

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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	
1a	Name of plan NORTHWEST CARPENTERS RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1960
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, NORTHWEST CARPENTERS RETIREMENT PLAN 533 S. FREEMAN AVENUE LOS ANGELES, CA 90071	2b Employer Identification Number (EIN) 91-6029051 2c Plan Sponsor's telephone number 206-441-6514 2d Business code (see instructions) 238100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2025	PETE RODRIGUEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2025	CURTIS CONYERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 37259
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 15177 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 0

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ Round off amounts to nearest dollar.
- ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan NORTHWEST CARPENTERS RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, NORTHWEST CARPENTERS RETIREMENT PLAN	D Employer Identification Number (EIN) 91-6029051

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 3284292131
(2) Actuarial value of assets for funding standard account	1b(2) 3519542593
c (1) Accrued liability for plan using immediate gain methods	1c(1) 3675456423
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 3675456423
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 5490660556
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 25477578
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 237639888
(3) Expected plan disbursements for the plan year	1d(3) 241334132

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	09/04/2025
Signature of actuary PAUL L. GRAF	Date 23-05627
Type or print name of actuary RAEL & LETSON	Most recent enrollment number 206-456-3340
Firm name 601 UNION STREET SUIT 2415 SEATTLE, WA 98101	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	3284292131
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	12406	2832239303
(2) For terminated vested participants	7046	875504339
(3) For active participants:		
(a) Non-vested benefits		247609006
(b) Vested benefits		1535307908
(c) Total active	14678	1782916914
(4) Total	34130	5490660556
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	59.82 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	46293400				
			Totals ►	3(b)	46293400
				3(c)	
				3(d)	0

(d) Total withdrawal liability amounts included in line 3(b) total

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	95.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal	b ☐ Entry age normal	c ☒ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.29 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.6 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.1 %	
i Expense load included in normal cost reported in line 9b	6i	☒ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	106383329	10916185
3	53131068	5451874
3	439649	439649

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	20007810

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	1177250425	162426149
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 12770377**e** Total charges. Add lines 9a through 9d.....**9e** 195204336**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 607364883**g** Employer contributions. Total from column (b) of line 3.....**9g** 46293400**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 49795627**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	413971712	80854517
9j(1)	1089834574	
9j(2)	1390971981	

k (1) Waived funding deficiency

(2) Other credits

9j(3)**9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 784308427**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 589104091**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date

9o(1)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NORTHWEST CARPENTERS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NORTHWEST CARPENTERS RETIREMENT PLAN	D Employer Identification Number (EIN) 91-6029051	

Part I	Service Provider Information (see instructions)
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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
INVESCO
20-1667094

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN RLTY BLDG FOR AMERICAN FD
75-3192930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO BRAVO ONSHORE FEEDER II LP
80-0875546

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKSTONE INFRASTRUCTURE PARTNERS
83-3025827

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

PANTHEON

555 CALIFORNIA ST STE 3450
SAN FRANCISCO, CA 94104

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

HARVEST PARTNERS

87-1008225

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

HEITMAN CORE REAL ESTATE DEBT INCOM

82-1508242

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

SUMMIT PARTNERS GRWTH EQTY FD XI-B

98-1526595

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

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

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

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

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

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

NORTHWEST CARPENTERS TRUST

2200 6TH AVE 300
SEATTLE, WA 98121

(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 50	RELATED TRUST	1605668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALAN BILLER & ASSOCIATES

94-2854958

(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 50	NONE	850000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAEL & LETSON

94-1701048

(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 17 50	NONE	379850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GROOM LAW GROUP

13-1837418

(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 50	NONE	281250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLISE AGENCY

91-6024838

(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?
50 49	NONE	201042	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARLOW COUGHRAN MORALES & JOSEPHSON

91-0889948

(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 50	NONE	120438	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BASYS

52-1796473

(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 50	NONE	115441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARPENTERS SERVICES ADMIN CORP

95-6042873

(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?
14 15 50	NONE	114074	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST

36-1561860

(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?
18 19 50	NONE	108000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	84829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK, NA

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50 99	NONE	74045	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PMA DIRECT MARKETING

91-1226547

(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 50	NONE	71758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANASTASI MOORE & MARTIN, PLLC

20-8149084

(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	NONE	59664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHANLEY, A PROFESSIONAL CORPORATION

87-3029070

(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 50	NONE	45470	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SERVICE PRINTING CO

11960 OAK CREEK PKWY
HUNTLEY, IL 60142

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	39109	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PITNEY BOWES PURCHASE POWER

84-1386389

(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 50	NONE	30284	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLSTREAM

43-1656187

(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?
50	NONE	28820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACCESS

95-2853624

(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 50	NONE	26789	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AGILITY RECOVERY

03-0464184

(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 50	NONE	15019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADEPT HRM SOLUTIONS

95-6042873

(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 50	NONE	14700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MULTIEMPLOYER.COM

94-3378692

(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 50	NONE	14413	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IMPERIAL PARKING

31-1537375

(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 50	NONE	12458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OGLETREE, DEAKINS, NASH, SMOAK AND

57-1044820

(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 50	NONE	11926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SILVERSKY

06-1600222

(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 50	NONE	11436	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ZONES INC

1102 15TH STREET SW SUITE 102
AUBURN, WA 98001

91-1431894

(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 50	NONE	10131	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PUBLISHERS MAILING

91-1928931

(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 50	NONE	9331	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADP, INC

22-1467904

(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 50	NONE	8692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SWK TECHNOLOGY

5 REGENT ST STE 520
LIVINGSTON, NJ 07039

(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 50	NONE	8497	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GENERAL LOGISTICS SYSTEMS US, INC.

92-0477941

(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 50	NONE	7281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGANN KETTERMAN & RIOUX

36-6513567

(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 50	NONE	6883	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CASSANDRA DAHM

2200 6TH AVE 300
SEATTLE, WA 98121

(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?
35 50	EMPLOYEE	6647	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIFE STATUS 360

200 S VIRGINIA ST STE 710
RENO, NV 89501

(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 50	NONE	5483	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	MILLER KAPLAN ARASE LLP	b EIN:	95-2036255
c Position:	AUDITORS		
d Address:	2101 4TH AVE #1830 SEATTLE, WA 98121	e Telephone:	206-596-3930

Explanation: THE TRUSTEES REQUESTED THE AUDITOR (CALIBRE) OF THE SUCCESSOR PLAN TO PERFORM THE MERGER AND FINAL AUDIT.

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan NORTHWEST CARPENTERS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NORTHWEST CARPENTERS RETIREMENT PLAN	D Employer Identification Number (EIN) 91-6029051

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	992879	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12453131	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	24151750	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14495846	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	612895374	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2098337537	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	427807749	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	91570836	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3937793	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	665726	0
f Total assets (add all amounts in lines 1a through 1e)	1f	3287308621	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1048524	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	1967966	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3016490	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3284292131	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	46293400	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		46293400
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1174392	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	9136198	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10310590
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	351	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	99904	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		100255
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1087860069	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	972465012	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		115395057
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-17906457	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		253867779
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		5125450
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-22385131
c Other income	2c		701534
d Total income. Add all income amounts in column (b) and enter total	2d		391502477

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	224504352	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		224504352
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	2143133	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	60831	
(4) IQPA audit fees	2i(4)	75767	
(5) Investment advisory and investment management fees	2i(5)	8510274	
(6) Bank or trust company trustee/custodial fees	2i(6)	108000	
(7) Actuarial fees	2i(7)	394206	
(8) Legal fees	2i(8)	470925	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	4678	
(11) Other expenses	2i(11)	2705339	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		14473153
j Total expenses. Add all expense amounts in column (b) and enter total	2j		238977505

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		152524972
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		3436817103

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: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒		
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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 0.

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)
WESTERN STATES CARPENTERS PENSION TRUST	95-6042875	001

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 551479.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan NORTHWEST CARPENTERS RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NORTHWEST CARPENTERS RETIREMENT PLAN				D Employer Identification Number (EIN) 91-6029051	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 91-0715926					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	43
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

7240

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number_____.



NORTHWEST CARPENTERS RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024





NORTHWEST CARPENTERS RETIREMENT PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Northwest Carpenters Retirement Plan

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of Northwest Carpenters Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits in liquidation as of December 31, 2024, the related statement of changes in net assets available for benefits in liquidation for the year then ended, the statement of accumulated plan benefits in liquidation as of December 31, 2023, the related statement of changes in accumulated plan benefits in liquidation for the year 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 in liquidation of Northwest Carpenters Retirement Plan as of December 31, 2024, and the changes in its net assets available for benefits in liquidation for the year then ended, and the accumulated plan benefits in liquidation as of December 31, 2023, and the changes in its accumulated plan benefits in liquidation for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit 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 2024 Financial Statements section of our report. We are required to be independent of Northwest Carpenters Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter – Plan Termination and Basis of Accounting

As further discussed in Note 11 to the financial statements, the Plan's Board of Trustees elected to merge the Plan with another plan on June 14, 2024, effective December 31, 2024, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going concern basis used in presenting the December 31, 2023 financial statements to the liquidation basis of accounting used to present the December 31, 2024 financial statements. Our opinion is not modified with respect to this matter.



Responsibilities of Management for the 2024 Financial Statements

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions 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 2024 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, including omissions, 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.



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.

Other Matters

2024 Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of reportable transactions is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The 2024 schedule of administrative expenses on page 21 is presented for purposes of additional analysis and is not a required part of the 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 the auditing procedures applied in the audit 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

2023 Financial Statements

The financial statements including the supplemental schedule of administrative expenses of Northwest Carpenters Health and Security Plan as of December 31, 2023 (ongoing) were audited by other auditors whose report dated October 10, 2024 expressed an unmodified opinion on those statements.

