pay 100% of the estimated costs. Contribution rates may be changed at the discretion of the Trustees.

Effective March 31, 2024, Anheuser Busch began making monthly contributions to the Trust for discretionary benefits, which totaled \$4,410,000 for the year ended August 31, 2024. These amounts have been included in employer contributions on the statement of changes in net assets available for benefits for the year ended August 31, 2024. Contributions to be received in future years are as follows:

*Years Ended August 31,*

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2025	\$ 14,795,552
2026	17,783,328
2027	17,783,328
2028	5,927,776
<hr/>	
Total	\$ 56,289,984

### Note 2: Summary of Significant Accounting Policies

#### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Significant estimates used by the Trust include those used to determine the benefit obligations and changes therein and rebates related to prescription claims. These estimates are subject to change, and any change in estimates is recorded in the year the change is determined.

# Northern New England Benefit Trust

## Notes to Financial Statements

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### **Note 2: Summary of Significant Accounting Policies** (Continued)

#### **Investment Valuation and Income Recognition**

All investments of the Trust are reported at fair value in the statements of net assets available for benefits. Fair value is measured using the fair value hierarchy established under current accounting standards (see Note 4). The Trust does not have any other assets or liabilities that are required to be reported at fair value on a recurring basis. Realized gains and losses and unrealized appreciation or depreciation of investments are reflected in the statements of changes in net assets available for benefits.

The net asset value (NAV) is used as a practical expedient to estimate fair value for the private equity and real estate investment funds. This practical expedient would not be used if it is determined to be probable that the Trust will sell the investment for an amount different from the reported NAV.

The cost of investments sold is determined on the average cost method for financial reporting purposes. For the purposes of filing Form 5500, the cost of investments sold is the fair value as of the beginning of the year for investments held at that date. Investment income is recorded on the accrual basis and purchases and sales of securities are recorded on a trade-date basis.

#### **Contributions Receivable and Credit Policy**

Contributions are remitted monthly to the Trust. Contributions due for periods through the financial statement date are reflected in "contributions receivable" in the accompanying financial statements, net of an allowance for uncollectible accounts (approximately \$8,000 in both 2024 and 2023). The Trust does not require collateral from the participating employers for any contributions receivable.

Beginning September 1, 2023, the carrying amount of receivables is reduced by an allowance that reflects management's best estimate of the current expected credit losses. The estimate of the allowance for credit losses is based on an analysis of historical loss experience, current receivables aging, and management's assessment of current conditions and expected changes during a reasonable and supportable forecast period. Management assesses collectability on an account by account basis. Management of the Trust has determined that its allowance for uncollectible accounts of approximately \$8,000 remains appropriate at August 31, 2024.

Prior to September 1, 2023, the allowance for collectible accounts reflected losses that were established based upon management's expectation of future collectability utilizing its current knowledge of the accounts. Delinquency status was determined based upon the terms of the member company's participation agreement.

#### **Cash and Cash Equivalents**

The Trust considers all liquid debt investments purchased with a maturity of three months or less to be cash equivalents, except for cash or equivalents held by the investment managers pending investment, which are shown as investments in the statements of net assets available for benefits.

# Northern New England Benefit Trust

## Notes to Financial Statements

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### **Note 2: Summary of Significant Accounting Policies** (Continued)

#### **Cash and Cash Equivalents** (Continued)

The Trust customarily maintains accounts, including certificates of deposit, at several financial institutions. The Trust customarily has amounts on deposit in excess of the maximum Federal Deposit Insurance Coverage of \$250,000. The Trust has not experienced any losses in such accounts, and believes it is not exposed to any significant credit risk on cash.

#### **Property and Equipment and Depreciation**

The Trust's policy is to provide for depreciation and amortization of property and equipment used in the Trust's operations, based on the straight-line method, at annual rates which amortize the cost of the assets over their estimated useful lives.

Expenditures for maintenance, repairs and betterments which would not materially prolong the normal useful life of an asset have been recorded as an administrative expense in the year incurred. Additions and betterments which substantially extend the useful life of an asset have been capitalized. Depreciation expense for the years ended August 31, 2024 and 2023, was \$91,770 and \$109,812, respectively, of which \$31,288 and \$59,846 are included in occupancy expenses for the years ended August 31, 2024 and 2023, respectively.

#### **Long-Lived Assets**

The Trust reviews their long-lived assets periodically to determine potential impairment by comparing the carrying value of those assets with the estimated future undiscounted cash flows expected to result from the use of the assets, including cash flows from disposition. Should the sum of the expected future undiscounted cash flows be less than the carrying value, the Trust would recognize an impairment loss at that time. No impairment loss was recognized in 2024 or 2023.

#### **Advances for Self-Insured Plans**

Advances for self-insured plans represent funds held by a third party administrator as advances against future claims processed and paid by the third party administrator on behalf of the Trust.

#### **Contributions Received in Advance**

Certain participating employers and members that contribute on a fixed monthly basis will remit the contributions for the covered month in advance. These contributions are not recognized as revenue until the covered month and are included as contributions received in advance on the statements of net assets available for benefits.

# Northern New England Benefit Trust

## Notes to Financial Statements

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### **Note 2: Summary of Significant Accounting Policies** (Continued)

#### **Pharmacy Benefit Manager and Mail Order Pharmacy**

In addition to processing prescription claims for its members, the Trust is the pharmacy benefit manager for certain other participating trusts. The participating member trusts generally pay the third party administrator directly for their claims and the Trust bills and collects an administrative fee for the services provided. However, the Trust pays claims on behalf of one employer and then bills that employer for those claims, plus an administrative fee. Prescriptions paid on behalf of the other employer are reported as pharmacy benefit manager claims in the statements of changes in net assets available for benefits. Any payments due to the third party administrator for claims paid on behalf of the other employer that are unpaid at year end are included in accounts payable and accrued expenses in the statements of net assets available for benefits. Payments received from the other employer for their prescription claims and administrative fees are included in pharmacy benefit manager amounts billed in the statements of changes in net assets available for benefits. Payments due from the employer at year end are included in other receivables in the statements of net assets available for benefits.

