

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
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
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 NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 09/01/1965
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) NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE P.O. BOX 4604 MANCHESTER, NH 03108
2b	Employer Identification Number (EIN) 02-6015031
2c	Plan Sponsor's telephone number 603-669-4771
2d	Business code (see instructions) 484110

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.	06/08/2026	CHRISTINA A. KOSHA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 17799
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) 16036 6a(2) 16260 6b 1190 6c 0 6d 17450 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 157

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

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

4A 4B 4D 4E 4F 4G 4L

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
--	--

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 2
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE	D Employer Identification Number (EIN) 02-6015031	

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

1 Coverage Information:

(a) Name of insurance carrier
BCBS OF MASSACHUSETTS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1045815	53228	4018594	652	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	1365800
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))	9a(4)	1365800
b Benefit charges (1) Claims paid	9b(1)	1199797
(2) Increase (decrease) in claim reserves	9b(2)	11998
(3) Incurred claims (add (1) and (2))	9b(3)	1211795
(4) Claims charged	9b(4)	1211795
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	154005
(H) Total retention	9c(1)(H)	154005
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHERN NEW ENGLAND BENEFIT TRUST DBA ALLEGIANT CARE	D Employer Identification Number (EIN) 02-6015031	

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	805080G	10034	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid 220594	(b) Total amount of fees paid 0
--	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHN SCOTT NICOLAS
6 PARK LANE
MARBLEHEAD, MA 01945

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
220594			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b** 0

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year **7b** 0

c Additions:

(1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below).....	7c(5)	
(6) Total additions	7c(6)	0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below).....	7e(4)	
(5) Total deductions	7e(5)	0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	3828228
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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 09/01/2024 and ending 08/31/2025

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

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

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

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

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

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

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

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

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

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

(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)

CIGNA HEALTH AND LIFE INSURANCE CO.

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 38 49 50 56 62	CONTRACT ADMIN/CLAIM	5802642	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ANTHEM HEALTH PLANS OF NH, INC.

02-0510530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	CONTRACT ADMIN/CLAIM	3217917	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LAW OFFICES OF FEINBERG DUMONT & BR

04-3098453

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	520000	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)

CHRISTINA KOSHA

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	491385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA DENTAL

02-0273013

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	CLAIMS PROCESSING	452865	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	CONTRACT ADMIN/CLAIM	422235	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)

EMPYREAN BENEFIT SOLUTIONS

20-3029813

(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	RECORDKEEPING/INFO MGMT	392807	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANCEBERNSTEIN HOLDING L.P.

13-3434400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	343845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPTUMRX

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	CONTRACT ADMIN/CLAIM	318367	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

BENESYS

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	SOFTWARE	311144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELDRIDGE INVESTMENT ADVISORS INC.

02-0366808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 31 51	INVESTMENT MANAGEMENT	298409	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHARMACEUTICAL STRATEGIES GROUP

20-2422296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	245000	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)

KATELYN STRAUCH

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	225716	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL ENHANCED PROPERTY FUND, L

20-0928198

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	200732	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO INVESTMENT COMPANY, LLC

27-0103372

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	180107	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)

E.H. BAKER PAINTING

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	OTHER SERVICES	171600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIC EICHEN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	150724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACOB CUTONE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	130586	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)

CAROLYN MADDEN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	129779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAUL JUSKIEWICZ

36-4622924

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	OTHER SERVICES	125331	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENEE-LEE O'NEIL

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	116231	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)

JOHNI BROWN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	111562	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 62	INVESTMENT MANAGEMENT	107370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WIPFLI LLP

39-0758449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTING	106837	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)

INTERCONTINENTAL US REIT

11-3786306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	92893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST AMERICAN ADMINISTRATORS, INC.

86-0773195

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	CONTRACT ADMIN	87405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARQUETTE ASSOCIATE

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT CONSULTANT	87011	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)

HEATHER MACONAGHY

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	85663	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATHAN ALLEN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	83198	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID ROY

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	82189	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)

BENJAMIN PADELLARO

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	80808	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACQUELINE BECHT

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	79200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARSHA CAMPBELL

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	76683	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)

ALYSSA SULLIVAN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	73198	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESSICA AUBIN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	72036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELISSA JACKSON

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	70957	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)

AMANDA SULLIVAN

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	70866	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELISSA MCCOOLE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	64782	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELIZABETH MACEDO

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	64646	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)

JAMES TANG

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	64083	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELLE THEBERGE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	63889	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JANET FITZMAURICE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	63701	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)

NICHOLE MORDACH

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	63200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELE DERBY

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	62966	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAYLOR DOWNS

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	62379	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)

CAITLIN MILES

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	62165	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIVEBASE, LLC

27-0476813

(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	RECORDKEEPING	61855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMIE O'LEARY

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	61702	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)

SAMANTHA MARCHAND

02-0615031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	61641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYDNEY PLANTE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	61082	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARCIA FRAPPIER

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	59971	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)

ROBIN AUBUT

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	59661	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROSEMARIE PUGH

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	58538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HANNAH NORDSTROM

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	57153	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)

MELANIE WOODS

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	55989	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CATHERINE LAVIGNE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	53907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAVALLEE BRENSINGER ARCHITECTS

02-0335376

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	OTHER SERVICES	49686	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)

MARIE FIGUEROA

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	42801	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PURE AIR HEATING AND COOLING LLC

85-2659382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	41886	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WORLDPAY

26-4372027

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER FEES	38017	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)

BLUE CROSS BLUE SHIELD OF MASS

04-1045815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 38 62	CONTRACT ADMIN/CLAIM	37861	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHERINE CATANO

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 35	EMPLOYEE/ADMINISTRATION	34052	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAVEN RIDGE, LLC

81-1122401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	29797	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)

PC CONNECTION SALES CORP

02-0497006

(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	RECORDKEEPING	27997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOUGLAS JAY KATZ, DMD

02-0511476

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	27500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPTUM FINANCIAL, INC.

47-0858530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	CONTRACT ADMIN	27294	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)

CONNECT YOUR CARE

26-1274092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	CONTRACT ADMIN	25859	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KMA HUMAN RESOURCES CONSULTING LLC

26-3988759

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	19352	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONDAY.COM LTD

51-4744887

(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	RECORDKEEPING	19044	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)

ROBERT ROBICHAUD

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 31	EMPLOYEE/ADMINISTRATION	18512	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENNIS MCGUIRE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 31	EMPLOYEE/ADMINISTRATION	18275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RON RABIDEAU

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 31	EMPLOYEE/ADMINISTRATION	18215	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)

TEENEY CLEANERS

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	18050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMAS J. SYNAN, MD

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 16	CONTRACT ADMIN	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAPPY HOURS LESSEE LLC

27-2232865

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	OTHER SERVICES	16814	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)

HILB GROUP OF NEW ENGLAND

20-1906078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARIAL	16500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT HOLMES

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 31	EMPLOYEE/ADMINISTRATION	16287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHERINE CATANO

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	16069	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)

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	15803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRAPEVINE PROPERTY SERVICES, INC.

02-0506212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	14420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KONICA MINOLTA BUSINESS SOLUTIONS U

13-1921089

(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	RECORDKEEPING	11491	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)

FUSS & O'NEILL, INC

06-0845648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	OTHER SERVICES	10986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEOTECHNICAL SERVICES, INC.