Calibre CPA Group, PLLC

Los Angeles, CA
July 30, 2025

NORTHWEST CARPENTERS RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Assets		
Investments - at fair value		
Money market funds	\$ -	\$ 14,495,846
Mutual funds	-	91,570,836
Private placements	-	3,937,793
Limited partnerships and joint ventures	-	612,895,374
Common collective trusts	-	2,098,337,537
103-12 investment entity	-	427,807,749
Total investments	<u>-</u>	<u>3,249,045,135</u>
Receivables		
Employer contributions	-	12,453,131
Interest	-	122,564
Due from affiliate	-	5,516,917
Total receivables	<u>-</u>	<u>18,092,612</u>
Other assets		
Prepaid expenses	-	18,512,269
Right-of-use assets	-	612,096
Total other assets	<u>-</u>	<u>19,124,365</u>
Property and equipment, net	<u>-</u>	<u>53,630</u>
Cash	<u>-</u>	<u>992,879</u>
Total assets	<u>-</u>	<u>3,287,308,621</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	-	1,356,643
Withdrawal liability	-	1,048,524
Lease liability	-	611,323
Total liabilities	<u>-</u>	<u>3,016,490</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 3,284,292,131</u>

See accompanying notes to financial statements.

NORTHWEST CARPENTERS RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Interest and dividends	\$ 10,410,846	\$ 25,472,580
Net appreciation		
in fair value of investments	334,096,697	318,229,724
Investment consultant, management, and		
custodian fees	(8,618,274)	(8,346,473)
Net investment income	<u>335,889,269</u>	<u>335,355,831</u>
Contribution income		
Employer contributions	46,196,866	204,983,112
Legal contributions	96,534	1,696,960
Total contribution income	<u>46,293,400</u>	<u>206,680,072</u>
Refunds	<u>56,845</u>	<u>-</u>
Gain on withdrawal liability	<u>174,754</u>	<u>-</u>
Settlement income	<u>441,819</u>	<u>-</u>
Other income	<u>28,116</u>	<u>14,567</u>
Total additions	<u>382,884,203</u>	<u>542,050,470</u>
Deductions		
Benefits paid	224,504,352	217,095,857
Administrative expenses	<u>5,854,879</u>	<u>6,736,117</u>
Total deductions	<u>230,359,231</u>	<u>223,831,974</u>
Net change before transfer	152,524,972	318,218,496
Transfer of assets due to merger	<u>(3,436,817,103)</u>	<u>-</u>
Net assets available for benefits		
Beginning of year	<u>3,284,292,131</u>	<u>2,966,073,635</u>
End of year	<u>\$ -</u>	<u>\$ 3,284,292,131</u>

See accompanying notes to financial statements.



NORTHWEST CARPENTERS RETIREMENT PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS IN LIQUIDATION

DECEMBER 31, 2023

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving benefits

\$ -

Other participants

-

Nonvested benefits

-

\$ -



NORTHWEST CARPENTERS RETIREMENT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS IN LIQUIDATION

YEAR ENDED DECEMBER 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 3,518,611,356</u>
Increase (decrease) during the year attributed to	
Benefits accumulated	81,585,266
Plan amendment	75,235
Interest	238,709,706
Benefits paid	(217,095,857)
Transfer of benefits	<u>(3,621,885,706)</u>
Net decrease	<u>(3,518,611,356)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ -</u>



NORTHWEST CARPENTERS RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Northwest Carpenters Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document and amendments for more specific provisions.

General - The Plan provides retirement and related benefits to eligible members of the Pacific Northwest Regional Council of Carpenters and its Union Locals (the Union) that are signatory to a collective bargaining agreement or a written contribution agreement for which a contribution to the Plan is required on behalf of a member.

The Plan was amended and restated effective January 1, 2017 to freeze the current benefit formula and provide future benefits under a variable annuity pension formula. Benefits earned after January 1, 2017 will be adjusted based on investment returns. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and provisions of the Internal Revenue Code (IRC).

Administration - The Board of Trustees (the Board) is the Plan sponsor and Plan administrator. The Board established an administrative office (the Administrative Office) to maintain participant records and to carry out a majority of tasks associated with day-to-day Plan administration. The Board appointed investment managers to provide professional investment management services and delegated to the investment managers responsibility for managing Plan investments subject to the Plan's investment policy and Board approval.

Eligibility - A member who was covered under the Plan in effect on December 31, 1975, shall continue to be covered as a participant on January 1, 1976, in accordance with the terms of the Plan. Any individual who becomes an employee or associate employee after January 1, 1976, shall commence participation in the Plan beginning with the initial hour in which work is performed for which a contribution to the Plan is required.

Funding - The Plan is funded entirely by participating employers. Employers make monthly contributions on behalf of eligible members for each hour of service in covered employment pursuant to amounts specified in collective bargaining agreements with the Union that range from \$1.45 to \$10.85 per hour in 2024 and from \$1.20 to \$10.85 per hour in 2023. The Plan meets ERISA minimum funding requirements for the year ended December 31, 2024.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Benefits - The Plan provides monthly income to vested participants payable at retirement. The traditional benefit formula was frozen on December 31, 2016. Since 2008, traditional benefits have accrued at 1.5 percent of accruing employer contributions after adjustment for a funding improvement surcharge. Traditional benefit accrual rates have been amended from time to time for participants who were active on the date of the change.

Beginning January 1, 2017, benefits are earned under a sustainable income benefit (SIB) formula. A participant's benefit is denominated in SIB units earned by participant for hours worked in covered service each year. The value of a SIB unit will be adjusted annually on January 1 based on the Plan's return on investments during the second calendar year preceding the earnings adjustment date. The SIB unit is valued at \$9.37 and \$10.80 effective January 1, 2024 and 2023, respectively.

Effective September 1, 2017, a portion of employer contributions after deducting the funding improvement surcharge will be used to fund a SIB reserve. The SIB reserve is intended to keep benefits from declining when investment returns fall below a 4% hurdle set forth in the Plan document and to maintain 100% funded status of SIB liabilities should demographic experience be different than assumed.

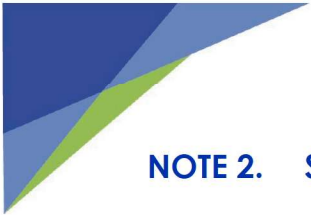
Vesting - Effective January 1, 2017, when a participant completes three years of future service in the Plan, the participant's rights to benefits under this Plan are fully vested and are not therefore subject to forfeiture. A participant earns one year of credited future service for each calendar year in which the participant completes 500 or more service hours in covered employment.

Retirement, Early Retirement, Disability and Death Benefits - Normal retirement age under the Plan is 65. Benefits are payable upon retirement, early retirement, or disability. A single life annuity, joint and survivor annuity and various alternative annuity payment options are available to eligible participants. Participants who have attained age 55 with ten or more years of credited service, at least one of which must be credited future service, may elect early retirement. Participants who have attained age 55 may also elect early retirement under the rule of 80 early retirement provisions of the Plan. Active participants who become disabled may qualify for disability retirement if approved by the Board. Monthly benefits are reduced under early retirement and disability retirement benefit options to reflect the longer time period of expected payment. The Plan provides a death benefit to a qualified beneficiary of a vested participant who dies before retirement. Benefits are recorded when paid.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared using the liquidation basis of accounting.

Cash and Cash Equivalents - The Plan administrator considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition - Investments are carried at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price).

Purchases and sales of the investments are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is reported on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments purchases and sold as well as held during the year.

Employer Contributions Receivable - Employer contributions receivable is stated at the amount management expects to collect from balances outstanding at year end. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Property and Equipment - Property and equipment are recorded at cost. Depreciation is computed on the straight-line method over the estimated useful lives of the related assets which range from three to 15 years. Leasehold improvements are amortized over the shorter of the useful life of the asset or the lease term. Maintenance and repairs are expensed when incurred. Property and equipment consist of the following at December 31:

	2024	2023
Furniture, fixtures and equipment	\$ -	\$ 94,019
Computers	-	241,328
Leasehold improvements	-	12,238
	-	347,585
Less: accumulated depreciation	-	(293,955)
	<u>\$ -</u>	<u>\$ 53,630</u>

Depreciation expense for the years ended December 31, 2024 and 2023 was \$14,054 and \$27,479, respectively.

Lease Liabilities - The Plan leases office space in Seattle. This office space is shared with the other Northwest Carpenters Trust Plans. The lease term runs through May 31, 2027, with an option to renew for five additional years at the end of the lease term. The Plan classified this lease as an operating lease and determined that the fair value at inception of the lease was \$907,564 using a discount rate of 3.66%. There are no variable lease payments, no residual value guarantees, and no restrictions or covenants imposed on the lease. Rent expense associated with this lease was \$185,446 during the year ended December 31, 2024. Future payments due under the lease as of December 31, 2024 are:



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

	<u>Year</u>	<u>Operating</u>
	2025	\$ 189,777
	2026	195,469
	2027	<u>82,446</u>
Undiscounted future cash flows		467,692
Less: effects of discounting		<u>(20,963)</u>
Lease liability prior to merger		446,729
Less: transfer of liability due to merger		<u>(446,729)</u>
Lease liability recognized		<u>\$ -</u>

As discussed further in Note 11, the lease liability was transferred to the successor plan as of the end of the year.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

NOTE 3. TAX STATUS

The Trust established under the Plan is intended to qualify for tax exempt status pursuant to Section 501(c)(9) of the IRC. The Plan administrator and Plan legal counsel believe the Plan is designed and operated in compliance with IRC requirements, and the trust qualifies for exemption from federal income taxes. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4. PRIORITIES UPON TERMINATION

As of December 31, 2024, the Plan ceased operations and completed a full termination. In connection with the termination, the Plan's assets and liabilities were transferred to the Western States Carpenters Pension Trust, as further discussed in Note 11. In accordance with ERISA and applicable regulations, all remaining net assets were allocated for the exclusive benefit of the Plan participants and beneficiaries. Accordingly, no plan assets or benefit obligations remain as of year-end.