The Trust receives rebates for prescriptions filled from various drug manufacturers. The Trust tracks the receipt of the rebates, which are generally issued quarterly. Rebates receivable as of August 31, 2024 and 2023, were \$10,079,023 and \$7,655,005, respectively.

Additional rebates are due to the Trust for drugs purchased prior to year end and have been estimated using prior experience. A receivable is also due to the other participating Trusts for their members' prescriptions; however, the amount of these rebates for the other participating trusts is paid directly to the participating trust, thus, no receivable or payable has been recorded for those trusts as of August 31, 2024 and 2023.

In addition, the Trust is holding a deposit of \$795,105, as of August 31, 2024 and 2023, from an employer as an advance for its claims. These amounts are included in deposit held in the statements of net assets available for benefits.

#### **Pre-65 Retiree Plan Administration**

Beginning in January 2020, the Trust took over the administrative responsibilities for one of the employer's pre-65 retiree plan. Under the administrative arrangement, the Trust pays claims on behalf of the employer and then bills that employer for those claims, plus an administrative fee. Payments of claims on behalf of the employer are included in benefits paid for participants in the statement of changes in net assets available for benefits. Amounts billed back to the employer and received by the Trust for these claims are included in employer contributions in the statements of changes in net assets available for benefits. The related administrative fee is included in other income in the statements of changes in net assets available for benefits. For the years ended August 31, 2024 and 2023, claims paid and subsequently billed and reimbursed by the employer totaled \$5,872,908 and \$7,217,040, respectively. Administrative fee income under the arrangement totaled \$348,348 and \$403,326, for the years ended August 31, 2024 and 2023, respectively.

# Northern New England Benefit Trust

## Notes to Financial Statements

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### **Note 2: Summary of Significant Accounting Policies** (Continued)

#### **Benefits Payable and Estimated Benefits Incurred But Not Reported and Related Expenses**

Benefits payable represents claims received but not paid as of the year end date.

Estimated benefits incurred but not reported (IBNR), represent anticipated claims for the various plan benefits as of year end, based upon past experience.

#### **Estimated Liability for Future Benefits Based Upon Participants' Accumulated Eligibility**

The estimated liability for future benefits based upon participants' accumulated eligibility represents the estimated amount of benefits to be incurred for participants who have accumulated sufficient eligibility credits during the current period to be eligible for benefits in the succeeding period. The liability is based upon enrollment and the current cost of providing benefits. The maximum accumulated credit a member can earn is three months. Credits for retirees are included in the post-retirement benefit obligation.

#### **Postretirement Benefits**

The post-retirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Trust participants. Post-retirement benefits include future benefits expected to be paid to or for currently retired or terminated employees and their beneficiaries and dependents and active employees and their beneficiaries and dependents after retirement from service with the participating employers. The post-retirement benefit obligation will be funded by contributions from the Trust's participating employers and from existing Trust assets. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected post-retirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired participant, and other providers.

# Northern New England Benefit Trust

## Notes to Financial Statements

### Note 2: Summary of Significant Accounting Policies (Continued)

#### Postretirement Benefits (Continued)

For measurement purposes, the following key assumptions are utilized as of August 31, 2024 and 2023:

	2024	2023
Weighted average assumed discount rate	5.05%	5.20%
Mortality	Pri-2012 (blue collar) Static Mortality Table adjusted to 2012 with MP-2021 Mortality Improvement Scale, fully generational	Pri-2012 (blue collar) Static Mortality Table adjusted to 2012 with MP-2021 Mortality Improvement Scale, fully generational
Percentage of actives electing retiree medical coverage	80%	80%
Percentage of retirees electing spousal medical coverage	50%	50%
Percentage of actives in pre-65 group selecting post-65 prescription coverage	30%	30%
Retiree contributions as a percent of assumed monthly claim costs:		
Medical	0% - 60%	0% - 50%
Prescription	50%	50%

For 2024, the healthcare cost-trend rate was estimated to start at 8.0% for the medical coverage and 8.0% for the post-65 prescription coverage. For 2023, the healthcare cost-trend rate was estimated to start at 8.0% for the medical coverage and 8.0% for the post-65 prescription coverage. Both groups are trending down to an eventual rate of 4.5% for 2024 and 2023. The healthcare cost-trend rate was estimated to be 4.5% for 2024 and 2023 for the dental and vision coverage.

The foregoing assumptions are based on the presumption that the Trust will continue. Were the Trust to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

During 2018, the Trust modified the postretirement prescription Plan for participants that retire after December 31, 2018. Participants that retire after this date will be required to utilize a fully insured plan. During 2021, a modification was made to require all participants to use the fully insured plan effective January 1, 2022.

#### Income from Real Estate Held for Rental

Rental income from property is recognized as earned. The income from rental operations is shown separate from building operating expenses incurred by the property on the accompanying statements of changes in net assets available for benefits.

# Northern New England Benefit Trust

## Notes to Financial Statements

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### Note 2: Summary of Significant Accounting Policies (Continued)

#### Lease Accounting

For all underlying classes of assets, the Trust has elected to not recognize right of use assets and lease liabilities for short-term leases that have a lease term of 12 months or less at lease commencement and do not include an option to purchase the underlying asset that the Trust is reasonably certain to exercise. Leases containing termination clauses in which either party may terminate the lease without cause and the notice period is less than 12 months are deemed short-term leases with lease costs included in short-term lease expense. The Trust recognizes short-term lease cost on a straight-line basis over the lease term.

#### New Accounting Pronouncement

Accounting Standards Update (ASU) No. 2016-13, *Measurement of Credit Losses on Financial Instruments*, requires the Trust to present financial assets measured at amortized cost (including accounts receivable) at the net amount expected to be collected over their remaining lives. Estimated credit losses are based on relevant information about historical experience, current conditions, and reasonable and supportable forecasts that affect the collectability of the reported amounts.

The Trust adopted ASU No. 2016-13 on September 1, 2023. The net impact to net assets would have been immaterial, thus no adjustment was made to net assets. Results for the years ended August 31, 2024 and 2023, are presented under ASC 326.

### Note 3: Tax Status

The Trust previously received a determination from the Internal Revenue Service that it is designed in accordance with Section 501(c)(9) of the Internal Revenue Code (IRC). Although the Trust has been amended since receiving the determination letter, the Trust's management and the Trust's tax counsel believe that the Trust is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Trust is qualified and exempt from income taxes.