04-3175071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	OTHER SERVICES	10300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VITAL RECORDS CONTROL

22-2330959

(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	RECORDKEEPING	7943	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)

ROBERT PICCONE

02-6015031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 31	EMPLOYEE/ADMINISTRATION	7875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAMBOOHR HRIS

26-3008157

(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	RECORDKEEPING	7134	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADOBE

77-0019522

(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	RECORDKEEPING	7016	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)

CORPORATE RISK ADVISORS-MANAGERS

04-2532724

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	6574	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 ☐

(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
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHLIC - COR DEPOSITS, PNC BANK 1600 MARKET ST. 19TH FL PHILADELPHIA, PA 19103 59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCE ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMIN APPLICABLE TO SELF-FUNDED PLANS. APPROXIMATELY 1.02 PER PARTICIPANT WITH AVERAGE ANNUAL RATE OF EARNINGS CREDIT 3.25%.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CASTLIGHT HEALTH 121 SPEAR ST 3RD FLOOR SAN FRANCISCO, CA 94105 26-1989091	DEFRAY COST FOR THE INFRASTRUCTURE CHANGES REQUIRED TO FACILITATE VENDORS CUSTOMER TRANSPARENCY AND ENGAGEMENT SERVICES. APPROXIMATELY \$3.24 PER PARTICIPANT.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DEUTSCHE BANK 60 WALL ST. NEW YORK, NY 10005-2836 59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCE ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMIN APPLICABLE TO SELF-FUNDED PLANS. APPROXIMATELY .0 PER PARTICIPANT WITH AVERAGE ANNUAL RATE OF EARNINGS CREDIT .5%.	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OMADA HEALTH, INC. 500 SANSOME ST. #200 SAN FRANCISCO, CA 94111 45-2355015	DIGITAL DIABETES PREVENTIVE CARE SERVICES PROVIDER. APPROXIMATELY 1.23 PER PARTICIPANT.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VISION SERVICE PLAN (VSP) 333 QUALITY DRIVE RANCHO CORDOVA, CA 96670 06-1227840	EXPENSES ASSOCIATED WITH ADMINISTERING PLANS WITH VISION BENEFITS. APPROXIMATELY .67 PER PARTICIPANT.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLOOMINGTON HOSPITAL PO BOX 1149 BLOOMINGTON, IN 47402 35-1720796	NETWORK ADMINISTRATION FEES. APPROXIMATELY .06 PER PARTICIPANT.	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BANK OF AMERICA (LOCKBOX) 59-1031071 540 WEST MADISON STREET CHICAGO, IL 60661	APPROXIMATELY 4% EARNINGS CREDIT UTILIZED IN THE ADMINISTRATION OF CLAIM OVERPAYMENT RECOVERIES.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMPLIFON USA, INC. 85-0437037 150 SOUTH 5TH ST SUITE 2300 MINNEAPOLIS, MN 55402	VOLUME BASED MARKETING FEES FOR PARTICIPANT DISCOUNTS. APPROXIMATELY 0.0 PER PARTICIPANT.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN CHASE 59-1031071 3 CHASE METRO TECH CENTER 5TH FLOOR BROOKLYN, NY 11245	EARNINGS CREDITS ON DAILY FUND BALANCE ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMIN APPLICABLE TO SELF-FUNDED PLANS. APPROXIMATELY 4.38 PER PARTICIPANT WITH AVERAGE ANNUAL RATE OF EARNINGS CREDIT 3.54%.	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CITIBANK NA ONE PENNS WAY NEW CASTLE, DE 19720 59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCE ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMIN APPLICABLE TO SELF-FUNDED PLANS. APPROXIMATELY 1.97 PER PARTICIPANT WITH AVERAGE ANNUAL RATE OF EARNINGS CREDIT 3.66%.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OMADA COMPLETE 500 SANSOME ST, #200 SAN FRANCISCO, CA 94111 45-2355015	SERVICES AND FACILITATE ENROLLMENT OF SCREENED PARTICIPANTS IN THE OMADA COVERED SERVICES. APPROXIMATELY .17 PER PARTICIPANT.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CITIBANK NA (OMNIBUS) ONE PENNS WAY NEW CASTLE, DE 19720 59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCE ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMIN APPLICABLE TO SELF-FUNDED PLANS. APPROXIMATELY .01 PER PARTICIPANT WITH AVERAGE ANNUAL RATE OF EARNINGS CREDIT 3.66%.	

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:	WIPFLI LLP	b EIN:	39-0758449
c Position:	AUDITOR		
d Address:	PO BOX 8010 WAUSAU, WI 54402-8010	e Telephone:	715-845-3111

Explanation: WIPFLI LLP COMPLETED A STRATEGIC INVESTMENT IN OCTOBER 2025, AND AS A RESULT HAS APPLIED FOR AND OBTAINED A NEW EIN. THERE HAS BEEN NO CHANGE IN AUDIT FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 09/01/2024 and ending 08/31/2025

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

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	87951816	74778229
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9510483	9376627
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	11765734	11094933
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	53507386	55277024
(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)	1173495	913045
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	32029732	30026540
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	231666783	255234750
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	2672952	2844316
f Total assets (add all amounts in lines 1a through 1e)	1f	430278381	439545464
Liabilities			
g Benefit claims payable	1g	29238709	39022758
h Operating payables	1h	2332221	1714654
i Acquisition indebtedness	1i		
j Other liabilities	1j	6678519	7812314
k Total liabilities (add all amounts in lines 1g through 1j)	1k	38249449	48549726
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	392028932	390995738

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)	345518448	
(B) Participants	2a(1)(B)	10793613	
(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)		356312061
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2115488	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2115488
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4419006	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4419006
(3) Rents	2b(3)		737665
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	145065253	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	141171651	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3893602
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	255718	
(B) Other	2b(5)(B)	10347215	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		10602933

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2376275
c Other income	2c		3488859
d Total income. Add all income amounts in column (b) and enter total	2d		383945889

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	352311098	
(2) To insurance carriers for the provision of benefits	2e(2)	8986586	
(3) Other	2e(3)	2615984	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		363913668
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)	5433604	
(2) Contract administrator fees	2i(2)	10753806	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1310367	
(6) Bank or trust company trustee/custodial fees	2i(6)	229098	
(7) Actuarial fees	2i(7)	125590	
(8) Legal fees	2i(8)	530000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2682950	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		21065415
j Total expenses. Add all expense amounts in column (b) and enter total	2j		384979083

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1033194
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WIPFLI LLP**

(2) EIN: **41-2899048**

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?	☒		5000000
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 _____.

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

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

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

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

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

Financial Statements
and Supplemental Schedules

Years Ended August 31, 2025 and 2024

Independent Auditor's Report

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

Opinion

We have audited the accompanying financial statements of Northern New England Benefit Trust D/B/A Allegiant Care (the Trust), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Northern New England Benefit Trust as of August 31, 2025 and 2024, and the changes in net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Northern New England Benefit Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA and Additional Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of August 31, 2025 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended August 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The supplemental schedules of benefits paid for participants, benefit-related administrative fees, pharmacy expenses, office and administrative expenses, and professional fees and investments expenses for the years ended August 31, 2025 and 2024, are presented for the purpose of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Wipfli LLP

Wipfli LLP

Bedford, New Hampshire

April 13, 2026

Northern New England Benefit Trust

Statements of Net Assets Available for Benefits

<i>August 31,</i>	2025	2024
Assets		
Investments, at fair value	\$ 286,479,283	\$ 265,120,236
Other investments - certificate of deposit	1,281,845	1,245,739
Receivables		
Contributions, net	9,376,627	9,510,483
Prescription rebates	10,930,447	10,079,023
Other, net	164,486	1,686,711
Total receivables	20,471,560	21,276,217
Cash and cash equivalents	128,468,460	139,963,237
Property and equipment used in operations, at cost		
Land	47,231	47,231
Buildings and improvements	2,148,778	2,103,452
Furniture, fixtures and equipment	646,803	646,803
Vehicles	99,689	99,689
Subtotal	2,942,501	2,897,175
Less: accumulated depreciation	2,573,475	2,499,668
Total property and equipment, net	369,026	397,507
Other assets		
Advances for self-insured plans	34,570	25,051
Prepaid expenses and other assets	584,699	530,091
Total other assets	619,269	555,142
Total assets	437,689,443	428,558,078
Liabilities		
Accounts payable and accrued expenses	1,714,654	2,332,221
Contributions received in advance	7,017,209	5,883,414
Deposit held	795,105	795,105
Total liabilities	9,526,968	9,010,740
Net assets available for benefits	\$ 428,162,475	\$ 419,547,338

See accompanying notes to financial statements.