NOTE 4. PRIORITIES UPON TERMINATION (CONTINUED)

Prior to termination, in accordance with the Plan's governing documents and the requirements of ERISA, benefits would have been distributed based on priority categories established under ERISA Section 4044; however, due to the merger and transfer of all assets and obligations, no such distribution occurred directly from the Plan to participants. All participants' accrued benefits were preserved under the Western States Carpenters Pension Trust.

NOTE 5. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include other significant observable inputs including:

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

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

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

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

The Plan did not own any investments as of December 31, 2024.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The table on the following page sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Total Investments at 12/31/23	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	\$ 14,495,846	\$ 14,495,846	\$ -	\$ -
Mutual funds	91,570,836	91,570,836	-	-
Total	106,066,682	<u>\$ 106,066,682</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value*	3,142,978,453			
Investments at fair value	<u>\$ 3,249,045,135</u>			

*In accordance with Accounting Standards Codification, investments that were measured at net asset value (NAV) per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following are the descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds: Valued at the closing price reported on the active market on which the fund is traded.

Money market funds: Valued at the daily closing price as reported by the fund.

Common collective trusts and 103-12 investment entities: Valued at the fair values reported in the entities' audited financial statements and are based on their NAV as of the last day of the year.

Limited partnerships: The fair values of limited partnerships are determined from financial statements received by the Plan from the limited partnerships. These financial statements are audited by independent accountants other than the Plan's independent auditors. The entities in which the Plan invests prepare their financial statements stating their investments at fair value as determined in good faith by the general partner or by a third-party valuator based on the best information available, in the absence of readily ascertainable market values.

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the NAV or its equivalent of the investments. The fair value of the investments measured at NAV is based on the market value of the underlying assets, less any liabilities, divided by the number of outstanding shares or units. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.



NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investment in investment entities valued at NAV is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities on a daily or quarterly basis, but longer lock-up periods can apply to certain investments.

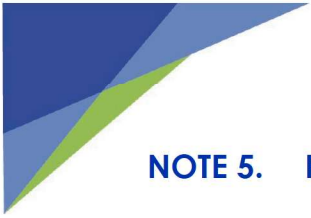
The table below summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of December 31, 2023 by investment strategy:

	Year Ended December 31, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
a. Common collective trusts	\$ 2,098,337,537	None	Daily	1 Day
b. 103-12 investment entities	427,807,749	None	Monthly	15 Days
c. Limited partnerships	612,895,374	\$ 288,158,221	Varies	Varies

The following summarizes the investment strategy for each of the Plan's investments in the table on the previous page which do not report as a direct filing entity (DFE) to the Department of Labor (the common collective trusts and the 103-12 investment entities that the Plan invests in all report as DFE's):

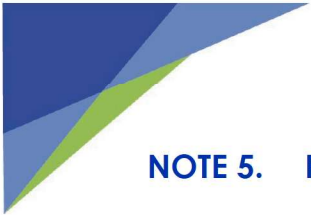
c) *Limited partnerships* – The Plan invests in 26 limited partnerships, and their investment strategies follow:

- The American Realty Building for America Fund III LLC seeks to invest in private market real estate and related investments for which no liquid public market exists.
- The AUDAX Private Equity Origins Fund I LP seeks to leverage Audax's extensive operational expertise and deep strategic resources to drive both organic and inorganic growth through buying out North American companies in the middle and lower market.
- The AUDAX Senior Loan IDF Fund-E LP uses multiple investment strategies, including but not limited to, credit strategies, directional equity strategies, event driven and opportunistic trading strategies.
- The Blackstone Infrastructure Partners V Feeder LP and the Harvest Partners IX (Parallel) LP seek income and capital appreciation by investing in U.S. fixed income and non-U.S. developed and emerging markets sovereign debt securities.
- The Blackstone Real Estate Partners X.TE.2 LP follows Blackstone's global opportunistic real estate approach, seeking to identify and acquire high-potential, under-managed assets on a global scale.
- The CVI Credit Value Fund B V LP seeks to achieve attractive and sustainable risk adjusted returns over a medium and long-term horizon.
- The GAIP 2021 UDFI Feeder seeks long term capital appreciation from investments in equity securities of companies located in emerging market countries.



NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

- The Genstar Capital Partners XI, LP seeks to make controlling investments in North American mid-market companies using a sector focused approach.
- The Greenbriar Equity Fund VI, LP focuses on buying-out companies within advanced manufacturing, supply chain, and business services.
- The Heitman Core Real Estate Debt Income Trust LP seeks to create a diversified portfolio of high-quality senior debt instruments with the goal of delivering stable current income.
- The HPS Specialty Loan International Fund V-L LP seeks to generate current income while preserving capital by investing in SLIF V-L Holdings, LLC which will invest primarily in newly originated secured debt.
- The Invesco Core Real Estate USA LP seeks to provide investors with access to an institutional quality portfolio of core real estate investments throughout the United States.
- The Invesco Mortgage Recovery Offshore Feeder Fund LP invests all its assets in an alternative investment vehicle (AIV) established under terms of the partnership agreement. The AIV investment strategy is to pursue investments with the most attractive risk-adjusted return profiles across the entire universe of residential and commercial mortgage-backed securities, residential home loans, commercial real estate and mortgage related assets.
- The Pantheon Europe Fund VI LP seeks long-term total return by allocating to a range of funds which target opportunities in Europe with an appropriate spread by geography, stage of investment and industry sector.
- The Pantheon Global Secondary Fund IV LP and the Pantheon Multi-Strategy Program 2014 (ERISA) LP have private equity investment strategies that focus on buyouts, mezzanine, venture capital, distressed debt and special situations globally spanning all key geographies.
- The Pantheon USA Fund IV LP, the Pantheon USA Fund VI LP and the Pantheon USA Fund VIII LP each seek to achieve long-term capital appreciation by investing in a diversified portfolio of private equity investment partnerships operating primarily in the United States.
- The PIMCO BRAVO Onshore Feeder II LP invests all its assets in PIMCO Bravo Fund II LP, a master fund with an investment strategy that provides attractive long-term returns through investing principally in performing, underperforming and nonperforming loans including commercial and residential mortgage loans, structured investments, real estate and equity linked securities.
- The Summit Partners Growth Equity Fund XI-B LP seeks to achieve long-term capital appreciation primarily by acquiring equity and equity related securities and debt in private growth-oriented companies.
- The TA Debt Fund V Feeder Fund seeks to provide investors with diversified exposure to TA's disciplined and flexible debt investing model by investing in a range of debt instruments in high-quality portfolio companies, thereby aiming for attractive risk-adjusted returns through a combination of rigorous credit analysis and strategic positioning across the capital structure.
- The Thoma Bravo Fund XV-A LP seeks to invest in private equity transactions.
- The UBS Trumbull Property Fund LP seeks to actively manage a core portfolio of primarily equity real estate investments located in the United States.



NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

- The ULLICO Infrastructure Fund seeks to make investments in minority and controlling interests in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets in the United States and Canada.

NOTE 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated benefits include benefits expected to be paid to (a) retired, deceased, or vested terminated participants or their beneficiaries, and (b) present participants or their beneficiaries. Benefits under the Plan are based on service rendered through the December 31, 2023 valuation date. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the actuary using the unit credit cost method and is the amount that results from applying actuarial assumptions to adjust accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits as of December 31, 2023 were as follows:

- Mortality – RP-2014 Blue Collar Healthy Mortality Table for males and females, projected back to the 2006 base year, then projected to 2017 using the MP-2017 projection scale, then projected forward generationally using 75% of the MP-2017 projection scale.
- Retirement – age 55 to age 65 at rates that vary by age and service.
- Discount rate – 7.0% for funding.
- Investment return – 7.0% compounded annually, net of all expenses.

Actuarial assumption changes since the prior valuation included the current liability interest rate that changed from 2.55% to 3.29% due to a change in the allowable interest rate range. In addition, the current mortality table was updated as required. Actuarial assumption changes did not change the accumulated plan benefits.

Plan provisions changed since the prior valuation included a temporary increase in the amount of SIB benefits paid to in-pay participants for former Western Washington retirees and former Oregon Carpenters retirees, as well as an additional 10% in SIB units to all participants who had a SIB account on January 1, 2024.



NOTE 7. RELATED PARTIES AND PARTIES-IN-INTEREST

The foregoing actuarial assumptions and methods are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions, methods and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The Board established an administrative office in Seattle, Washington to maintain participant records and to carry out the majority of tasks associated with the day-to-day administration of the Northwest Carpenters Trusts (NWCT) benefit plans including the Plan, the Northwest Carpenters Health and Security Plan, the Northwest Carpenters Individual Account Pension Plan and the Northwest Carpenters Vacation Plan.