Accounting principles generally accepted in the United States require Trust management to evaluate tax positions taken by the Trust and recognize a tax liability if the Trust has taken an uncertain position that more likely than not would not be sustained upon examination by applicable tax authorities. The Trust's management has analyzed the tax positions taken by the Trust, and has concluded that, as of August 31, 2024, there are no significant uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

The Trust is subject to the New Hampshire Business Enterprise tax. This tax is .55% in 2024 (.55%, in 2023), of the compensation and interest paid by the Trust. The tax incurred was approximately \$20,000 for the years ended August 31, 2024 and 2023.

# Northern New England Benefit Trust

## Notes to Financial Statements

### Note 4: Fair Value Measurements

Accounting principles generally accepted in the United States establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy must be used to determine the fair value of the Trust's investments and consists of three broad levels: Level 1 inputs, which have the highest priority, consist of unadjusted quoted prices in active markets for identical assets; Level 2 inputs consist of quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, or observable inputs other than quoted market prices; and Level 3 inputs, which have the lowest priority, consist of inputs that are unobservable and significant to the fair value measurement. The Trust uses appropriate valuation techniques based on available inputs to measure the fair value of its investments. An asset'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 must maximize the use of observable inputs and minimize the use of unobservable inputs.

The following tables set forth by level, within the fair value hierarchy, the valuation techniques used to determine the fair value of the Trust's investments as of August 31, 2024 and 2023.

	2024			Net Asset Value*	Total
	Level 1	Level 2	Level 3		
Cash held by investment companies	\$ 250,226	\$ -	\$ -	\$ -	\$ 250,226
Common stock	1,173,495	-	-	-	1,173,495
Mutual funds	118,670,713	-	-	-	118,670,713
Real estate held for rental	-	1,230,000	-	-	1,230,000
<b>Total assets in the fair value hierarchy</b>	<b>120,094,434</b>	<b>1,230,000</b>	<b>-</b>	<b>-</b>	<b>121,324,434</b>
Private equity funds	-	-	-	112,996,070	112,996,070
Real estate investment funds	-	-	-	30,799,732	30,799,732
<b>Investments at fair value</b>	<b>\$ 120,094,434</b>	<b>\$ 1,230,000</b>	<b>\$ -</b>	<b>\$ 143,795,802</b>	<b>\$ 265,120,236</b>

# Northern New England Benefit Trust

## Notes to Financial Statements

### Note 4: Fair Value Measurements (Continued)

	2023			Net Asset Value*	Total
	Level 1	Level 2	Level 3		
Cash held by investment companies	\$ 300,047	\$ -	\$ -	\$ -	\$ 300,047
Common stock	1,413,995	-	-	-	1,413,995
Mutual funds	104,342,912	-	-	-	104,342,912
Real estate held for rental	-	1,230,000	-	-	1,230,000
<b>Total assets in the fair value hierarchy</b>	<b>106,056,954</b>	<b>1,230,000</b>	<b>-</b>	<b>-</b>	<b>107,286,954</b>
Private equity funds	-	-	-	96,176,839	96,176,839
Real estate investment funds	-	-	-	34,108,278	34,108,278
<b>Investments at fair value</b>	<b>\$ 106,056,954</b>	<b>\$ 1,230,000</b>	<b>\$ -</b>	<b>\$ 130,285,117</b>	<b>\$ 237,572,071</b>

\* In accordance with current accounting standards, 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.

For the years ended August 31, 2024 and 2023, there were no transfers into or out of Levels 1 or 2.

The Level 1 assets have been valued using a market approach. The Level 2 real estate held for rental investment was valued using a combination of a market and income approach. The fair value of real estate held for rental was determined based upon sales of similar properties and the income generated by the property.

#### *Investments measured using the net asset value per share practical expedient*

The Trust is invested in a two real estate investment funds, Intercontinental U.S. Real Estate Investment Fund and Principal Enhanced Property Fund, L.P.

The Intercontinental U.S. Real Estate Investment Fund invests in a mix of commercial, residential, industrial, retail, and mixed use properties. The fair value of the Trust's investment in this Fund has been estimated using the Trust's ownership interest in the Fund's net assets. The Fund was formed as an open-ended investment fund and members of the Fund are allowed to redeem their interests in the Fund on a quarterly basis, subject to the availability of liquid assets. A notice received for a withdrawal request during a calendar quarter is effective on the last day of the quarter. The fair value reported for this investment at August 31, 2024 and 2023 was \$14,173,147 and \$16,499,987, respectively.

# Northern New England Benefit Trust

## Notes to Financial Statements

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### Note 4: Fair Value Measurements (Continued)

PEPF is an open-end real estate investment vehicle for U.S. and non U.S. investors sponsored by Principal Real Estate Investors, LLC. The PEPF invests in a mix of commercial, residential, industrial, retail and mixed use properties, with a focus on investing in a diversified portfolio of stabilized income producing properties, plus value-added and developmental projects in the United States. Investors may redeem shares in the PEPF at any time after initial contribution and shares are generally redeemed as of the beginning of the first day of each quarter at a share price based on the PEPF's net assets as of the most recent quarter-end. The fair value of the Trust's investment in this Fund has been estimated using the Trust's ownership interest in the Fund's net assets. The fair value reported for this investment at August 31, 2024 and 2023, was \$16,626,585 and \$17,608,291, respectively.

The Trust is invested in a private equity fund, ABS Direct Equity Fund LLC - Emerging Markets Direct Portfolio, which invests primarily in private investment funds which target emerging markets. This investment does not make distributions to shareholders, and shareholders are allowed to redeem their shares on a monthly basis, subject to a 30-day written notice requirement. The fair value of this investment has been estimated based on the NAV per share. The fair value reported for this investment at August 31, 2024 and 2023, was \$10,319,560 and \$9,337,649, respectively.

The Trust invested in a private equity fund, ABS Opportunities LTD. - Crossover Growth Portfolio, which invests primarily in private investment funds with a focus on long-term growth and innovation across various sectors and regions through long/short and long only equity strategies. This investment does not make distributions to shareholders, and shareholders are allowed to redeem their shares on a monthly basis, subject to a 30-day written notice requirement. The fair value of this investment has been estimated based on the NAV per share. The fair value reported for this investment at August 31, 2024 and 2023, was \$10,633,596 and \$8,212,550, respectively.