Northern New England Benefit Trust

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended August 31,</i>	2025	2024
Additions to net assets attributed to:		
Contributions		
Employer contributions, net	\$ 345,518,448	\$ 300,029,640
Participant and retiree contributions	10,793,613	9,523,444
Total contributions	356,312,061	309,553,084
Transfer from Local Fund	-	10,955,108
Other Income		
Pharmacy benefit manager amounts billed	2,937,994	3,728,878
Administrative fee income	294,546	348,348
Forfeitures and other income	256,319	99,259
Total other income	3,488,859	4,176,485
Investment income (loss)		
Dividend, interest, and mutual fund capital gain distribution income	8,910,769	8,034,682
Income from real estate investment funds	605,921	827,807
Income from real estate held for rental	131,744	113,367
Net unrealized appreciation of investments	8,519,197	16,454,558
Net realized gain on sale of investments	5,841,620	3,951,015
Investment expenses	(1,310,367)	(1,094,850)
Net investment income	22,698,884	28,286,579
Total additions	382,499,804	352,971,256
Deductions from net assets attributed to:		
Benefits paid for participants		
Health and short-term disability benefits	274,785,699	210,788,258
Prescription benefits	47,379,387	37,007,654
Dental, vision and other benefits	20,361,963	17,060,981
Insurance premiums	8,986,586	7,778,937
Total benefits paid for participants	351,513,635	272,635,830

Northern New England Benefit Trust

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

<i>Years Ended August 31,</i>	2025	2024
Pharmacy expenses		
Pharmacy benefit manager claims	\$ 2,615,984	\$ 3,384,297
Pharmacy benefit manager expenses	1,181,591	1,058,073
Total pharmacy expenses	3,797,575	4,442,370
Administrative expenses		
Benefit-related administrative expenses	10,736,522	9,702,120
Office and administrative expenses	5,774,522	5,279,377
Professional fees	1,538,840	1,674,645
Occupancy expenses	523,573	362,871
Total administrative expenses	18,573,457	17,019,013
Total deductions	373,884,667	294,097,213
Change in net assets available for benefits during the year	8,615,137	58,874,043
Net assets available for benefits - beginning of year	419,547,338	360,673,295
Net assets available for benefits - end of year	\$ 428,162,475	\$ 419,547,338

See accompanying notes to financial statements.

Northern New England Benefit Trust

Statements of Benefit Obligations

<i>August 31,</i>	2025	2024
Amounts currently payable to or for participants, beneficiaries and dependents		
Benefits payable	\$ 18,168,258	\$ 15,783,809
Benefits incurred but not reported	20,854,500	13,454,900
Total amounts currently payable to or for participants, beneficiaries and dependents	39,022,758	29,238,709
Other obligations for current benefit coverage, at present value of estimated amounts		
Liability for future benefits based upon participant's accumulated eligibility	21,536,000	18,902,000
Total obligations other than post-retirement benefit obligations	60,558,758	48,140,709
Post-retirement benefit obligations		
Current retirees	33,337,000	29,747,000
Other participants fully eligible for benefits	42,272,000	49,039,000
Other participants not fully eligible for benefits	162,435,000	162,471,000
Total post-retirement benefit obligations	238,044,000	241,257,000
Total benefit obligations	\$ 298,602,758	\$ 289,397,709

See accompanying notes to financial statements.

Northern New England Benefit Trust

Statements of Changes in Benefit Obligations

Years Ended August 31,	2025	2024
Amounts currently payable to or for participants, beneficiaries and dependents		
Balance at beginning of year	\$ 29,238,709	\$ 17,819,277
Claims and premiums incurred, including benefits reclassified from accumulated eligibility credits and post retirement benefit obligations	361,297,684	284,055,262
Benefits paid	(351,513,635)	(272,635,830)
Balance at end of year	39,022,758	29,238,709
Other obligations for current benefit coverage, at present value of estimated amounts		
Balance at beginning of year	18,902,000	18,219,000
Net change during year:		
Change in liability for future benefits based upon participant's accumulated eligibility	2,634,000	683,000
Balance at end of year	21,536,000	18,902,000
Total obligations other than post-retirement benefit obligations	60,558,758	48,140,709
Post-retirement benefit obligations		
Balance at beginning of year	241,257,000	111,064,000
Increase (decrease) in post-retirement benefits attributable to:		
Benefits earned	23,750,000	7,338,000
Plan amendments	-	16,693,000
Passage of time	13,219,000	6,034,000
Benefits reclassified to amounts currently payable (benefits paid during the year)	(6,492,000)	(4,708,000)
Change in actuarial assumptions and other actuarial gains and losses	(33,690,000)	104,836,000
Balance at end of year	238,044,000	241,257,000
Total benefit obligations at end of year	\$ 298,602,758	\$ 289,397,709

See accompanying notes to financial statements.

Northern New England Benefit Trust

Notes to Financial Statements

Note 1: Description of Trust

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

General Provisions

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

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

On January 1, 2024, approximately 4,050 active members of the Teamsters Local 1150 became members of the Trust. The former Teamsters 1150 Fund members generally are eligible for the same benefits as the Trust's current members. As part of the transfer agreement, the Trust received \$9,480,588 from the remaining assets of the Teamsters Local 1150 Fund during the year ended August 31, 2024. An additional \$1,474,520 is included in revenue for the year ended August 31, 2024 and as an other receivable as of August 31, 2024 and was received by the Trust during the year ended August 31, 2025. The revenue related to the transfer was recorded as Transfer from local fund on the statement of changes in net assets available for benefits.

Benefits

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

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

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

Northern New England Benefit Trust

Notes to Financial Statements

Note 1: Description of Trust (Continued)

Contributions

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

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

Effective March 31, 2024, Anheuser Busch began making monthly contributions to the Trust for discretionary benefits, which totaled \$14,795,552 and \$4,410,000 for the years ended August 31, 2025 and 2024, respectively. These amounts have been included in employer contributions on the statements of changes in net assets available for benefits. Contributions to be received in future years are as follows:

Years Ended August 31,

2026	\$ 17,783,328
2027	17,783,328
2028	5,927,776
Total	\$ 41,494,432

Note 2: Summary of Significant Accounting Policies

Use of Estimates

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

Northern New England Benefit Trust

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

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

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

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

Contributions Receivable and Credit Policy

Contributions are remitted monthly to the Trust. Contributions due for periods through the financial statement date are reflected in "contributions receivable" in the accompanying financial statements, net of an allowance for uncollectible accounts (approximately \$8,000 in both 2025 and 2024). The Trust does not require collateral from the participating employers for any contributions receivable.

The carrying amount of receivables is reduced by an allowance that reflects management's best estimate of the current expected credit losses. The estimate of the allowance for credit losses is based on an analysis of historical loss experience, current receivables aging, and management's assessment of current conditions and expected changes during a reasonable and supportable forecast period. Management assesses collectibility on an account by account basis. Management of the Trust has determined that its allowance for uncollectible accounts of approximately \$8,000 is appropriate at August 31, 2025 and 2024.