The Plan maintains a joint contribution bank account for receipt of employer contributions to NWCT benefit plans and related organizations and it maintains administrative and payroll bank accounts for funding the Plan's administrative costs. The administrative office allocates contributions among the trusts and makes bi-monthly transfers from the Plan's joint contribution account to other NWCT benefit plans. NWCT joint administrative and overhead costs are allocated 35% to the Plan and 65% to the Northwest Carpenters Health and Security Plan under a joint cost sharing agreement. As of December 31, 2024, the Plan was owed \$1,433,026 from the Northwest Carpenters Health and Security Plan and \$17,899 from the Northwest Carpenters Individual Account Pension Plan reimbursement of shared administrative services. As discussed in Note 11, these receivables were transferred to the successor plan as of the end of the year.

The Plan pays certain administrative, investment and professional fees to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from prohibited transactions rules of ERISA.

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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 reasonable possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

NOTE 9. MULTIEMPLOYER PENSION PLAN WITHDRAWAL LIABILITY

Certain administrative office employees are members of the Office and Professional Employees International Union and participate in the Western States Office and Professional Employees Pension Fund (WSOPEIU Pension Plan). This is a multiemployer defined benefit pension plan provided under terms of a collective bargaining agreement. Contributions are funded from a joint administrative account maintained by the Plan, and costs are apportioned 35% to the Plan and 65% to the Northwest Carpenters Health and Security Plan as provided under the administrative expense cost sharing arrangement.

Risks of participating in the WSOPEIU Pension Plan are different from a single-employer plan in the following respects:

- Assets contributed to the plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to a plan, unfunded obligations may be borne by remaining participating employers.
- If the Administrative Office ceases participation in the plan, it is required to contribute an amount based on the funded status of the plan, referred to as a withdrawal liability.

The Plan's participation in the WSOPEIU Pension Plan for the years ended December 31, 2024 and 2023 is outlined in the table below. The "EIN/Pension Plan Number" column provides the Employer Identification Number (EIN) and the three-digit plan number, if applicable. Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the WSOPEIU Pension Plan's year-end at December 31, 2023 and 2022, respectively.

The zone status is based on information that the Plan received from the WSOPEIU Pension Fund and is certified by the WSOPEIU Pension Plan's actuary.

Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status		FIP/RP Status Pending/Implemented	Contributions by the Plan		Surcharge Imposed	Expiration Date of Collective Bargaining Agreement
		2024	2023		2024	2023		
Western States Office and Professional Employees Pension Fund	94-6076144/001	Dark Red	Dark Red	Implemented	\$ 1,048,524	\$ 111,593	Yes	12/31/2024

The Board withdrew from participation in the WSOPEIU Pension Fund effective June 1, 2013 to mitigate NWCT's liability for unfunded benefits and NWCT was assessed an actuarially determined withdrawal liability of \$6,376,720. Quarterly installment payments of \$79,079 including interest are due for a period of 20 years. This cost has been apportioned 35% to the Plan and 65% to the Northwest Carpenters Health and Security Plan.



NOTE 9. MULTIEMPLOYER PENSION PLAN WITHDRAWAL LIABILITY (CONTINUED)

Effective December 19, 2024, NWCT and the WSOPEIU Pension Plan agreed for the NWCT to make a one-time payment in the amount of \$2,250,000 which would fully payoff the withdrawal liability. This payment was apportioned as \$787,500 for the Plan and \$1,462,500 to the Northwest Carpenters Health and Security Plan.

Contributions reported for 2024 and 2023 in the table above represent the Plan's allocation of annual installment payments. The Plan's allocable share of the withdrawal liability as of December 31, 2024 and 2023 was \$-0- and \$1,048,524, respectively.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions and deductions per the financial statements to the Form 5500:

Total additions per audited financial statements	\$ 382,884,203
Add: investment consultant, management, and custodian fees	<u>8,618,274</u>
Total additions per Form 5500	<u>\$ 391,502,477</u>
Total deductions per audited financial statements	\$ 230,359,231
Add: investment consultant, management, and custodian fees	<u>8,618,274</u>
Total deductions per Form 5500	<u>\$ 238,977,505</u>

NOTE 11. FUND MERGER AND TERMINATION

On June 14, 2024, the Board approved the merger of the Plan into the Western States Carpenters Pension Trust. The merger was effective December 31, 2024. Accordingly, Plan net assets of \$3,436,817,103 were transferred to the successor Plan on December 31, 2024.

NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 30, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material events which would require adjustment to or disclosure in the accompanying financial statements.

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions

The Northwest Carpenters Retirement Plan became effective January 1, 1960 as a result of collective bargaining between the contributing Employers and the Union. The Plan was last restated as of July 1, 2022. The principal provisions of the Plan as of January 1, 2024 are summarized below.

NORMAL RETIREMENT	
Eligibility	Age 65
Monthly Benefit	
Washington Legacy Plan Benefit	Effective June 1, 2009 a Funding Improvement surcharge was implemented. The amount of the surcharge is equal to the lesser of 26% of the hourly contribution rate and \$1.25. After the Funding Improvement surcharge is netted out of the contribution received, monthly benefits accrue at a rate of 1.5% on 83% of the remainder. Prior to June 1, 2009, benefits accrued at a rate of 1.5% on 83% of contributions, plus 2% of contributions made during the 2006 and 2007 Plan Years, 2.5% of contributions made during the 2004 and 2005 Plan Years, 4.0% of contributions made during the 1960 to 2003 Plan Years (5.0% for 1988 through 1995), and effective January 1, 1990, an additional \$4.00 for each year of Credited Past Service.
Oregon Legacy Plan Benefit	Benefits accrued at a rate of 1.50% of contributions made from July 1, 2007 through June 30, 2017, 2.5% of contributions made from July 1, 2004 through June 30, 2006, and 3.85% of contributions made from July 1, 1989 through June 30, 2004, plus retirement benefit earned for service before July 1, 1989.

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions (Continued)

NORMAL RETIREMENT (Continued)	
Washington Sustainable Income Benefit	Effective for credited service earned after January 1, 2017, the Sustainable Income Benefit is defined as the accrual rate times the Accruing Employer Contributions for the Plan year. Effective September 1, 2017, a portion of the contribution, after subtracting the Funding Improvement Surcharge, will be used to fund the SIB reserve. 83.3% of the remainder of the contribution is eligible for SIB benefit accruals. Each January 1, the SIB Unit Value will be adjusted. Effective January 1, 2017: SIB Accrual Rate = 0.87%; Hurdle Rate = 4%; SIB Unit Value Increase capped at 6% SIB Unit Value \$10.0000 January 1, 2017 \$10.1087 January 1, 2018 \$10.7152 January 1, 2019 \$10.0702 January 1, 2020 \$10.6744 January 1, 2021 \$10.1910 January 1, 2022 \$10.8025 January 1, 2023 \$ 9.3660 January 1, 2024 \$ 9.9280 January 1, 2025
Oregon Sustainable Income Benefit	<u>For benefits accrued on or after January 1, 2022:</u> Same as Washington Sustainable Income Benefit SIB Accrual Rate = 0.87% effective January 1, 2022 <u>For benefits accrued before January 1, 2022:</u> Effective for credited service earned after July 1, 2017, the Sustainable Income Benefit is defined as the accrual rate times the Accruing Employer Contributions for the Plan year. The SIB Unit Value will be adjusted each July 1 for non-retired participants and each November 1 for retired participants. Effective January 1, 2017: SIB Accrual Rate = 0.83%; Hurdle Rate = 4%; SIB Unit Value Increase capped at 6% SIB Unit Value \$10.0000 July 1, 2017 \$10.0000 July 1, 2018 \$10.2202 July 1, 2019 \$ 9.9853 July 1, 2020 \$10.5844 July 1, 2021 \$ 9.5361 July 1, 2022 \$ 9.8680 July 1, 2023 \$10.4269 July 1, 2024

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions (Continued)

REGULAR EARLY RETIREMENT	
Eligibility	
Legacy Plan Benefit	<u>Western Washington Carpenters</u> Attainment of age 55 and 3 years of Credited Service. <u>Oregon Carpenters</u> Attainment of age 55 and 10 years of Credited Service.
Sustainable Income Benefit	Attainment of age 55 and 3 years of Credited Service.
Monthly Benefit	
Legacy Plan Benefit	Normal Retirement Benefit reduced by ¼% for each month that retirement precedes age 65 and ½% for each month that retirement precedes age 60.
Sustainable Income Benefit	Actuarial equivalent of Normal Retirement Benefit but reduced no more than 6% for each year that retirement precedes age 65 and 4% for each year that retirement precedes age 60 and 3% for each year that retirement precedes age 57. The SIB will continue to adjust with the SIB Unit Value each year.
SPECIAL EARLY RETIREMENT	
Eligibility	
Legacy Plan Benefit	<u>Western Washington Carpenters</u> Age 55, 3 years of Credited Service and 750 hours of service in the three plan years immediately preceding their retirement date. <u>Oregon Carpenters</u> Age 55, 10 years of Credited Service and earned at least 1 benefit unit (1,200 hours) during the three plan years immediately preceding their retirement date.
Sustainable Income Benefit	Age 55, 3 years of Credited Service and 750 hours of service in the three plan years immediately preceding their retirement date.
Monthly Benefit	
Legacy Plan Benefit	<u>Western Washington Carpenters</u> Normal Retirement Benefit reduced ¼% for each month that retirement precedes age 62 and ½% for each month that retirement precedes age 59. <u>Oregon Carpenters</u> Normal Retirement Benefit reduced ¼% for each month that retirement precedes age 62 and ½% for each month that retirement precedes age 60.
Sustainable Income Benefit	Normal Retirement Benefit reduced ¼% for each month that retirement precedes age 62, ½% for each month that retirement precedes age 60 and 5/12% for each month that retirement precedes age 56. The SIB will continue to adjust with the SIB Unit Value each year.