The Trust invested in a private equity fund, AllianceBernstein Private Credit Investors Middle Market Direct Lending Fund II Feeder, L.P., effective November 1, 2022, which invests primarily in directly-sourced and privately-negotiated secured debt issued by North American middle market firms. This investment has a three year initial commitment period, after which investors can elect annually to remain in the fund or withdraw at year-end, subject to 90-day written notice. The fair value of this investment has been estimated based on the NAV per share. The fair value reported for this investment at August 31, 2024 and August 31, 2023, was \$4,568,045 and \$2,170,191, respectively. At August 31, 2024, the Trust has an unfunded commitment of \$6,000,000 to this fund.

The Trust invested in a private equity fund, Ullico Infrastructure Tax-Exempt Fund, L.P., effective November 1, 2022, which invests primarily in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets of the United States and Canada. This investment has a four year lock-up period beginning on the investors admission date to the Partnership, after which investors can elect to be placed in a redemption queue subject to 45-day written notice. The fair value of this investment has been estimated based on the NAV per share. The fair value reported for this investment at August 31, 2024 and August 31, 2023 was \$11,513,257 and \$10,710,304, respectively.

# Northern New England Benefit Trust

## Notes to Financial Statements

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### Note 4: Fair Value Measurements (Continued)

The Trust is invested in a group of private equity funds that are valued at NAV held by a wealth management company. The NAV is based on the fair value of the underlying investments of each fund less liabilities. These funds are valued daily for purchases or redemptions. If the Trust initiates a full redemption, the investment advisor requires 30 days-notice. This redemption notice period is not applicable to all investors in these funds.

The Funds and their investment objectives are as follows:

Common Fund Daily Value Aggregate Bond Index Fund of the Bank of New York Mellon - the objective of the Fund is to track the performance of the Barclay's U.S. Aggregate Index. The fair value reported for this investment at August 31, 2024 and 2023, was \$34,685,199 and \$32,407,429, respectively.

Common Fund Daily Value Stock Index Fund of The Bank of New York Mellon - the objective of the Fund is to track the performance of the Standard and Poor's 500 Index. The fair value reported for this investment at August 31, 2024 and 2023, was \$33,751,723 and \$26,538,670, respectively.

Common Fund Global Core Plus United States Dollar Hedged Fund of The Bank of New York Mellon - the objective of the Fund is to outperform the Barclays Global Aggregate Index United States Dollar Hedged over a full market cycle. The fair value reported for this investment at August 31, 2024 and 2023, was \$7,524,688 and \$6,800,046, respectively.

There were no changes in the valuation techniques during the current year. The inputs or valuation methodologies used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The following schedule summarizes the change in fair value for the years ended August 31, 2024 and 2023:

	2024	2023
	Net Realized and Unrealized Gains	Net Realized and Unrealized Gains
Fair value as determined by quoted prices in active markets	\$ 8,729,570	\$ 2,340,270
Fair value as otherwise determined	11,676,003	(1,509,884)
Balance, end of year	\$ 20,405,573	\$ 830,386

The carrying amounts reflected in the Trust's statements of net assets available for benefits for cash and cash equivalents, receivables and accounts payable approximate fair value due to their short maturity. The certificate of deposit carrying value approximates fair value based upon current interest rates for similar certificates.

# Northern New England Benefit Trust

## Notes to Financial Statements

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### Note 5: Benefit Obligations

The post-retirement obligation calculation under generally accepted principles does not consider investment return on the Trust's net assets available for benefits and employer contribution rates in excess of the cost to fund benefits other than the post-retirement obligation.

The healthcare cost-trend rate assumption (see Note 2) has a significant effect on the amounts reported as post-retirement benefit obligations. If the assumed rates increased by one percentage point in each year, the obligation at August 31, 2024 and 2023, would increase by approximately \$34,765,000 and \$16,368,000, respectively. If the assumed rates decreased by one percentage point, then the obligation at August 31, 2024 and 2023, would decrease by approximately \$28,315,000 and \$13,277,000, respectively.

### Note 6: Retirement and Employee Benefit Plans

The Trust contributes as a participating employer in a multiemployer defined benefit pension plan for employees working 750 hours per year. The plan is administered by the New England Teamsters Pension Fund (formerly known as New England Teamsters & Trucking Industry Pension Fund), an affiliate of the International Brotherhood of Teamsters (IBT). Employer contributions are calculated by the Fund and billed to the employer monthly in amounts which approximate the present value of the future benefits to be provided (\$11.87 per hour of service as of August 2024 and 2023). The plan generally provides retirement benefits to employees based on years of service to the Trust. The multiemployer pension plan is managed by a board of trustees. Contributions of \$803,225 in 2024 and \$726,070 in 2023 were charged to pension expense for ongoing participation in these pension plans.

The risks of participating in the multiemployer defined benefit pension plan are different from single-employer plans because: (a) with certain exceptions, assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers, (b) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be required to be borne by the remaining participating employers, and (c) if the Trust chooses to stop participating in the multiemployer plan, it may be required to pay a withdrawal liability to the plan. In connection with ongoing renegotiation of participation agreements, the Trust may discuss and negotiate for the complete or partial withdrawal from the multiemployer pension plan. Depending on the number of employees withdrawn in any future period and the financial condition of the multiemployer plan at the time of withdrawal, the associated withdrawal liabilities could be material to the Trust's change in net assets in the period of withdrawal. The Trust has no plans to withdraw from its multiemployer pension plan.

The multiemployer pension plan in which the Trust participates is the New England Teamsters Pension Plan (formerly known as New England Teamsters & Trucking Industry Pension Plan), which adopted a rehabilitation plan on October 1, 2011, as a result of its actuarial certification for the plan year beginning October 1, 2011. New England Teamsters Pension Plan is in "critical and declining status," as defined by the Pension Protection Act of 2006, as amended by the Multiemployer Pension Reform Act of 2014.