Cash and Cash Equivalents

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

Northern New England Benefit Trust

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Cash and Cash Equivalents (Continued)

The Trust customarily maintains accounts, including certificates of deposit, at several financial institutions. The Trust customarily has amounts on deposit in excess of the maximum Federal Deposit Insurance Coverage of \$250,000. The Trust has not experienced any losses in such accounts, and believes it is not exposed to any significant credit risk on cash. In addition, the Trust has an insured deposit agreement with Citizens Bank which provides increased FDIC insurance coverage by spreading deposits across several network banks to keep each below the \$250,000 FDIC insurance limit.

Property and Equipment and Depreciation

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

Expenditures for maintenance, repairs and betterments which would not materially prolong the normal useful life of an asset have been recorded as an administrative expense in the year incurred. Additions and betterments which substantially extend the useful life of an asset have been capitalized. Depreciation expense for the years ended August 31, 2025 and 2024, was \$73,807 and \$91,770, respectively, of which \$34,121 and \$31,288 are included in occupancy expenses for the years ended August 31, 2025 and 2024, respectively.

Long-Lived Assets

The Trust reviews its long-lived assets periodically to determine potential impairment by comparing the carrying value of those assets with the estimated future undiscounted cash flows expected to result from the use of the assets, including cash flows from disposition. Should the sum of the expected future undiscounted cash flows be less than the carrying value, the Trust would recognize an impairment loss at that time. No impairment loss was recognized in 2025 or 2024.

Advances for Self-Insured Plans

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

Contributions Received in Advance

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

Northern New England Benefit Trust

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Pharmacy Benefit Manager and Mail Order Pharmacy

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

The Trust receives rebates for prescriptions filled from various drug manufacturers. The Trust tracks the receipt of the rebates, which are generally issued quarterly. Rebates receivable as of August 31, 2025 and 2024, were \$10,930,447 and \$10,079,023, respectively.

Additional rebates are due to the Trust for drugs purchased prior to year end and have been estimated using prior experience. A receivable is also due to the other participating trusts for their members' prescriptions; however, the amount of these rebates for the other participating trusts is paid directly to the participating trust, thus, no receivable or payable has been recorded for those trusts as of August 31, 2025 and 2024.

In addition, the Trust is holding a deposit of \$795,105, as of August 31, 2025 and 2024, from an employer as an advance for its claims. These amounts are included in deposit held in the statements of net assets available for benefits.

Pre-65 Retiree Plan Administration

Beginning in January 2020, the Trust took over the administrative responsibilities for one of the employer's pre-65 retiree plan. Under the administrative arrangement, the Trust pays claims on behalf of the employer and then bills that employer for those claims, plus an administrative fee. Payments of claims on behalf of the employer are included in benefits paid for participants in the statement of changes in net assets available for benefits. Amounts billed back to the employer and received by the Trust for these claims are included in employer contributions in the statements of changes in net assets available for benefits. The related administrative fee is included in other income in the statements of changes in net assets available for benefits. For the years ended August 31, 2025 and 2024, claims paid and subsequently billed and reimbursed by the employer totaled \$6,141,656 and \$5,872,908, respectively. Administrative fee income under the arrangement totaled \$294,546 and \$348,348, for the years ended August 31, 2025 and 2024, respectively.

Northern New England Benefit Trust

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

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

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

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

Estimated Liability for Future Benefits Based Upon Participants' Accumulated Eligibility

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

Postretirement Benefits

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

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

Northern New England Benefit Trust

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Postretirement Benefits (Continued)

For measurement purposes, the following key assumptions are utilized as of August 31, 2025 and 2024:

	2025	2024
Weighted average assumed discount rate	5.65%	5.05%
Mortality	Pri-2012 (blue collar) Static Mortality Table adjusted to 2012 with MP-2021 Mortality Improvement Scale, fully generational	Pri-2012 (blue collar) Static Mortality Table adjusted to 2012 with MP-2021 Mortality Improvement Scale, fully generational
Percentage of actives electing retiree medical coverage	80%	80%
Percentage of retirees electing spousal medical coverage	50%	50%
Percentage of actives in pre-65 group selecting post-65 prescription coverage	30%	30%
Retiree contributions as a percent of assumed monthly claim costs:		
Medical	0% - 50%	0% - 50%
Prescription	50%	50%

For 2025 and 2024, the healthcare cost-trend rate was estimated to start at 8.0% for the medical coverage and 8.0% for the post-65 prescription coverage. Both groups are trending down to an eventual rate of 4.5% in 2032. The healthcare cost-trend rate was estimated to be 4.5% for 2025 and 2024 for the dental and vision coverage.

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

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

Income from Real Estate Held for Rental

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

Northern New England Benefit Trust

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Lease Accounting

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

Note 3: Tax Status

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

Accounting principles generally accepted in the United States require Trust management to evaluate tax positions taken by the Trust and recognize a tax liability if the Trust has taken an uncertain position that more likely than not would not be sustained upon examination by applicable tax authorities. The Trust's management has analyzed the tax positions taken by the Trust, and has concluded that, as of August 31, 2025, there are no significant uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

The Trust is subject to the New Hampshire Business Enterprise tax. This tax is .55% in 2025 (.55%, in 2024), of the compensation and interest paid by the Trust. The tax incurred was approximately \$20,000 for the years ended August 31, 2025 and 2024.

Northern New England Benefit Trust

Notes to Financial Statements

Note 4: Fair Value Measurements

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

The following tables set forth by level, within the fair value hierarchy, the valuation techniques used to determine the fair value of the Trust's investments as of August 31, 2025 and 2024.

	2025			Net Asset	
	Level 1	Level 2	Level 3	Value*	Total
Cash held by investment companies	\$ 304,948	\$ -	\$ -	\$ -	\$ 304,948
Common stock	913,045	-	-	-	913,045
Mutual funds	126,456,160	-	-	-	126,456,160
Real estate held for rental	-	1,350,000	-	-	1,350,000
Total assets in the fair value hierarchy	127,674,153	1,350,000	-	-	129,024,153
Private equity funds	-	-	-	128,778,590	128,778,590
Real estate investment funds	-	-	-	28,676,540	28,676,540
Investments at fair value	\$ 127,674,153	\$ 1,350,000	\$ -	\$ 157,455,130	\$ 286,479,283

Northern New England Benefit Trust

Notes to Financial Statements

Note 4: Fair Value Measurements (Continued)

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

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

For the years ended August 31, 2025 and 2024, there were no transfers into or out of Levels 1 or 2.

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

Investments measured using the net asset value per share practical expedient

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

For the Intercontinental U.S. Real Estate Investment Fund, a notice received for a withdrawal request during a calendar quarter is effective on the last day of the quarter.

PEPF investors may redeem shares in the PEPF at any time after initial contribution and shares are generally redeemed as of the beginning of the first day of each quarter at a share price based on the PEPF's net assets as of the most recent quarter-end. The fair value of the Trust's investment in this Fund has been estimated using the Trust's ownership interest in the Fund's net assets.

Northern New England Benefit Trust

Notes to Financial Statements

Note 4: Fair Value Measurements (Continued)

The Trust is invested in private equity funds, ABS Direct Equity Fund LLC - Emerging Markets Direct Portfolio, ABS Global PRE-IPO LP, and ABS Opportunities LTD. - Crossover Growth Portfolio. These investments do not make distributions to shareholders, and shareholders are allowed to redeem their shares on a monthly basis, subject to a 30-day written notice requirement.