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions (Continued)

RULE OF 80 EARLY RETIREMENT	
Eligibility	
Legacy Plan Benefit	<u>Western Washington Carpenters</u> Age 55, Participant's age plus Credited Service equals at least 80 and the Participant has earned 750 Hours of Service in the three Plan Years preceding retirement. <u>Oregon Carpenters</u> Participant's age plus Credited Service equals at least 80, Participant has earned 300 Hours of Service in each of the two Plan Years preceding retirement and has earned 10 years of Credited Service.
Sustainable Income Benefit	Age 55, Participant's age plus Credited Service equals at least 80 and the Participant has earned 750 Hours of Service in the three Plan Years preceding retirement.
Monthly Benefit	
Legacy Plan Benefit	The amount of the Rule of 80 Early Retirement Benefit is equal to the Participant's Future Service Accrued Benefit earned prior to January 1, 2017 for Western Washington Carpenters and the Frozen Traditional Benefit earned prior to July 1, 2017 for Oregon Carpenters.
Sustainable Income Benefit	The amount of the Rule of 80 Early Retirement Benefit is equal to the Participant's accrued benefit for Credited Service earned on or after January 1, 2017 for Western Washington Carpenters and on or after July 1, 2017 for Oregon Carpenters. The SIB will continue to adjust with the SIB Unit Value each year.

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions (Continued)

POSTPONED RETIREMENT	
Eligibility	Continue working and retire after Normal Retirement Age.
Monthly Benefit	
Legacy Plan Benefit	<u>Western Washington Carpenters</u> Normal Retirement Benefit, for benefits earned prior to January 1, 2017, increased for any Future Service Benefit accruals earned after Normal Retirement Date and actuarially increased $\frac{1}{2}$ of 1% for each full month after Normal Retirement Date. <u>Oregon Carpenters</u> Actuarially increased accrued monthly benefit. The actuarial increase is calculated based on the number of months from the later of the participant's Normal Retirement Date or the last date worked in suspendable employment. The actuarial increase is 1% for each of the first 60 months and 1.5% for each month thereafter.
Sustainable Income Benefit	Normal Retirement Benefit, for benefits earned after January 1, 2017 for Western Washington Carpenters and on or after July 1, 2017 for Oregon Carpenters (with a retirement date on or after January 1, 2022), increased for any Sustainable Income Benefit accruals earned after Normal Retirement Date and actuarially increased $\frac{1}{3}$ of 1% for each full month after Normal Retirement Date.

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions (Continued)

DISABILITY RETIREMENT	
Eligibility	
Legacy Plan Benefit	<u>Western Washington Carpenters</u> Totally and permanently disabled, 10 years of Credited Service of which at least one year must be Credited Future Service and has earned at least 750 hours of service in the three years prior to disablement. <u>Oregon Carpenters</u> Totally and permanently disabled, 3 years of Vesting Service and has earned at least 300 hours of service in at least one of the two years prior to disablement.
Sustainable Income Benefit	Totally and permanently disabled, 3 years of Credited Service of which at least one year must be Credited Future Service and has earned at least 750 hours of service in the three years prior to disablement.
Monthly Benefit	
Legacy Plan Benefit	<u>Western Washington Carpenters</u> Normal Retirement Benefit reduced by $\frac{1}{4}$ of 1% per month for each month that disability date precedes the normal retirement date, but subject to a maximum of 30%. The accrued Normal Retirement Benefit is reinstated upon attainment of age 65. <u>Oregon Carpenters</u> Normal Retirement Benefit unreduced.
Sustainable Income Benefit	Normal Retirement Benefit unreduced. The SIB will continue to adjust with the SIB Unit Value each year.

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions (Continued)

PRE-RETIREMENT DEATH BENEFIT

Eligibility	
Legacy Plan Benefit	<u>Western Washington Carpenters</u> 3 years of Credited Service <u>Oregon Carpenters</u> For Vested Married Participants: Vested or eligible for a Pro Rata or Partial Pension and 10 years of Combined Credited Service. For Vested Non-Married Participants (Annuity): 12 years of Credited Service or 10 years of Credited Future Service. For Vested Non-Married Participants (Lump Sum): 5 years of Credited Future Service but less than 10 years of Credited Future Service.
Sustainable Income Benefit	3 years of Credited Service
Monthly Benefit	
Legacy Plan Benefit	<u>Western Washington Carpenters</u> (a) Primary Pre-retirement Survivor Benefit: A monthly benefit to the Participant's surviving spouse [or dependent minor child(ren)], which is equal to the benefit accrued by the Participant prior to their death and is payable until the spouse attains age 62, remarries, or dies prior to age 62 (or when the last dependent child attains majority). (b) QPSA: the living spouse of a Participant who qualified for a vested benefit prior to their death will be entitled to receive an amount equal to the amount they would have received if the Participant had survived to their early retirement date and died on that day having elected a 50% Joint & Survivor annuity. (This benefit takes effect upon expiration of benefit (a) if that option is elected.) (c) \$5,000 lump sum death benefit to the Participant's eligible beneficiary. <u>Oregon Carpenters</u> Vested Married Participant: A monthly benefit to the Participant's surviving spouse's equal to 50% of the amount the participant would have received had he terminated employment on his date of death (if not already terminated), survived to his earliest retirement age (if not eligible to retire), retired with a 50% spouse joint and survivor annuity and died. There is no actuarial reduction for benefit commencement before the participant's earliest early retirement age. The 10 years of Credited Service requirement is disregarded for this benefit. Vested Non-Married Participant (Annuity): Accrued monthly benefit payable for 60 months. Vested Non-Married Participant (Lump Sum): \$250 times Benefit Units, but not greater than \$3,000 and not greater than 100 times the participant's accrued monthly benefit.

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions (Continued)

PRE-RETIREMENT DEATH BENEFIT (Continued)

- | | |
|----------------------------|---|
| Sustainable Income Benefit | <p>(a) Primary Pre-retirement Survivor Benefit: A monthly benefit to the Participant's surviving spouse [or dependent minor child(ren)], which is equal to the benefit accrued by the Participant prior to their death and is payable until the spouse attains age 62, remarries, or dies prior to age 62 (or when the last dependent child attains majority).</p> <p>(b) QPSA: the living spouse of a Participant who qualified for a vested benefit prior to their death will be entitled to receive an amount equal to the amount they would have received if the Participant had survived to their early retirement date and died on that day having elected a 50% Joint & Survivor annuity. (This benefit takes effect upon expiration of benefit (a) if that option is elected.)</p> <p>(c) \$5,000 lump sum death benefit to the Participant's eligible beneficiary.</p> |
|----------------------------|---|

FORMS OF ANNUITY PAYMENTS

Normal Form	For married participants: A 50% Joint and Survivor Annuity with popup. For single participants: A Single Life Annuity guaranteed for 5 years (no 5-year guarantee for Oregon Carpenters Legacy Plan Benefit).
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Optional Forms	75% Joint and Survivor Annuity with popup. 100% Joint and Survivor Annuity with popup.
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OTHER

Credited Service	<u>Credited Future Service</u> One year of Credited Future Service is allowed for each calendar year during which contributions were made to the Plan for 1,000 hours or more. Three-quarters of a year of Credited Future Service is allowed for Participants with at least 750 hours but less than 1,000 hours of contributions, one-half year's Credited Future Service for at least 500 hours but less than 750 hours, and one-quarter year's Credited Future Service for at least 300 hours but less than 500 hours. No credit is given for any year with less than 300 hours of contributions.
Vesting Service	Participants will become vested when they have completed 3 years of Credited Service (excluding reciprocal service) without a Permanent Break in Service.
Break in Service Rules	A one-year break in service is incurred if the participant works less than 300 hours in a plan year.

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Summary of Plan Provisions (Continued)

OTHER (Continued)

Permanent Break in Service	A Participant is considered to have terminated under the Plan and to have forfeited all of their Credited Service (unless their benefits have been vested) if in five consecutive calendar years they fail to have contributions made on their behalf for at least 300 hours. Exceptions are made for periods of military service, disability, approved leave of absence, or maternity/paternity leave. A participant's non-vested benefits may be reinstated if they return to full employment after a break in service provided such break does not exceed the greater of (a) their prior length of service or (b) five years.
Benefit Improvement	All participants who had a Sustainable Income Benefit as of January 1, 2024 received an additional 10% in Sustainable Income Benefit units as of January 1, 2024.

CHANGES SINCE PRIOR VALUATION

A temporary increase in the amount of SIB benefits paid to in-pay participants (shore-up) was adopted for the 2024 calendar year to former Western Washington retirees and SIB benefits earned after 2021 for former Oregon Carpenters retirees.

A temporary increase in the amount of SIB benefits earned prior to January 1, 2022 paid to Oregon Carpenters in-pay participants (shore-up) was adopted for the period from November 1, 2023 through October 30, 2024.

All participants who had a Sustainable Income Benefit as of January 1, 2024 received an additional 10% in Sustainable Income Benefit units as of January 1, 2024.