# Northern New England Benefit Trust

## Notes to Financial Statements

### Note 6: Retirement and Employee Benefit Plans (Continued)

The following presents information about the Trust's multiemployer pension plan as of August 31, 2024, and the years ended August 31, 2024 and 2023:

Name of Pension Plan	EIN and Plan Number	Pension Protection Act Zone Status		FIP/RP Status	Contributions for the Year Ended August 31,		Surcharge Imposed	Expiration of Collective Bargaining Agreement
		2024	2023		2024	2023		
New England Teamsters Pension Fund	04-6372430 Plan No. 001	Red 9/30/2023	Red 9/30/2022	Implemented	\$ 803,225	\$ 726,070	No	N/A

The zone status included in the table is based on the certified information received from the plan. Among other factors, plans in red zone generally are less than 65 percent funded and plans in the yellow zone are less than 80 percent funded.

The FIP/RP status column indicates plans for which a financial improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented.

The Trust is not obligated for any minimum contributions for the New England Teamsters & Trucking Industry Pension. Based on the most recently available Forms 5500 for New England Teamsters & Trucking Industry Pension (plan year end September 30, 2023) the Trust did not contribute more than 5% of the total contributions to the plan.

The Trust also participates in a multiemployer 401(k) savings plan sponsored by the International Brotherhood of Teamsters. All employees of the Trust are eligible to participate. Participants may make pre-tax deferral contributions up to a maximum of 89% of their salary up to certain annual limits, and after-tax contributions up to a maximum of 5% of their salary. Participants may make special deferrals of up to 100% of certain types of bonus pay, unused sick pay and unused vacation pay. The employer match is 100% of the employee pretax deferral up to a maximum of 7% of their annual salary. Total 401(k) expense was \$187,636 and \$160,344 for the years ended August 31, 2024 and 2023, respectively.

### Note 7: Major Participating Employers

For the years ended August 31, 2024 and 2023, the Trust derived approximately 72% and 69%, respectively, of its contributions from three employers (two employers in 2023). Total contributions receivable due from these employers was \$7,534,318 as of August 31, 2024 and \$8,521,626 as of August 31, 2023. No other participating employers accounted for more than 10% of contributions.

# Northern New England Benefit Trust

## Notes to Financial Statements

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### Note 8: Related Party and Party in Interest Transactions

Most trustees, the employees of Northern New England Benefit Trust, and certain retirees of the Trust, receive health and welfare benefits from the Trust pursuant to plan provisions that are consistent with those provided to other members. Contributions relating to these trustees, employees and retirees of \$990,354 and \$860,346 for 2024 and 2023, respectively, are shown as a reduction of benefits paid to participants and as an administrative expense.

The Plan also has arrangements with various service providers. Those transactions are party in interest transactions under ERISA. Significant agreements with providers include CIGNA which the Trust paid approximately \$5,220,000 and \$3,960,000 in administration fees for 2024 and 2023, respectively, and Elevance Health / Anthem which the Trust paid approximately \$2,970,000 and \$2,770,000 in fees for 2024 and 2023, respectively.

The Trust leases office space to the New Hampshire Teamsters Building Association, Inc. under a lease agreement which is not material to the financial statements.

As of August 31, 2024 and 2023, the Trust held \$1,173,495 and \$1,413,995, respectively, of publicly-traded common stock of two of the participating employer companies. The Trust has determined that these securities meet the definition of a qualified employer security as defined under Title 1, Section 407(d)(5) of ERISA.

### Note 9: Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Schedule H of Form 5500 as of August 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per the financial statements	\$ 419,547,338	\$ 360,673,295
Add: difference between fair market value and historical cost		
less depreciation, on property and equipment used in operations	1,720,303	1,705,676
Less: benefit obligations currently payable		
(health claims, death and disability benefits)	29,238,709	17,819,277
Net assets available for benefits per Schedule H of Form 5500	\$ 392,028,932	\$ 344,559,694

# Northern New England Benefit Trust

## Notes to Financial Statements

### Note 9: Reconciliation of Financial Statements to Schedule H of Form 5500 (Continued)

The following is a reconciliation of benefits paid for participants per the financial statements to Schedule H of Form 5500 for the years ended August 31, 2024 and 2023:

	2024	2023
Benefits paid for participants per the financial statements	\$ 272,635,830	\$ 203,185,787
Add: amounts payable at end of year	29,238,709	17,819,277
Less: amounts payable at beginning of year	17,819,277	16,093,681
Benefits paid to participants per Schedule H of Form 5500	\$ 284,055,262	\$ 204,911,383

The following is a reconciliation of unrealized appreciation (depreciation) of investments per the accompanying financial statements to Schedule H of Form 5500 for the years ended August 31, 2024 and 2023:

	2024	2023
Net unrealized appreciation (depreciation) per the financial statements	\$ 16,454,558	\$ (621,631)
Difference in method of computing realized gains and losses between Form 5500 and the financial statements	(480,669)	(909,426)
Unrealized gain on property and equipment used in operations	14,627	189,251
Net unrealized depreciation per Schedule H of Form 5500	\$ 15,988,516	\$ (1,341,806)

Amounts currently payable to or for participants, dependents, and beneficiaries for benefit claims that have been processed and approved for payment prior to August 31, but not yet paid as of that date, and for the estimated claims incurred but not reported at that date, are recorded as liabilities on Schedule H of Form 5500. Property and equipment used in operations is reported at cost less accumulated depreciation in the financial statements and is reported at fair market value on Form 5500.

### Note 10: Risks, Uncertainties and Commitments

The Trust 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 values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

# Northern New England Benefit Trust

## Notes to Financial Statements

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### **Note 10: Risks, Uncertainties and Commitments** (Continued)

The Trust entered into an agreement with a participating employer whereby the employer's contributions are to go towards providing benefits for the respective employer's employees. The employer's contributions are not to be used for any other purpose, including but not limited to providing benefits to employees of other participating employers of the Trust.

### **Note 11: Other Investments - Certificate of Deposit**

The Trust has a 5-month certificate of deposit at a local credit union. The certificate bears an interest rate of 3.03% and matures on February 2, 2025 and was renewed after year end for another one year term.

### **Note 12: Subsequent Events**

Management has evaluated subsequent events through April 18, 2025, the date when the financial statements were available to be issued.