The Trust is invested in a private equity fund, AllianceBernstein Private Credit Investors Middle Market Direct Lending Fund II Feeder, L.P. This investment has a three year initial commitment period, after which investors can elect annually to remain in the fund or withdraw at year-end, subject to 90-day written notice. The fair value of this investment has been estimated based on the NAV per share. At August 31, 2025, the Trust has an unfunded commitment of \$2,000,000 to this fund.

The Trust is invested in a private equity fund, Ullico Infrastructure Tax-Exempt Fund, L.P. This investment has a four year lock-up period beginning on the investors admission date to the Partnership, after which investors can elect to be placed in a redemption queue subject to 45-day written notice. The fair value of this investment has been estimated based on the NAV per share.

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

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

The following schedule summarizes the change in fair value for the years ended August 31, 2025 and 2024:

	2025 Net Realized and Unrealized Gains	2024 Net Realized and Unrealized Gains
Fair value as determined by quoted prices in active markets	\$ 3,518,201	\$ 8,729,570
Fair value as otherwise determined	10,842,616	11,676,003
Balance, end of year	\$ 14,360,817	\$ 20,405,573

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

Northern New England Benefit Trust

Notes to Financial Statements

Note 5: Benefit Obligations

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

The healthcare cost-trend rate assumption (see Note 2) has a significant effect on the amounts reported as post-retirement benefit obligations. If the assumed rates increased by one percentage point in each year, the obligation at August 31, 2025 and 2024, would increase by approximately \$33,034,000 and \$34,765,000, respectively. If the assumed rates decreased by one percentage point, then the obligation at August 31, 2025 and 2024, would decrease by approximately \$27,105,000 and \$28,315,000, respectively.

Note 6: Retirement and Employee Benefit Plans

The Trust contributes as a participating employer in a multiemployer defined benefit pension plan for employees working 750 hours per year. The plan is administered by the New England Teamsters Pension Fund (formerly known as New England Teamsters & Trucking Industry Pension Fund), an affiliate of the International Brotherhood of Teamsters (IBT). Employer contributions are calculated by the Fund and billed to the employer monthly in amounts which approximate the present value of the future benefits to be provided (\$12.12 and \$11.87 per hour of service as of August 2025 and 2024, respectively). The plan generally provides retirement benefits to employees based on years of service to the Trust. The multiemployer pension plan is managed by a board of trustees. Contributions of \$905,966 in 2025 and \$803,225 in 2024 were charged to pension expense for ongoing participation in these pension plans.

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

The multiemployer pension plan in which the Trust participates is the New England Teamsters Pension Plan (formerly known as New England Teamsters & Trucking Industry Pension Plan), which adopted a rehabilitation plan on October 1, 2011, as a result of its actuarial certification for the plan year beginning October 1, 2011. New England Teamsters Pension Plan is in "critical status" for the plan year October 1, 2024 to September 30, 2025 ("critical and declining status" for the plan year October 1, 2023 to September 30, 2024), as defined by the Pension Protection Act of 2006, as amended by the Multiemployer Pension Reform Act of 2014.

Northern New England Benefit Trust

Notes to Financial Statements

Note 6: Retirement and Employee Benefit Plans (Continued)

The following presents information about the Trust's multiemployer pension plan as of August 31, 2025, and the years ended August 31, 2025 and 2024:

Name of Pension Plan	EIN and Plan Number	Pension Protection Act Zone Status		FIP/RP Status	Contributions for the Year Ended August 31,		Surcharge Imposed	Expiration of Collective Bargaining Agreement
		2025	2024		2025	2024		
New England Teamsters Pension Fund	04-6372430 Plan No. 001	Red 9/30/2025	Red 9/30/2024	Implemented	\$ 905,966	\$ 803,225	No	N/A

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

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

The Trust is not obligated for any minimum contributions for the New England Teamsters & Trucking Industry Pension. Based on the most recently available Forms 5500 for New England Teamsters & Trucking Industry Pension (plan year end September 30, 2024) the Trust did not contribute more than 5% of the total contributions to the plan.

The Trust also participates in a multiemployer 401(k) savings plan sponsored by the International Brotherhood of Teamsters. All employees of the Trust are eligible to participate. Participants may make pre-tax deferral contributions up to a maximum of 89% of their salary up to certain annual limits, and after-tax contributions up to a maximum of 5% of their salary. Participants may make special deferrals of up to 100% of certain types of bonus pay, unused sick pay and unused vacation pay. The employer match is 100% of the employee pretax deferral up to a maximum of 7% of their annual salary. Total 401(k) expense was \$200,648 and \$187,636 for the years ended August 31, 2025 and 2024, respectively.

Note 7: Major Participating Employers

For the years ended August 31, 2025 and 2024, the Trust derived approximately 72% of its contributions from three employers. Total contributions receivable due from these employers was \$7,498,482 as of August 31, 2025 and \$7,534,318 as of August 31, 2024. No other participating employers accounted for more than 10% of contributions.

Note 8: Related Party and Party in Interest Transactions

Most trustees, the employees of Northern New England Benefit Trust, and certain retirees of the Trust, receive health and welfare benefits from the Trust pursuant to plan provisions that are consistent with those provided to other members. Contributions relating to these trustees, employees and retirees of \$1,127,574 and \$990,354 for 2025 and 2024, respectively, are shown as a reduction of benefits paid to participants and as an administrative expense.

Northern New England Benefit Trust

Notes to Financial Statements

Note 8: Related Party and Party in Interest Transactions (Continued)

The Plan also has arrangements with various service providers. Those transactions are party in interest transactions under ERISA. Significant agreements with providers include CIGNA which the Trust paid approximately \$5,770,000 and \$5,220,000 in administration fees for 2025 and 2024, respectively, and Elevance Health / Anthem which the Trust paid approximately \$3,220,000 and \$2,970,000 in fees for 2025 and 2024, respectively.

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

As of August 31, 2025 and 2024, the Trust held \$913,045 and \$1,173,495, respectively, of publicly-traded common stock of two of the participating employer companies. The Trust has determined that these securities meet the definition of a qualified employer security as defined under Title 1, Section 407(d)(5) of ERISA.

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

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Schedule H of Form 5500 as of August 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per the financial statements	\$ 428,162,475	\$ 419,547,338
Add: difference between fair market value and historical cost		
less depreciation, on property and equipment used in operations	1,856,021	1,720,303
Less: benefit obligations currently payable		
(health claims, death and disability benefits)	39,022,758	29,238,709
Net assets available for benefits per Schedule H of Form 5500	\$ 390,995,738	\$ 392,028,932

The following is a reconciliation of benefits paid for participants per the financial statements to Schedule H of Form 5500 for the years ended August 31, 2025 and 2024:

	2025	2024
Benefits paid for participants per the financial statements	\$ 351,513,635	\$ 272,635,830
Add: amounts payable at end of year	39,022,758	29,238,709
Less: amounts payable at beginning of year	29,238,709	17,819,277
Benefits paid to participants per Schedule H of Form 5500	\$ 361,297,684	\$ 284,055,262

Northern New England Benefit Trust

Notes to Financial Statements

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

The following is a reconciliation of unrealized appreciation (depreciation) of investments per the accompanying financial statements to Schedule H of Form 5500 for the years ended August 31, 2025 and 2024:

	2025	2024
Net unrealized appreciation (depreciation) per the financial statements	\$ 8,519,197	\$ 16,454,558
Difference in method of computing realized gains and losses between Form 5500 and the financial statements	1,948,018	(480,669)
Unrealized gain on property and equipment used in operations	135,718	14,627
Net unrealized depreciation per Schedule H of Form 5500	\$ 10,602,933	\$ 15,988,516

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

Note 10: Risks, Uncertainties and Commitments

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

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

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

Note 11: Other Investments - Certificate of Deposit

The Trust has a 5-month certificate of deposit at a local credit union. The certificate bears an interest rate of 3.46% and matures on December 6, 2025 and was renewed after year end for another term.