Attachment to: Schedule MB (Form 5500), Line 8b(2)
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

SCHEDULE MB, LINE 8b(2) - SCHEDULE OF ACTIVE PARTICIPANT DATA (FOR 2024 SCHEDULE MB)¹

Age Group	Years Of Credited Service																					
	<1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 +		Total	
	Avg Acc		Avg Acc		Avg Acc		Avg Acc		Avg Acc		Avg Acc		Avg Acc		Avg Acc		Avg Acc		Avg Acc		Avg Acc	
	No.	Mon Ben	No.	Mon Ben	No.	Mon Ben	No.	Mon Ben	No.	Mon Ben	No.	Mon Ben	No.	Mon Ben	No.	Mon Ben	No.	Mon Ben	No.	Mon Ben	No.	Mon Ben
Under 25	184	\$ 32	457	\$ 140	15	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	0	\$	656	\$ 115
25 - 29	181	33	914	179	464	451	11		2		0		0		0		0		0		1,572	245
30 - 34	154	32	999	188	846	491	136	915	11		1		0		0		0		0		2,149	346
35 - 39	125	31	763	193	896	512	293	980	215	1,453	9		5		3		0		0		2,309	535
40 - 44	85	32	548	196	768	517	387	1,000	429	1,489	127	2,223	11		7		3		1		2,366	788
45 - 49	52	29	336	189	501	535	254	1,030	333	1,527	202	2,410	125	3,211	16		4		6		1,829	1,135
50 - 54	21	31	191	181	359	518	253	1,040	243	1,627	241	2,563	184	3,359	77	4,076	10		15		1,594	1,575
55 - 59	25	35	119	165	214	516	159	1,051	205	1,633	201	2,387	144	3,159	118	3,807	50	4,178	17		1,252	1,829
60 - 64	12		75	191	114	525	103	989	111	1,816	102	2,340	76	3,273	71	3,852	44	4,406	36	4,459	744	1,977
65 - 69	2		22	182	19		31	959	23	1,805	20	2,304	27	3,167	16		8		16		184	2,068
70 and Over	3		0		4		5		0		2		2		2		1		1		20	1,670
Unknown	2		1		0		0		0		0		0		0		0		0		3	
Total	846	\$ 32	4,425	\$ 182	4,202	\$ 505	1,632	\$ 1,000	1,572	\$ 1,537	905	\$ 2,398	574	\$ 3,217	310	\$ 3,784	120	\$ 4,030	92	\$ 4,219	14,678	\$ 890

¹ These participant counts exclude 6,428 non-vested inactive participants whose liabilities are included in the active non-vested Current Liability.

Attachment to: Schedule MB (Form 5500), Line 9c and 9h
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

**Schedule MB, Lines 9c and 9h –
Schedule of Funding Standard Account Bases**

Type of Base		Description	Date Established	Beginning Of Year		
				Balance	Remaining Period	Payment
Charges	3	Plan Amendment	12/31/1995	\$ 268,100	2.00	\$ 138,578
	3	Plan Amendment	12/31/1996	1,726,925	3.00	614,994
	4	Assumption Change	12/31/1996	7,629,571	3.00	2,717,065
	4	Assumption Change	12/31/1997	1,742,125	4.00	480,678
	3	Plan Amendment	12/31/1997	625,151	4.00	172,485
	3	Plan Amendment	12/31/1999	35,554,159	6.00	6,971,135
	4	Assumption Change	12/31/2002	8,022,303	9.00	1,150,763
	3	Plan Amendment	12/31/2004	4,295,338	11.00	535,338
	3	Plan Amendment	12/31/2005	9,154,479	12.00	1,077,165
	3	Plan Amendment	12/31/2006	13,561,620	13.00	1,516,505
	4	Assumption Change	12/31/2006	13,362,286	13.00	1,494,214
	8	Net Investment Loss Incurred in 2008	12/31/2008	86,676,333	14.00	9,262,617
	8	Net Investment Loss Incurred in 2008	12/31/2009	22,382,595	14.00	2,391,902
	8	Net Investment Loss Incurred in 2008	12/31/2010	23,348,064	14.00	2,495,076
	4	Assumption Change	12/31/2010	280,242	2.00	144,858
	1	Experience Loss	12/31/2011	6,658,882	3.00	2,371,382
	8	Net Investment Loss Incurred in 2008	12/31/2011	19,813,363	14.00	2,117,342
	8	Net Investment Loss Incurred in 2008	12/31/2012	47,178,318	14.00	5,041,685
	4	Assumption Change	12/31/2013	17,009,134	5.00	3,876,981
	8	Net Investment Loss Incurred in 2008	12/31/2013	48,826,792	14.00	5,217,848
	1	Experience Loss	12/31/2014	16,296,495	6.00	3,195,269
	1	Experience Loss	12/31/2015	25,523,291	7.00	4,426,103
	1	Experience Loss	12/31/2016	20,798,930	8.00	3,255,280
	3	Plan Amendment	12/31/2016	1,092,832	8.00	171,040
	1	Experience Loss	12/31/2017	20,307,693	9.00	2,913,043
	1	Experience Loss	12/31/2018	26,064,513	10.00	3,468,225
	4	Assumption Change	12/31/2019	61,676,002	11.00	7,686,842
	3	Plan Amendment	7/1/1995	1,016,053	1.50	688,758
	3	Plan Amendment	7/1/1996	638,316	2.50	268,349
	4	Assumption Change	7/1/1997	950,386	3.50	294,870
	3	Plan Amendment	7/1/1997	8,352,827	3.50	2,591,574
	3	Plan Amendment	7/1/1998	10,696,041	4.50	2,665,870
	3	Plan Amendment	7/1/1999	2,760,494	5.50	581,189
	4	Assumption Change	7/1/2000	1,555,901	6.50	286,064
	3	Plan Amendment	7/1/2000	5,722,907	6.50	1,052,198
	3	Plan Amendment	7/1/2001	5,741,321	7.50	943,802
	3	Plan Amendment	7/1/2002	4,903,648	8.50	733,506
	4	Assumption Change	7/1/2005	17,119,978	11.50	2,071,346
	3	Plan Amendment	7/1/2005	761,233	11.50	92,101
	3	Plan Amendment	7/1/2007	107,532	13.50	11,748
	3	Plan Amendment	7/1/2007	16,332,180	13.50	1,784,221
		Rate Increase 4.26 to 4.76	7/1/2007	4,189,978	13.50	457,737
	1	Experience Loss	7/1/2009	118,233	0.50	118,233
	8	2008 Net Investment Loss	7/1/2009	67,820,476	14.50	7,098,024
	4	Assumption Change	7/1/2009	389,858	0.50	389,858
	3	Plan Amendment	7/1/2009	281,957	0.50	281,957
	8	2008 Net Investment Loss	7/1/2010	3,114,585	14.50	325,969
	8	2008 Net Investment Loss	7/1/2011	2,644,580	14.50	276,779
	4	Assumption Change	7/1/2011	4,870,010	2.50	2,047,354
	8	2008 Net Investment Loss	7/1/2012	8,115,945	14.50	849,407
	1	Experience Loss	7/1/2012	10,782,160	3.50	3,345,307
	8	2008 Net Investment Loss	7/1/2013	25,665,365	14.50	2,686,112
	4	Assumption Change	7/1/2013	7,061,130	4.50	1,759,908

Attachment to: Schedule MB (Form 5500), Line 9c and 9h
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

**Schedule MB, Lines 9c and 9h –
Schedule of Funding Standard Account Bases (Continued)**

Type of Base		Description	Date Established	Beginning Of Year		
				Balance	Remaining Period	Payment
Charges	8	2008 Net Investment Loss	7/1/2014	22,186,376	14.50	2,322,004
	1	Experience Loss	7/1/2015	3,782,684	6.50	695,474
	4	Assumption Change	7/1/2015	35,258,841	6.50	6,482,592
	1	Experience Loss	7/1/2016	30,291,030	7.50	4,979,473
	1	Experience Loss	7/1/2017	16,118,104	8.50	2,411,008
	4	Assumption Change	7/1/2017	37,718,905	8.50	5,642,137
	3	Plan Amendment	7/1/2017	1,225,892	8.50	183,373
	1	Experience Loss	7/1/2018	19,248,869	9.50	2,655,798
	1	Experience Loss	7/1/2019	12,657,652	10.50	1,628,265
	3	Plan Amendment	1/1/1996	56,816	2.00	29,370
	3	Plan Amendment	1/1/1997	63,111	3.00	22,476
	3	Plan Amendment	1/1/1998	26,560	4.00	7,328
	3	Plan Amendment	1/1/2001	68,677	7.00	11,910
	3	Plan Amendment	1/1/2003	674,538	9.00	96,759
	1	Experience Loss	7/1/2020	9,790,422	11.50	1,184,543
	4	Assumption Change	7/1/2020	28,157,774	11.50	3,406,810
	3	Plan Amendment	12/31/2021	16,577,661	13.00	1,853,768
	1	Experience Loss	12/31/2022	31,803,837	14.00	3,398,699
	1	Experience Loss	1/1/2024	106,383,329	15.00	10,916,185
	3	Plan Amendment	1/1/2024	53,131,068	15.00	5,451,874
	3	Plan Amendment	1/1/2024	439,649	1.00	439,649
				\$ 1,177,250,425		\$ 162,426,149

Attachment to: Schedule MB (Form 5500), Line 9c and 9h
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

**Schedule MB, Lines 9c and 9h –
Schedule of Funding Standard Account Bases (Continued)**

Type of Base	Description	Date Established	Beginning Of Year		
			Balance	Remaining Period	Payment
Credits	1 Experience Gain	12/31/2009	\$ (6,867,302)	1.00	\$ (6,867,302)
	1 Experience Gain	12/31/2010	(8,756,262)	2.00	(4,526,177)
	1 Experience Gain	12/31/2012	(8,667,136)	4.00	(2,391,386)
	1 Experience Gain	12/31/2013	(17,158,950)	5.00	(3,911,129)
	5 Method Change	12/31/2017	(568,349)	4.00	(156,815)
	1 Experience Gain	12/31/2019	(5,612,175)	11.00	(699,460)
	1 Experience Gain	12/31/2020	(5,936,881)	12.00	(698,566)
	1 Experience Gain	7/1/2010	(6,008,316)	1.50	(4,072,903)
	3 Plan Amendment	7/1/2010	(363,810)	1.50	(246,619)
	1 Experience Gain	7/1/2011	(2,911,021)	2.50	(1,223,794)
	1 Experience Gain	7/1/2013	(8,795,108)	4.50	(2,192,083)
	1 Experience Gain	7/1/2014	(9,245,363)	5.50	(1,946,501)
	5 Method Change	7/1/2016	(28,980,874)	2.50	(12,183,569)
	4 Assumption Change	7/1/2018	(5,143)	9.50	(709)
	1 Experience Gain	6/30/2021	(28,047,159)	12.50	(3,214,782)
	1 Experience Gain ¹	12/31/2021	(20,235,999)	13.00	(2,262,854)
	1 Experience Gain ²	12/31/2021	(93,055,580)	13.00	(10,405,775)
	4 Assumption Change	12/31/2021	(36,233,015)	13.00	(4,051,692)
	5 Method Change	12/31/2021	(126,523,269)	8.00	(19,802,401)
			\$ (413,971,712)		\$ (80,854,517)

¹ Reflects Oregon Carpenters experience during 2021.