NORTHERN NEW ENGLAND BENEFIT TRUST (DBA ALLEGIANT CARE)  
Attachment to Form 5500 Schedule H, Line 4i  
Supplemental Schedule of Assets (Held at End of Year)  
August 31, 2024

Employer identification number 02-6015031  
Three digit plan number 501

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
<b><u>INTEREST-BEARING CASH:</u></b>				
	Citizens Bank	Money market account	\$ 52,261,535	\$ 52,261,535
<b><u>NON INTEREST-BEARING CASH:</u></b>				
	Citizens Bank	Operating checking account	87,701,702	87,701,702
	Total interest and non interest-bearing cash		139,963,237	139,963,237
<b><u>CASH HELD IN INVESTMENT COMPANIES:</u></b>				
	Goldman Sachs Bank USA	Investment account	92,600	92,600
	US Bank National Association	Investment account	142	142
	The Bancorp Bank	Investment account	37	37
	Cash held by LPL Financial	Investment account	112	112
	Cash held by BNY Mellon	Investment account	157,335	157,335
	Total cash held in investment accounts		250,226	250,226
<b><u>CERTIFICATE OF DEPOSIT:</u></b>				
	New England Teamsters Federal Credit Union	Certificate of deposit	1,245,739	1,245,739
	Total certificate of deposit		1,245,739	1,245,739
<b><u>REAL ESTATE INVESTMENT FUNDS:</u></b>				
	Principal Enhanced Property Fund, L.P	Real estate partnership	14,364,114	16,626,585
	Intercontinental U.S. Real Estate Investment Fund	Real estate partnership	9,618,905	14,173,147
	Total real estate investment funds		23,983,019	30,799,732
<b><u>REAL ESTATE HELD FOR RENTAL:</u></b>				
	53 Goffstown Road, Manchester New Hampshire	Commercial rental property	2,457,461	1,230,000
	Total real estate held for rental		2,457,461	1,230,000
<b><u>PRIVATE EQUITY FUNDS:</u></b>				
	ABS Direct Equity Fund LLC - Emerging Markets Direct Portfolio	4.30% ownership	7,998,629	10,319,560.00
	ABS Opportunities LTD - Crossover Growth Portfolio Common Fund Daily Valued Aggregate	16.91% ownership	10,000,000	10,633,596
	Bond Index Fund	326,885.802 shares	38,698,165	34,685,199
	Common Fund Global Core Plus U.S. Dollar Hedged Fund	579,714.050 shares	6,226,248	7,524,688
	Common Fund Daily Valued Stock Index Fund	14,433.152 shares	16,909,693	33,751,723
	Alliance Bernstein Private Credit Investors Middle Market Direct Lending Fund II Feeder, LP	.97% ownership	4,420,218	4,568,045
	The Ullico Infrastructure Tax-Exempt Fund, LP	40,369.01725 shares	9,856,488	11,513,259
	Total private equity funds		94,109,441	112,996,070

**NORTHERN NEW ENGLAND BENEFIT TRUST (DBA ALLEGIANT CARE)**  
**Attachment to Form 5500 Schedule H, Line 4i**  
**Supplemental Schedule of Assets (Held at End of Year) (Continued)**  
**August 31, 2024**

Employer identification number 02-6015031

Three digit plan number 501

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
<b><u>COMMON STOCK:</u></b>				
*	Anheuser-Busch InBev	shares	5,500	\$ 632,377
*	United Parcel Services Incorporated Class B	shares	6,500	\$ 835,575
	Total common stock		<u>1,236,848</u>	<u>1,173,495</u>
<b><u>MUTUAL FUNDS:</u></b>				
	Allspring Core Plus Bond Instl CL	shares	333,913	3,819,961
	Aristotle Small Cap Equity Fund	shares	713,535	11,373,754
	Eaton Vance Emerging & Frontier Countries Equity CL I	shares	109,003	1,609,981
	Eaton Vance Emerging Markets Debt Oppty CL	shares	345,163	2,712,979
	Eaton Vance Floating Rate Advntg CL I	shares	140,216	1,403,566
	First Eagle Global CL I	shares	18,151	1,331,400
	First Trust Exchange Traded Fund III PFD Secs & Income ETF	shares	91,480	1,624,682
	Goldman Sachs Access Treasury 0-1YR ETF Pricing Basket	shares	71,109	7,127,286
	Goldman Sachs GQG Partners Intl Oppty CL I	shares	73,929	1,742,502
	Invesco NASDAQ 100 ETF	shares	3,000	588,240
	Ishares 10-20 YR Treasury Bond ETF	shares	8,200	880,844
	Ishares Core 1-5 YR USD Bond ETF	shares	17,800	860,808
	Ishares Core MSCI Total Intl Stock ETF	shares	27,350	1,937,748
	Ishares Ibonds Dec 2025 Term Corp ETF	shares	60,388	1,511,509
	Ishares Ibonds Dec 2025 Term Treasury ETF	shares	171,570	4,007,879
	Ishares MSCI USA Quality Factor ETF	shares	13,600	2,417,808
	Janus Detroit Henderson AAA CLO ETF	shares	71,525	3,641,328
	Janus Henderson Developed World CL I	shares	161,643	1,265,664
	Janus Henderson Global Life Sciences CL I	shares	24,973	2,067,533
	Janus Henderson Global Technology CL I	shares	28,323	1,898,792
	JP Morgan Betabuilders Japan ETF New	shares	31,044	1,848,377
	JP Morgan NASDAQ Equity Perm Income ETF	shares	52,430	2,835,414
	Pioneer Multi Asset Ultrashort Income CL Y	shares	188,061	1,822,314
	Spdr Blackstone Senior LN ETF	shares	28,251	1,182,314
	Spdr Doubleline Total Return Tactical ETF	shares	72,000	2,956,320
	Spdr Intermediate Term Treasury ETF	shares	201,220	5,803,198
	Spdr Portfolio Aggregate Bond ETF	shares	320,995	8,307,359
	Spdr Portfolio S&P 500 ETF	shares	298,983	19,816,567
	Spdr Portfolio S&P 500 Value ETF	shares	52,200	2,744,154
	Spdr SSGA Ultra Short Term Bond ETF	shares	30,411	1,238,943
	Voya Gmma Income CL I	shares	872,959	6,555,921
	Voya Securitized Credit CL I	shares	576,066	5,466,868
	Voya Small Cap Growth CL I	shares	52,553	2,458,942
	Wisdomtree Floating Rate Treasury Fund New ETF	shares	36,001	1,809,758
	Total mutual funds		<u>110,483,011</u>	<u>118,670,713</u>
	Total assets held for investment purposes at year end		<u>\$ 372,483,243</u>	<u>\$ 405,083,473</u>

\* Party-in-interest - qualified participating employer security

See Independent Auditor's Report.