Note 12: Subsequent Events

Management has evaluated subsequent events through April 13, 2026, the date when the financial statements were available to be issued.

NORTHERN NEW ENGLAND BENEFIT TRUST (DBA ALLEGIANT CARE)

Attachment to Form 5500 Schedule H, Line 4i

Supplemental Schedule of Assets (Held at End of Year)

August 31, 2025

Employer identification number 02-6015031

Three digit plan number 501

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	<u>INTEREST-BEARING CASH:</u>			
	Citizens Bank	Money market account	\$ 53,995,179	\$ 53,995,179
	<u>NON INTEREST-BEARING CASH:</u>			
	Citizens Bank	Operating checking account	74,473,281	74,473,281
	Total interest and non interest-bearing cash		128,468,460	128,468,460
	<u>CASH HELD IN INVESTMENT COMPANIES:</u>			
	Citibank NA	Investment account	85,590	85,590
	Bank of Baroda	Investment account	17	17
	Cash held by BNY Mellon	Investment account	219,341	219,341
	Total cash held in investment accounts		304,948	304,948
	<u>CERTIFICATE OF DEPOSIT:</u>			
	New England Teamsters Federal Credit Union	Certificate of deposit	1,281,845	1,281,845
	Total certificate of deposit		1,281,845	1,281,845
	<u>REAL ESTATE INVESTMENT FUNDS:</u>			
	Principal Enhanced Property Fund, L.P	Real estate partnership	14,163,382	17,580,297
	Intercontinental U.S. Real Estate Investment Fund	Real estate partnership	6,906,643	11,096,243
	Total real estate investment funds		21,070,025	28,676,540
	<u>REAL ESTATE HELD FOR RENTAL:</u>			
	53 Goffstown Road, Manchester New Hampshire	Commercial rental property	2,457,461	1,350,000
	Total real estate held for rental		2,457,461	1,350,000
	<u>PRIVATE EQUITY FUNDS:</u>			
	ABS Direct Equity Fund LLC - Emerging Markets Direct Portfolio	2.33% ownership	7,998,629	12,066,649
	ABS Opportunities LTD - Crossover Growth Portfolio	14.02% ownership	7,500,000	9,960,100
	ABS Global Pre-IPO LP	13.10% ownership	2,500,000	2,500,000
	Common Fund Daily Valued Aggregate Bond Index Fund	409,567.335 shares	47,351,739	43,052,984
	Common Fund Global Core Plus U.S. Dollar Hedged Fund	24,991.411 shares	268,413	333,385
	Common Fund Daily Valued Stock Index Fund	14,625.577 shares	17,378,135	39,120,606
	Alliance Bernstein Private Credit Investors Middle Market Direct Lending Fund II Feeder, LP	1.60% ownership	8,420,218	9,345,265
	The Ullico Infrastructure Tax-Exempt Fund, LP	40,369.01725 shares	9,756,196	12,399,601
	Total private equity funds		101,173,330	128,778,590

NORTHERN NEW ENGLAND BENEFIT TRUST (DBA ALLEGIANT CARE)

Attachment to Form 5500 Schedule H, Line 4i

Supplemental Schedule of Assets (Held at End of Year) (Continued)

August 31, 2025

Employer identification number 02-6015031

Three digit plan number 501

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
<u>COMMON STOCK:</u>				
*	Anheuser-Busch InBev	shares 5,500	\$ 632,377	\$ 344,685
*	United Parcel Services Incorporated Class B	shares 6,500	604,471	568,360
	Total common stock		<u>1,236,848</u>	<u>913,045</u>
<u>MUTUAL FUNDS:</u>				
	Aristotle Small Cap Equity Fund	shares 721,803	10,000,000	11,166,296
	Brandes Intl Small Cap Equity CL I	shares 18,070	470,026	466,025
	Eaton Vance Emerging Markets Debt Oppty CL	shares 388,174	2,883,213	3,198,553
	Eaton Vance Floating Rate ETF	shares 23,653	1,181,089	1,178,392
	Eaton Vance Short Duration Income ETF	shares 14,900	764,023	764,892
	Eaton Vance Short Duration Inflation Protected Income CL I	shares 122,670	1,249,411	1,262,271
	Eaton Vance Total Return ETF	shares 67,513	3,423,134	3,449,920
	First Eagle Global CL I	shares 21,334	1,319,773	1,718,256
	First Trust RBA American Indl Renaissance ETF	shares 12,262	1,053,893	1,122,463
	GMO Usonian Japan Value Creation CL I	shares 25,120	585,053	614,179
	Goldman Sachs Access Treasury 0-1YR ETF Pricing Basket	shares 74,273	7,422,658	7,442,882
	Goldman Sachs Equal Weight U.S. Large Cap Equity ETF	shares 9,000	647,239	758,070
	Goldman Sachs GQG Partners Intl Opptys CL I	shares 54,741	1,002,558	1,233,853
	Goldman Sachs Ultra Short Bond ETF	shares 35,966	1,810,903	1,821,317
	Invesco NASDAQ 100 ETF	shares 11,500	2,504,562	2,700,315
	Ishares 0-5 YR Tips Bond ETF	shares 6,700	689,500	695,996
	Ishares 7-10 YR Treasury Bond ETF	shares 4,302	411,830	413,637
	Ishares Core MSCI Emerging Markets ETF	shares 18,290	1,110,351	1,135,626
	Ishares Core MSCI Total Intl Stock ETF	shares 51,000	3,412,788	4,071,330
	Ishares Expanded Tech Software Sector ETF	shares 4,700	473,738	508,070
	Ishares Ibonds Dec 2025 Treasury ETF	shares 34,000	790,390	794,755
	Ishares Ibonds Dec 2026 Corp ETF	shares 55,255	1,336,574	1,340,480
	Ishares Ibonds Dec 2026 Treasury ETF	shares 144,680	3,308,980	3,318,244
	Ishares Ibonds Dec 2027 Treasury ETF	shares 44,500	1,000,590	1,001,918
	Ishares U.S. Equity Factor Rotation Active ETF	shares 38,950	2,056,185	2,230,277
	Janus Detroit Henderson AAA CLO ETF	shares 89,149	4,490,090	4,530,576
	John Hancock Multifactor Mid Cap ETF	shares 26,350	1,646,908	1,687,454
	John Hancock Preferred Income ETF	shares 82,401	1,859,205	1,889,455
	JP Morgan Active Bond ETF	shares 64,252	3,417,636	3,456,120
	JP Morgan Active Growth ETF	shares 9,210	823,421	819,966
	NYLI Mackay U.S. Infra Bond CL I	shares 221,321	1,674,090	1,699,742
	Pioneer Multi Asset Ultrashort Income CL Y	shares 106,447	1,029,163	1,029,339
	Proshares S&P 500 Div Aristocrats ETF	shares 10,860	1,036,638	1,138,454
	Spdr Blackstone High Income ETF	shares 105,350	2,951,655	3,020,384
	Spdr Intermediate Term Treasury ETF	shares 268,950	7,666,485	7,775,357
	Spdr Portfolio Aggregate Bond ETF	shares 182,000	4,615,054	4,670,127
	Spdr Portfolio S&P 500 ETF	shares 294,042	18,141,982	22,317,812
	Spdr Portfolio S&P 600 Small Cap ETF	shares 15,640	694,159	720,066
	Spdr S&P Regional Banking ETF	shares 20,072	1,209,714	1,314,917
	Spdr SSGA Ultra Short Term Bond ETF	shares 14,001	565,741	569,828
	Voya Gnma Income CL I	shares 973,273	7,239,825	7,309,282
	Voya Securitized Credit CL I	shares 635,093	5,777,083	6,141,348
	Wisdomtree Europe Hedged Small Cap Equity ETF	shares 12,600	793,006	887,836
	Wisdomtree Japan Opptys ETF	shares 26,752	996,983	1,070,080
	Total mutual funds		<u>117,537,299</u>	<u>126,456,160</u>
	Total assets held for investment purposes at year end		<u>\$ 372,248,371</u>	<u>\$ 414,947,743</u>

* Party-in-interest - qualified participating employer security

See Independent Auditor's Report.