² Reflects Western Washington experience during 2021. The initial balance includes Allianz settlement proceeds of \$82,692,142.

Attachment to: Schedule MB (Form 5500), Line 11
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

The current liability interest rate was changed from 2.55% to 3.29% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required.

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

METHODOLOGY:

Actuarial Value of Assets	Assets are valued according to a method which recognizes 20% of each year's excess (or deficiency) of actual investment return on the Market Value of Assets over the expected return on the Market Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it is totally recognized. In no event will the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets. Effective January 1, 2022, the Actuarial Value of Assets was reset to the Market Value of Assets and the future investment income is recognized more or less than the expected market return per year over a five-year period for all plan benefits.
Actuarial Cost Method	<u>Unit Credit Cost Method</u> Under this method, we determine the present value of all benefits earned through the valuation date. An individual's normal cost is the present value of the benefit expected to be earned in the valuation year. The total accrued liability is the sum of the individual present values for all participants. The Unfunded Accrued Liability is the difference between the accrued liability and the assets of the Trust. If the assets exceed the accrued liability, the Plan is in a surplus position. This method requires that each year's contributions be applied first to the normal cost, and the balance of the contributions applied to amortize the Unfunded Accrued Liability. The normal cost is adjusted at the close of the plan year to reflect the actual level of contributions received during that plan year.

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

**Schedule MB, Line 6 – Statement Of Actuarial Assumptions / Methods
(Continued)**

ASSUMPTIONS:	
Interest Discount Rate	7.00% for funding and FASB ASC 960, and 3.29% for current liability.
Assumed Rate of Return on Investments	7.00% compounded annually, net of all expenses.
Derivation of Net Investment Return and Discount Rate for FASB ASC 960 Accounting	The expected return assumptions are established based on a long-term outlook and are based on past experience, future expectations and professional judgment. We have modeled the assumptions based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption.
Investment and Operating Expenses	Assumed covered by investment earnings.
Justification for Demographic Assumptions	The mortality, termination, retirement and disability assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgment are used to verify the reasonability of each of these assumptions.
Mortality	Healthy Lives: RP-2014 Blue Collar Healthy Mortality Table for Males and Females, projected back to the 2006 base year, then projected to 2017 using the MP-2017 projection scale, then projected forward generationally using 75% of the MP-2017 projection scale. Disabled Lives: RP-2014 Disabled Mortality Table for Males and Females, projected back to the 2006 base year, then projected to 2017 using the MP-2017 projection scale, then projected forward generationally using 75% of the MP-2017 projection scale. Current Liability: 2024 generational mortality tables provided in IRC Regulations Section 1.431(c)(6)-1.
Mortality Improvement	The current mortality improvement assumption, generational projection using 75% of the MP-2017 projection scale, is assumed to be reasonable at this time.

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Statement Of Actuarial Assumptions / Methods (Continued)

ASSUMPTIONS:

Termination Rates

Western Washington Carpenters

Termination rates are based on experience from 2014 - 2019

Age	0-1 Years of Service	2 Years of Service	3 Years of Service	4+ Years of Service
20	45.00%	10.00%	9.00%	5.00%
25	45.00%	10.00%	9.00%	5.00%
30	45.00%	10.00%	9.00%	7.00%
35	45.00%	10.00%	9.00%	7.00%
40	45.00%	10.00%	9.00%	6.00%
45	45.00%	10.00%	9.00%	6.00%
50	45.00%	10.00%	9.00%	6.00%
55	45.00%	10.00%	9.00%	13.00%

Oregon Carpenters

The termination rates are as follows:

Years of Service	Rate	Years of Service	Rate
<1	43.0%	8-9	6.0%
1-2	15.0%	9-10	4.0%
2-3	8.0%	10-14	3.5%
3-4	8.0%	15-19	3.0%
4-5	7.0%	20-24	3.0%
5-6	6.0%	25-29	2.5%
6-7	6.0%	30-34	2.5%
7-8	6.0%	35+	2.5%

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Statement Of Actuarial Assumptions / Methods (Continued)

ASSUMPTIONS:

Retirement Rates

Western Washington Carpenters

Active participants are assumed to retire based on the following table:

Not Eligible for the Rule of 80				Eligible for the Rule of 80*			
Age	Rate	Age	Rate	Age	Rate	Age	Rate
55-57	5.00%	66-68	30.00%	55-57	20.00%	66-68	40.00%
58-61	7.50%	69	50.00%	58-61	15.00%	69	40.00%
62	35.00%	70+	100.00%	62	40.00%	70+	100.00%
63-64	25.00%			63-64	25.00%		
65	40.00%			65	25.00%		

* Rates first apply at the age in which Rule of 80 criteria is met.

Vested Inactive participants are assumed to retire at age 62.

Oregon Carpenters

Active participants are assumed to retire based on the following table:

	Not Eligible for Special Unreduced Benefits	Eligible for Special Unreduced Benefits	SIB Benefit Only and Eligible for Special Unreduced Benefits
Age	Rate		
<55	N/A	20.0%	2.5%
55	4.0%	15.0%	25.0%
56	4.0%	15.0%	15.0%
57	4.0%	15.0%	15.0%
58	4.0%	15.0%	15.0%
59	4.0%	15.0%	15.0%
60	7.0%	15.0%	15.0%
61	15.0%	20.0%	20.0%
62	30.0%	30.0%	30.0%
63	20.0%	20.0%	20.0%
64	25.0%	25.0%	25.0%
65	40.0%	40.0%	40.0%
66	35.0%	35.0%	35.0%
67	35.0%	35.0%	35.0%
68	35.0%	35.0%	35.0%
69	35.0%	35.0%	35.0%
70	100.0%	100.0%	100.0%

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Statement Of Actuarial Assumptions / Methods (Continued)

ASSUMPTIONS:

Retirement Rates (Continued)	<u>Oregon Carpenters (Continued)</u> Vested Inactive participants eligible for an age 62 unreduced benefit: 1. Those ineligible for reduced early retirement are assumed to retire at age 62. 2. Those eligible for reduced early retirement are assumed to retire at age 61. Vested Inactive participants not eligible for age 62 unreduced benefit: 1. Those ineligible for reduced early retirement are assumed to retire at age 65. 2. Those eligible for reduced early retirement are assumed to retire at age 61. Vested Inactive participants who transferred from the Columbia River Log Scalpers Pension Trust are assumed to retire at age 60.												
Disability Rates	<u>Western Washington Carpenters</u> 1952 Society of Actuaries Disability (Period 2, Benefit 5) for disability incidence. <u>Oregon Carpenters</u> Below are a sample of disability rates. <table border="1" data-bbox="483 1136 711 1367"> <thead> <tr> <th>Age</th><th>Rate</th></tr> </thead> <tbody> <tr> <td>35</td><td>0.060%</td></tr> <tr> <td>40</td><td>0.098%</td></tr> <tr> <td>45</td><td>0.260%</td></tr> <tr> <td>50</td><td>0.606%</td></tr> <tr> <td>55</td><td>1.448%</td></tr> </tbody> </table>	Age	Rate	35	0.060%	40	0.098%	45	0.260%	50	0.606%	55	1.448%
Age	Rate												
35	0.060%												
40	0.098%												
45	0.260%												
50	0.606%												
55	1.448%												
Form of Benefit	Participants not in pay status are assumed to elect a Single Life Annuity with 5 years guaranteed when they commence their benefits. (Single Life Annuity for Oregon Carpenters Legacy Plan Benefits)												

Attachment to: Schedule MB (Form 5500), Line 6
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 6 – Statement Of Actuarial Assumptions / Methods (Continued)

ASSUMPTIONS:	
Late Retirement Behavior	<u>SIB</u> Active participants working beyond age 65 are valued as receiving continued accruals and an actuarial increase in their benefit. <u>Western Washington Carpenters - Legacy</u> Terminated vested participants who are older than 65 are assumed to elect retroactive retirement for their Legacy Plan benefit and receive a lump sum of all missed payments with 7.00% interest. <u>Oregon Carpenters - Legacy</u> Active participants who continue to work past Normal Retirement Age are assumed to receive actuarial increases on their normal retirement benefits plus additional benefit accruals subsequent to Normal Retirement Age for their Traditional benefits earned prior to July 1, 2017.
Marital Status	<u>Western Washington Carpenters</u> 85% of non-retired participants are assumed to be married. Females are assumed to be four years younger than their male spouses. <u>Oregon Carpenters</u> 100% of non-retired participants are assumed to be married. Females are assumed to be four years younger than their male spouses.
Active Participant	Worked at least 300 hours of covered employment in the prior plan year.
Future Employment	Each active participant is assumed to work the same amount of hours as were worked in the prior plan year.
Future Contributions	Contributions during 2024 are assumed to be made for 22.5 million total hours worked.
Missing Data	If not specified, participants are assumed to be male and the same age as the average of participants with the same status code.
CHANGES SINCE PRIOR VALUATION	The current liability interest rate was changed from 2.55% to 3.29% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required.