NORTHERN NEW ENGLAND BENEFIT TRUST D/B/A ALLEGIANT CARE  
Attachment to Form 5500 Schedule H, Line 4j  
Supplemental Schedule of Reportable Transactions  
For the Year Ended August 31, 2024

Employer identification number 02-6015031  
Three digit plan number 501

<u>(a) Identity of party involved</u>	<u>(b) Description of asset (including interest rate and maturity in case of loan)</u>	<u>(c) Purchase price</u>	<u>(d) Selling price</u>	<u>(e) Lease rental</u>	<u>(f) Expense incurred with transaction</u>	<u>(g) Cost of asset</u>	<u>(h) Current value of asset on transaction date</u>
JPMorgan United States Government Money Market Fund	Money market fund series of transactions	\$ 229,075,411	-	-	-	-	\$ 229,075,411
JPMorgan United States Government Money Market Fund	Money market fund series of transactions	-	\$ (229,146,437)	-	-	\$ (229,146,437)	\$ (229,146,437)

See Independent Auditor's Report.

# Northern New England Benefit Trust

## Supplemental Schedules of Benefits Paid for Participants

<i>Years Ended August 31,</i>	2024	2023
Health and short-term disability benefits		
CIGNA medical claims	\$ 141,624,625	\$ 97,338,879
Elevance Health / Anthem medical claims	60,708,170	49,689,966
Elevance Health / Anthem medical claims - AB retiree	5,872,908	7,217,040
Disability payments	3,572,909	3,034,941
Amounts allocated to employee benefits	(990,354)	(860,346)
Total health and short-term disability benefits	210,788,258	156,420,480
Prescription benefits	37,007,654	27,971,265
Dental, vision and other benefits		
Dental benefits	13,140,909	9,949,933
Vision benefits	2,347,626	1,513,749
Flexible spending arrangement benefits	1,327,174	970,712
Health club benefits	14,000	12,900
Massage benefits	130,834	136,791
Hearing aid and other benefits	100,438	87,336
Total dental, vision and other benefits	17,060,981	12,671,421
Insurance premiums	7,778,937	6,122,621
Total benefits paid for participants	\$ 272,635,830	\$ 203,185,787

See Independent Auditor's Report.

# Northern New England Benefit Trust

## Supplemental Schedules of Benefit-Related Administrative Fees

<i>Years Ended August 31,</i>	2024	2023
Benefit-related administrative fees		
CIGNA Health	\$ 5,218,569	\$ 3,955,568
Elevance Health / Anthem Health	2,634,612	2,385,604
Elevance Health / Anthem retiree admin fees	335,901	385,602
ACA fees and other admin fees	105,757	88,086
Medical and dental consultant fees	48,000	43,000
Pharmacy administration fee	101,749	55,836
MetLife	345,683	207,073
Vision administration fee	76,709	58,214
Delta Dental	430,160	318,897
Flexible spending arrangement administration fee	53,456	26,314
Amounts allocated from pharmacy benefit manager	351,524	274,862
<b>Total benefit-related administrative fees</b>	<b>\$ 9,702,120</b>	<b>\$ 7,799,056</b>

See Independent Auditor's Report.

## Northern New England Benefit Trust

### Supplemental Schedules of Pharmacy Expenses

<i>Years Ended August 31,</i>	2024	2023
Pharmacy benefit manager claims	\$ 3,384,297	\$ 3,424,692
Pharmacy benefit manager expenses		
Administrative fees	15,626	18,788
Salaries and wages	618,446	528,775
Employee benefit programs	335,303	290,583
Legal fees	72,000	64,398
Consultant fees	256,831	281,935
Printing, supplies and other office expenses	30,531	23,140
Insurance	29,276	15,055
Payroll taxes	43,196	39,951
Telephone	8,238	6,774
Postage expense	150	389
Amounts allocated to benefit-related administrative fees	(351,524)	(274,864)
Total pharmacy benefit manager expenses	1,058,073	994,924
Total pharmacy expenses	\$ 4,442,370	\$ 4,419,616

See Independent Auditor's Report.

# Northern New England Benefit Trust

## Supplemental Schedules of Office and Administrative Expenses

<i>Years Ended August 31,</i>	2024	2023
Office and administrative expenses		
Salaries and wages	\$ 2,384,557	\$ 2,015,397
Employee benefit programs	1,604,477	1,404,854
Printing, supplies and other office expenses	477,166	574,465
Meeting expenses	171,562	166,447
Depreciation	60,482	49,966
Insurance	98,945	114,476
Postage expense	153,694	116,219
Other compensation and benefits	105,134	108,051
Telephone	48,948	34,591
Payroll taxes	168,262	148,995
Equipment maintenance	6,150	6,000
<b>Total office and administrative expenses</b>	<b>\$ 5,279,377</b>	<b>\$ 4,739,461</b>

See Independent Auditor's Report.