NORTHERN NEW ENGLAND BENEFIT TRUST D/B/A ALLEGIANT CARE
Attachment to Form 5500 Schedule H, Line 4j
Supplemental Schedule of Reportable Transactions
For the Year Ended August 31, 2025

Employer identification number 02-6015031
Three digit plan number 501

<u>(a) Identity of party involved</u>	<u>(b) Description of asset (including interest rate and maturity in case of loan)</u>	<u>(c) Purchase price</u>	<u>(d) Selling price</u>	<u>(e) Lease rental</u>	<u>(f) Expense incurred with transaction</u>	<u>(g) Cost of asset</u>	<u>(h) Current value of asset on transaction date</u>
JPMorgan United States Government Money Market Fund	Money market fund series of transactions	\$ 143,770,308	-	-	-	-	\$ 143,770,308
JPMorgan United States Government Money Market Fund	Money market fund series of transactions	-	\$ (143,777,591)	-	-	\$ (143,777,591)	\$ (143,777,591)

See Independent Auditor's Report.

Northern New England Benefit Trust

Supplemental Schedules of Benefits Paid for Participants

<i>Years Ended August 31,</i>	2025	2024
Health and short-term disability benefits		
CIGNA medical claims	\$ 190,867,320	\$ 141,624,625
Elevance Health / Anthem medical claims	74,158,995	60,708,170
Elevance Health / Anthem medical claims - AB retiree	6,141,656	5,872,908
Disability payments	4,745,302	3,572,909
Amounts allocated to employee benefits	(1,127,574)	(990,354)
Total health and short-term disability benefits	274,785,699	210,788,258
Prescription benefits	47,379,387	37,007,654
Dental, vision and other benefits		
Dental benefits	15,459,378	13,140,909
Vision benefits	2,884,974	2,347,626
Flexible spending arrangement benefits	1,785,777	1,327,174
Health club benefits	15,900	14,000
Massage benefits	138,420	130,834
Hearing aid and other benefits	77,514	100,438
Total dental, vision and other benefits	20,361,963	17,060,981
Insurance premiums	8,986,586	7,778,937
Total benefits paid for participants	\$ 351,513,635	\$ 272,635,830

See Independent Auditor's Report.

Northern New England Benefit Trust

Supplemental Schedules of Benefit-Related Administrative Fees

<i>Years Ended August 31,</i>	2025	2024
Benefit-related administrative fees		
CIGNA Health	\$ 5,765,142	\$ 5,218,569
Elevance Health / Anthem Health	2,925,898	2,634,612
Elevance Health / Anthem retiree admin fees	292,020	335,901
ACA fees and other admin fees	120,902	105,757
Medical and dental consultant fees	48,000	48,000
Pharmacy administration fee	134,388	101,749
MetLife	422,235	345,683
Vision administration fee	87,405	76,709
Delta Dental	490,874	430,160
Flexible spending arrangement administration fee	52,244	53,456
Amounts allocated from pharmacy benefit manager	397,414	351,524
Total benefit-related administrative fees	\$ 10,736,522	\$ 9,702,120

See Independent Auditor's Report.

Northern New England Benefit Trust

Supplemental Schedules of Pharmacy Expenses

<i>Years Ended August 31,</i>	2025	2024
Pharmacy benefit manager claims	\$ 2,615,984	\$ 3,384,297
Pharmacy benefit manager expenses		
Administrative fees	17,284	15,626
Salaries and wages	722,328	618,446
Employee benefit programs	373,313	335,303
Legal fees	79,500	72,000
Consultant fees	264,516	256,831
Printing, supplies and other office expenses	33,803	30,531
Insurance	31,568	29,276
Payroll taxes	50,552	43,196
Telephone	6,059	8,238
Postage expense	82	150
Amounts allocated to benefit-related administrative fees	(397,414)	(351,524)
Total pharmacy benefit manager expenses	1,181,591	1,058,073
Total pharmacy expenses	\$ 3,797,575	\$ 4,442,370

See Independent Auditor's Report.

Northern New England Benefit Trust

Supplemental Schedules of Office and Administrative Expenses

<i>Years Ended August 31,</i>	2025	2024
Office and administrative expenses		
Salaries and wages	\$ 2,645,081	\$ 2,384,557
Employee benefit programs	1,802,876	1,604,477
Printing, supplies and other office expenses	522,727	477,166
Meeting expenses	176,499	171,562
Depreciation	39,686	60,482
Insurance	100,474	98,945
Postage expense	129,361	153,694
Other compensation and benefits	111,065	105,134
Telephone	48,255	48,948
Payroll taxes	189,115	168,262
Equipment maintenance	9,383	6,150
 Total office and administrative expenses	 \$ 5,774,522	 \$ 5,279,377

See Independent Auditor's Report.

Northern New England Benefit Trust

Supplemental Schedules of Professional Fees and Investment Expenses

<i>Years Ended August 31,</i>	2025	2024
Professional fees		
Legal fees	\$ 450,500	\$ 408,000
Audit and accounting fees	125,590	122,744
Computer system consultants and software license fees	813,148	884,315
Actuary, corporate risk, and other consultant fees	149,602	259,586
Total professional fees	\$ 1,538,840	\$ 1,674,645
Investment expenses		
The Bank of New York Mellon	\$ 107,370	\$ 73,130
Eldridge Investment Advisors	298,409	270,863
Marquette Associates, Inc.	87,011	75,000
Principal Enhanced Property Fund, LP. (PEPF)	200,732	204,072
Intercontinental U.S. Real Estate Investment Fund	92,893	98,929
AllianceBernstein	343,845	187,504
Ullico Investment Advisors, Inc.	180,107	185,352
Total investment expenses	\$ 1,310,367	\$ 1,094,850

See Independent Auditor's Report.

NORTHERN NEW ENGLAND BENEFIT TRUST D/B/A ALLEGIANT CARE
Attachment to Form 5500 Schedule H, Line 4j
Supplemental Schedule of Reportable Transactions
For the Year Ended August 31, 2025

Employer identification number 02-6015031
Three digit plan number 501

<u>(a) Identity of party involved</u>	<u>(b) Description of asset (including interest rate and maturity in case of loan)</u>	<u>(c) Purchase price</u>	<u>(d) Selling price</u>	<u>(e) Lease rental</u>	<u>(f) Expense incurred with transaction</u>	<u>(g) Cost of asset</u>	<u>(h) Current value of asset on transaction date</u>
JPMorgan United States Government Money Market Fund	Money market fund series of transactions	\$ 143,770,308	-	-	-	-	\$ 143,770,308
JPMorgan United States Government Money Market Fund	Money market fund series of transactions	-	\$ (143,777,591)	-	-	\$ (143,777,591)	\$ (143,777,591)

See Independent Auditor's Report.