Attachment to: Schedule MB (Form 5500), Line 8b(3)
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

**Schedule MB, Line 8b(3) – Schedule of Projection of
Employer Contributions and Withdrawal Liability Payments**

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 104,300,454	\$ 0	\$ 104,300,454
2025	104,300,454	0	104,300,454
2026	104,300,454	0	104,300,454
2027	104,300,454	0	104,300,454
2028	104,300,454	0	104,300,454
2029	104,300,454	0	104,300,454
2030	104,300,454	0	104,300,454
2031	104,300,454	0	104,300,454
2032	104,300,454	0	104,300,454
2033	104,300,454	0	104,300,454

Attachment to: Schedule MB (Form 5500), Line 8b(1)
Plan Name: Northwest Carpenters Retirement Plan
Employer ID: 91-6029051
Plan Number: 001

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Expected Annual Benefit Payments				Plan Year	Expected Annual Benefit Payments			
	Active Participants	Terminated Vested Participants	Retirees & Beneficiaries Receiving Payments	Total		Active Participants	Terminated Vested Participants	Retirees & Beneficiaries Receiving Payments	Total
2024	\$ 5,811,514	\$ 19,621,690	\$ 215,805,982	\$ 241,239,186	2049	\$ 134,122,635	\$ 53,977,102	\$ 55,477,051	\$ 243,576,788
2025	16,343,525	15,229,488	210,688,905	242,261,918	2050	135,406,428	53,360,938	49,500,164	238,267,530
2026	26,290,785	18,097,615	205,770,439	250,158,839	2051	136,295,665	52,444,295	43,865,632	232,605,592
2027	35,634,117	21,190,558	200,775,240	257,599,915	2052	136,882,752	51,335,859	38,588,987	226,807,598
2028	44,279,982	24,255,648	195,458,659	263,994,289	2053	136,942,530	50,214,623	33,703,607	220,860,760
2029	51,931,326	27,293,510	190,087,310	269,312,146	2054	136,744,582	49,028,102	29,222,273	214,994,957
2030	58,675,164	30,276,741	184,497,318	273,449,223	2055	136,143,194	47,734,601	25,151,640	209,029,435
2031	64,730,182	33,478,529	178,683,947	276,892,658	2056	135,071,557	46,383,171	21,484,480	202,939,208
2032	70,525,429	36,236,247	172,688,197	279,449,873	2057	133,689,933	44,841,876	18,212,466	196,744,275
2033	76,110,589	39,239,793	166,504,524	281,854,906	2058	132,190,826	43,296,680	15,321,137	190,808,643
2034	81,348,520	42,017,842	160,113,020	283,479,382	2059	130,208,877	41,719,789	12,790,908	184,719,574
2035	86,372,457	44,124,520	153,545,003	284,041,980	2060	127,826,620	40,088,165	10,598,356	178,513,141
2036	91,049,099	45,963,357	146,800,807	283,813,263	2061	125,014,462	38,338,958	8,717,175	172,070,595
2037	95,558,430	47,630,293	139,886,161	283,074,884	2062	121,897,558	36,582,445	7,118,942	165,598,945
2038	99,928,490	49,558,079	132,859,159	282,345,728	2063	118,536,749	34,819,351	5,774,257	159,130,357
2039	104,015,430	51,181,764	125,687,232	280,884,426	2064	114,883,888	33,039,437	4,653,561	152,576,886
2040	107,966,873	52,429,802	118,433,759	278,830,434	2065	111,018,391	31,253,949	3,728,148	146,000,488
2041	111,895,835	53,387,590	111,150,228	276,433,653	2066	107,003,294	29,519,309	2,970,930	139,493,533
2042	115,522,897	54,261,281	103,805,116	273,589,294	2067	102,842,461	27,793,784	2,356,814	132,993,059
2043	119,090,887	54,888,153	96,514,805	270,493,845	2068	98,602,895	26,115,748	1,863,053	126,581,696
2044	122,612,171	55,358,247	89,266,837	267,237,255	2069	94,306,115	24,491,918	1,469,346	120,267,379
2045	125,639,873	55,461,838	82,136,391	263,238,102	2070	89,967,235	22,925,677	1,157,836	114,050,748
2046	128,422,556	55,452,043	75,159,754	259,034,353	2071	85,606,790	21,416,234	913,044	107,936,068
2047	130,485,988	55,142,946	68,330,839	253,959,773	2072	81,238,672	19,967,225	721,775	101,927,672
2048	132,410,369	54,569,709	61,766,038	248,746,116	2073	76,871,850	18,576,886	572,946	96,021,682

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan NORTHWEST CARPENTERS RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1960
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, NORTHWEST CARPENTERS RETIREMENT 533 S. FREEMAN AVENUE LOS ANGELES CA 90071
2b	Employer Identification Number (EIN) 91-6029051
2c	Plan Sponsor's telephone number 206-441-6514
2d	Business code (see instructions) 238100

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

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

SIGN HERE	Signed by: Pete Rodriguez Signature of plan administrator	10/1/2025	PETE RODRIGUEZ	SIGN HERE
		Date	Enter name of individual signing as plan administrator	
SIGN HERE	Curtis Conyers Signature of employer/plan sponsor	10/1/2025	CURTIS CONYERS	SIGN HERE
		Date	Enter name of individual signing as employer or plan sponsor	
SIGN HERE				
	Signature of DFE	Date	Enter name of individual signing as DFE	

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name c Plan Name	4d PN

5 Total number of participants at the beginning of the plan year	5	37,259
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	15,177
a (2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines 6d and 6e	6f	0
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

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

1B

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

NORTHWEST CARPENTERS RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Part IV, Schedule H, Line 4j

E.I.N. 91-6029051
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	NT Collective Gov't STIF	\$ 874,021,780	N/A	N/A	N/A	\$ 874,021,780	\$ 874,021,780	N/A
N/A	NT Collective Gov't STIF	N/A	\$ 888,517,626	N/A	N/A	888,517,626	888,517,626	\$ -
N/A	BNY Mellon DB SL ACWI Ex-US Fund	N/A	297,585,600	N/A	N/A	270,889,824	297,585,600	26,695,776
N/A	Arrowsstreet International Equity ACWI Ex US Fund	N/A	182,971,610	N/A	N/A	148,848,308	182,971,610	34,123,302
N/A	Invesco UBC Russell 3000 Index Trust	N/A	1,077,200,000	N/A	N/A	1,022,954,853	1,077,200,000	54,245,147

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

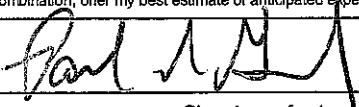
▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Northwest Carpenters Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees, Northwest Carpenters Retirement Plan	D Employer Identification Number (EIN) 91-6029051
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	

1a Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>	
b Assets	
(1) Current value of assets	1b(1) 3,284,292,131
(2) Actuarial value of assets for funding standard account	1b(2) 3,519,542,593
c (1) Accrued liability for plan using immediate gain methods	1c(1) 3,675,456,423
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 3,675,456,423
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 5,490,660,556
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 25,477,578
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 237,639,888
(3) Expected plan disbursements for the plan year	1d(3) 241,334,132

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE  Signature of actuary	<u>9/4/2025</u> Date
Paul L. Graf Type or print name of actuary	23-05627 Most recent enrollment number
Rael & Letson Firm name	(206) 456-3340 Telephone number (including area code)
601 Union Street Suite 2415 Seattle Address of the firm	WA 98101

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2024
v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	3,284,292,131
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	12,406	2,832,239,303
(2) For terminated vested participants	7,046	875,504,339
(3) For active participants:		
(a) Non-vested benefits		247,609,006
(b) Vested benefits		1,535,307,908
(c) Total active	14,678	1,782,916,914
(4) Total	34,130	5,490,660,556
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	59.82 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	46,293,400				
Totals ▶			3(b)	46,293,400	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	95.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
 b ☐ Entry age normal
 c ☒ Accrued benefit (unit credit)
 d ☐ Aggregate
e ☐ Frozen initial liability
 f ☐ Individual level premium
 g ☐ Individual aggregate
 h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year? ☐ Yes ☒ No		
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No		
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.1 %
i Expense load included in normal cost reported in line 9b	6i	☒ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	106,383,329	10,916,185
3	53,131,068	5,451,874
3	439,649	439,649

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	20,007,810

c Amortization charges as of valuation date:

	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1) 1,177,250,425	162,426,149
(2) Funding waivers	9c(2) 0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3) 0	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	12,770,377
e Total charges. Add lines 9a through 9d.....	9e	195,204,336

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	607,364,883
g Employer contributions. Total from column (b) of line 3.....	9g	46,293,400

	Outstanding balance	
h Amortization credits as of valuation date.....	9h 413,971,712	80,854,517
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	49,795,627

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1) 1,089,834,574	
(2) "RPA '94" override (90% current liability FFL)	9j(2) 1,390,971,981	
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	784,308,427
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	589,104,091
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
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o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No