# Northern New England Benefit Trust

## Supplemental Schedules of Salaries and Wages

<i>Years Ended August 31,</i>	2024	2023
<b>Administration</b>		
Christina Kosha, Executive Director	\$ 459,615	\$ 392,885
Penee O'Neil, Office Manager/Executive Assistant	113,942	103,193
Jacob Cutone, Office Staff (IT Manager)	125,156	118,818
Eric Eichen, Office Staff (Operations Manager)	145,935	121,096
Carolyn Madden, Office Staff (Accounting Manager)	129,519	117,764
Amounts allocated to pharmacy	(65,035)	(65,987)
<b>Total administration</b>	<b>909,132</b>	<b>787,769</b>
<b>NNEBT office staff</b>		
Ann Simpson, Dental Manager	-	68,972
Amie O'Leary, Office Staff (Dental)	58,763	54,292
Marcia Rapier, Office Staff (Eligibility)	57,487	52,922
Nathan Allen, Office Staff (Accounting)	79,120	73,757
Jacky Becht, Office Staff (Retiree)	69,100	64,647
Nichole Mordach, Office Staff (Misc.)	59,781	54,875
Melissa Jackson, Office Staff (Reception)	68,255	56,258
Elizabeth Macedo, Office Staff (Disability)	62,406	57,464
Taylor Downs, Office Staff (Misc.)	12,510	-
Marie Figueroa, Office Staff (Reception)	18,289	-
Michelle Theberge, Office Staff (Misc.)	22,946	-
Janet Fitzmaurice, Office Staff (Misc.)	59,780	57,996
Caitlin Miles, Office Staff (Misc.)	58,541	55,331
Catherine Lavigne, Office Staff (Misc.)	55,700	55,700
Benjamin Padellaro, Office Staff (Misc.)	76,800	71,665
Jessica Aubin, Office Staff (Misc.)	66,742	53,588
Heather Maconaghy, Office Staff (Misc.)	81,014	76,746
Jessica Stratz, Office Staff (Misc.)	-	11,975
Melanie Woods, Office Staff (Receptionist)	52,202	50,846
David Roy, Office Staff (Accounting)	76,536	73,754
James Tang, Office Staff (IT)	61,648	56,364
Amanda Sullivan, Office Staff (Dental)	69,128	43,675
Hannah Nordstrom, Office Staff (Misc)	53,821	14,351
Rosemarie Pugh, Office Staff (Misc)	56,854	10,777
Michele Derby, Office Staff (Misc)	61,254	36,715
Alyssa Sullivan, Office Staff (Administrative Assistant)	77,364	16,946
Samantha Marchand, Office Staff (Misc.)	59,384	58,012
<b>Total NNEBT office staff</b>	<b>1,475,425</b>	<b>1,227,628</b>

## Northern New England Benefit Trust

### Supplemental Schedules of Salaries and Wages (Continued)

<i>Years Ended August 31,</i>	2024	2023
Pharmacy		
Linda Planate, PM Office Staff	\$ 26,765	\$ 27,449
Marsha Campbell, PM Office Staff	79,761	75,110
Joni Brown, PM Office Staff	113,327	102,303
Chloe Ocala, PM Office Staff	43,274	54,364
Robin Collins, PM Office Staff	21,909	-
Melissa Cole, PM Office Staff	31,099	-
Sydney Planate, PM Office Staff	5,498	-
Andrew Fischer, PM Office Staff	-	4,231
Lately Staunch, PM Pharmacist	217,346	153,973
Kate Diabolic, PM Office Staff	3,347	14,568
Angela Cannily, PM Office Staff	-	16,205
Dana Fourier, PM Office Staff	11,085	14,585
Amounts allocated from administration	65,035	65,987
<b>Total pharmacy</b>	<b>618,446</b>	<b>528,775</b>
<b>Total salaries and wages</b>	<b>\$ 3,003,003</b>	<b>\$ 2,544,172</b>

See Independent Auditor's Report.

# Northern New England Benefit Trust

## Supplemental Schedules of Professional Fees and Investment Expenses

<i>Years Ended August 31,</i>	2024	2023
<b>Professional fees</b>		
Legal fees	\$ 408,000	\$ 404,849
Audit and accounting fees	122,744	92,657
Computer system consultants and software license fees	884,315	439,247
Actuary, corporate risk, and other consultant fees	259,586	274,742
<b>Total professional fees</b>	<b>\$ 1,674,645</b>	<b>\$ 1,211,495</b>
<b>Investment expenses</b>		
The Bank of New York Mellon	\$ 73,130	\$ 74,496
Telluride Investment Advisors	270,863	249,943
Marquette Associates, Inc.	75,000	75,000
Principal Enhanced Property Fund, LP. (PEPF)	204,072	229,782
Intercontinental U.S. Real Estate Investment Fund	98,929	129,489
AllianceBernstein	187,504	84,740
Ullico Investment Advisors, Inc.	185,352	19,009
<b>Total investment expenses</b>	<b>\$ 1,094,850</b>	<b>\$ 862,459</b>

See Independent Auditor's Report.

NORTHERN NEW ENGLAND BENEFIT TRUST D/B/A ALLEGIANT CARE  
Attachment to Form 5500 Schedule H, Line 4j  
Supplemental Schedule of Reportable Transactions  
For the Year Ended August 31, 2024

Employer identification number 02-6015031  
Three digit plan number 501

<u>(a) Identity of party involved</u>	<u>(b) Description of asset (including interest rate and maturity in case of loan)</u>	<u>(c) Purchase price</u>	<u>(d) Selling price</u>	<u>(e) Lease rental</u>	<u>(f) Expense incurred with transaction</u>	<u>(g) Cost of asset</u>	<u>(h) Current value of asset on transaction date</u>
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JPMorgan United States Government Money Market Fund	Money market fund series of transactions	-	\$ (229,146,437)	-	-	\$ (229,146,437)	\$ (229,146,437)

See Independent Auditor's Report.

**NORTHERN NEW ENGLAND BENEFIT TRUST (DBA ALLEGIANT CARE)**  
**Attachment to Form 5500 Schedule H, Line 4i**  
**Supplemental Schedule of Assets (Held at End of Year)**  
**August 31, 2024**

Employer identification number 02-6015031  
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(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
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	Total cash held in investment accounts		250,226	250,226
<b><u>CERTIFICATE OF DEPOSIT:</u></b>				
	New England Teamsters Federal Credit Union	Certificate of deposit	1,245,739	1,245,739
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NORTHERN NEW ENGLAND BENEFIT TRUST (DBA ALLEGIANT CARE)  
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Supplemental Schedule of Assets (Held at End of Year) (Continued)  
August 31, 2024

Employer identification number 02-6015031

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<b>COMMON STOCK:</b>				
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	Total mutual funds		<u>110,483,011</u>	<u>118,670,713</u>
	Total assets held for investment purposes at year end		<u>\$ 372,483,243</u>	<u>\$ 405,083,473</u>

\* Party-in-interest - qualified participating employer security

See Independent Auditor's Report.