NORTHERN NEW ENGLAND BENEFIT TRUST (DBA ALLEGIANT CARE)

Attachment to Form 5500 Schedule H, Line 4i

Supplemental Schedule of Assets (Held at End of Year)

August 31, 2025

Employer identification number 02-6015031

Three digit plan number 501

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	<u>INTEREST-BEARING CASH:</u>			
	Citizens Bank	Money market account	\$ 53,995,179	\$ 53,995,179
	<u>NON INTEREST-BEARING CASH:</u>			
	Citizens Bank	Operating checking account	74,473,281	74,473,281
	Total interest and non interest-bearing cash		128,468,460	128,468,460
	<u>CASH HELD IN INVESTMENT COMPANIES:</u>			
	Citibank NA	Investment account	85,590	85,590
	Bank of Baroda	Investment account	17	17
	Cash held by BNY Mellon	Investment account	219,341	219,341
	Total cash held in investment accounts		304,948	304,948
	<u>CERTIFICATE OF DEPOSIT:</u>			
	New England Teamsters Federal Credit Union	Certificate of deposit	1,281,845	1,281,845
	Total certificate of deposit		1,281,845	1,281,845
	<u>REAL ESTATE INVESTMENT FUNDS:</u>			
	Principal Enhanced Property Fund, L.P	Real estate partnership	14,163,382	17,580,297
	Intercontinental U.S. Real Estate Investment Fund	Real estate partnership	6,906,643	11,096,243
	Total real estate investment funds		21,070,025	28,676,540
	<u>REAL ESTATE HELD FOR RENTAL:</u>			
	53 Goffstown Road, Manchester New Hampshire	Commercial rental property	2,457,461	1,350,000
	Total real estate held for rental		2,457,461	1,350,000
	<u>PRIVATE EQUITY FUNDS:</u>			
	ABS Direct Equity Fund LLC - Emerging Markets Direct Portfolio	2.33% ownership	7,998,629	12,066,649
	ABS Opportunities LTD - Crossover Growth Portfolio	14.02% ownership	7,500,000	9,960,100
	ABS Global Pre-IPO LP	13.10% ownership	2,500,000	2,500,000
	Common Fund Daily Valued Aggregate Bond Index Fund	409,567.335 shares	47,351,739	43,052,984
	Common Fund Global Core Plus U.S. Dollar Hedged Fund	24,991.411 shares	268,413	333,385
	Common Fund Daily Valued Stock Index Fund	14,625.577 shares	17,378,135	39,120,606
	Alliance Bernstein Private Credit Investors Middle Market Direct Lending Fund II Feeder, LP	1.60% ownership	8,420,218	9,345,265
	The Ullico Infrastructure Tax-Exempt Fund, LP	40,369.01725 shares	9,756,196	12,399,601
	Total private equity funds		101,173,330	128,778,590

NORTHERN NEW ENGLAND BENEFIT TRUST (DBA ALLEGIANT CARE)

Attachment to Form 5500 Schedule H, Line 4i

Supplemental Schedule of Assets (Held at End of Year) (Continued)

August 31, 2025

Employer identification number 02-6015031

Three digit plan number 501

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
(a)	(b) Identity of issue, borrower, lessor or similar party				
<u>COMMON STOCK:</u>					
*	Anheuser-Busch InBev	shares	5,500	\$ 632,377	\$ 344,685
*	United Parcel Services Incorporated Class B	shares	6,500	604,471	568,360
Total common stock				1,236,848	913,045
<u>MUTUAL FUNDS:</u>					
	Aristotle Small Cap Equity Fund	shares	721,803	10,000,000	11,166,296
	Brandes Intl Small Cap Equity CL I	shares	18,070	470,026	466,025
	Eaton Vance Emerging Markets Debt Oppty CL	shares	388,174	2,883,213	3,198,553
	Eaton Vance Floating Rate ETF	shares	23,653	1,181,089	1,178,392
	Eaton Vance Short Duration Income ETF	shares	14,900	764,023	764,892
	Eaton Vance Short Duration Inflation Protected Income CL I	shares	122,670	1,249,411	1,262,271
	Eaton Vance Total Return ETF	shares	67,513	3,423,134	3,449,920
	First Eagle Global CL I	shares	21,334	1,319,773	1,718,256
	First Trust RBA American Indl Renaissance ETF	shares	12,262	1,053,893	1,122,463
	GMO Usonian Japan Value Creation CL I	shares	25,120	585,053	614,179
	Goldman Sachs Access Treasury 0-1YR ETF Pricing Basket	shares	74,273	7,422,658	7,442,882
	Goldman Sachs Equal Weight U.S. Large Cap Equity ETF	shares	9,000	647,239	758,070
	Goldman Sachs GQG Partners Intl Opptys CL I	shares	54,741	1,002,558	1,233,853
	Goldman Sachs Ultra Short Bond ETF	shares	35,966	1,810,903	1,821,317
	Invesco NASDAQ 100 ETF	shares	11,500	2,504,562	2,700,315
	Ishares 0-5 YR Tips Bond ETF	shares	6,700	689,500	695,996
	Ishares 7-10 YR Treasury Bond ETF	shares	4,302	411,830	413,637
	Ishares Core MSCI Emerging Markets ETF	shares	18,290	1,110,351	1,135,626
	Ishares Core MSCI Total Intl Stock ETF	shares	51,000	3,412,788	4,071,330
	Ishares Expanded Tech Software Sector ETF	shares	4,700	473,738	508,070
	Ishares Ibonds Dec 2025 Treasury ETF	shares	34,000	790,390	794,755
	Ishares Ibonds Dec 2026 Corp ETF	shares	55,255	1,336,574	1,340,480
	Ishares Ibonds Dec 2026 Treasury ETF	shares	144,680	3,308,980	3,318,244
	Ishares Ibonds Dec 2027 Treasury ETF	shares	44,500	1,000,590	1,001,918
	Ishares U.S. Equity Factor Rotation Active ETF	shares	38,950	2,056,185	2,230,277
	Janus Detroit Henderson AAA CLO ETF	shares	89,149	4,490,090	4,530,576
	John Hancock Multifactor Mid Cap ETF	shares	26,350	1,646,908	1,687,454
	John Hancock Preferred Income ETF	shares	82,401	1,859,205	1,889,455
	JP Morgan Active Bond ETF	shares	64,252	3,417,636	3,456,120
	JP Morgan Active Growth ETF	shares	9,210	823,421	819,966
	NYLI Mackay U.S. Infra Bond CL I	shares	221,321	1,674,090	1,699,742
	Pioneer Multi Asset Ultrashort Income CL Y	shares	106,447	1,029,163	1,029,339
	Proshares S&P 500 Div Aristocrats ETF	shares	10,860	1,036,638	1,138,454
	Spdr Blackstone High Income ETF	shares	105,350	2,951,655	3,020,384
	Spdr Intermediate Term Treasury ETF	shares	268,950	7,666,485	7,775,357
	Spdr Portfolio Aggregate Bond ETF	shares	182,000	4,615,054	4,670,127
	Spdr Portfolio S&P 500 ETF	shares	294,042	18,141,982	22,317,812
	Spdr Portfolio S&P 600 Small Cap ETF	shares	15,640	694,159	720,066
	Spdr S&P Regional Banking ETF	shares	20,072	1,209,714	1,314,917
	Spdr SSGA Ultra Short Term Bond ETF	shares	14,001	565,741	569,828
	Voya Gnma Income CL I	shares	973,273	7,239,825	7,309,282
	Voya Securitized Credit CL I	shares	635,093	5,777,083	6,141,348
	Wisdomtree Europe Hedged Small Cap Equity ETF	shares	12,600	793,006	887,836
	Wisdomtree Japan Opptys ETF	shares	26,752	996,983	1,070,080
Total mutual funds				117,537,299	126,456,160
Total assets held for investment purposes at year end				\$ 372,248,371	\$ 414,947,743

* Party-in-interest - qualified participating employer security

See Independent Auditor's Report.