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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] 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. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/06/1962

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)
BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND

350 FORDHAM ROAD
WILMINGTON, MA 01887

2b Employer Identification Number (EIN) 51-6040899

2c Plan Sponsor's telephone number 978-694-1000

2d Business code (see instructions) 236200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	JOSEPH BYRNE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	THOMAS S.GUNNING
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	45727
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	16341
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	15923
b	Retired or separated participants receiving benefits	**6b**	17437
c	Other retired or separated participants entitled to future benefits	**6c**	7536
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	40896
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4424
f	Total. Add lines **6d** and **6e**.	**6f**	45320
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	1085

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

1B

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

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

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

a Pension Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND

D Employer Identification Number (EIN)
51-6040899

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
AETNA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	000917	30	01/01/2025	12/31/2025

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	**(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	357382
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.	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	408522
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)	15857		
	(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)	15857
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	424379
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	55573		
	(2) Administration charge made by carrier	7e(2)	11424		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	66997
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	357382

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND

D Employer Identification Number (EIN)
51-6040899

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
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	1840	5	01/01/2025	12/31/2025

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	(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	396177
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.	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	397932
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	12253		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	12253
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	410185
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10403		
	(2) Administration charge made by carrier	7e(2)	3605		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	14008
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	396177

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND

D Employer Identification Number (EIN)
51-6040899

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
UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02210		01/01/2025	12/31/2025

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	(b) Total amount of fees paid
19534	181710

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

ULLICO INVESTMENT COMPANY, LLC
8403 COLESVILLE ROAD
13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
19534			0

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

THE UNION LABOR LIFE INSURANCE CO
8403 COLESVILLE ROAD
13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	181710	ASSET MANAGEMENT FEES	7

(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	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND

D Employer Identification Number (EIN)
51-6040899

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
UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA01299		01/01/2025	12/31/2025

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	(b) Total amount of fees paid
3409	31713

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

ULLICO INVESTMENT COMPANY, LLC
8403 COLESVILLE ROAD
13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
3409			0

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

THE UNION LABOR LIFE INSURANCE CO
8403 COLESVILLE ROAD
13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	31713	ASSET MANAGEMENT FEES	7

(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	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND

D Employer Identification Number (EIN)
51-6040899

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2025		
b	Assets		
(1)	Current value of assets	**1b(1)**	4909692716
(2)	Actuarial value of assets for funding standard account	**1b(2)**	5223140627
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	5919275230
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	5596450630
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	8263525237
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	172191401
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	412483059
(3)	Expected plan disbursements for the plan year	**1d(3)**	423983059

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date: 09/30/2026
KATHLEEN A. RILEY, FSA, MAAA, EA	26-04134
Type or print name of actuary	Most recent enrollment number
SEGAL	617-424-7300
Firm name	Telephone number (including area code)
116 HUNTINGTON AVE., SUITE 901 BOSTON, MA 02116-5749	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	4909855923
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		21732	4673421921
(2) For terminated vested participants		8129	994421238
(3) For active participants:			
(a) Non-vested benefits			183816972
(b) Vested benefits			2411865106
(c) Total active		14565	2595682078
(4) Total		44426	8263525237
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	59.42 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/15/2025	289512940	0			

	Totals ►	**3(b)**	289512940	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	93.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9MP	9MP
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	7.25 %	7.25 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.7 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	5.3 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	11500000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	85460859	8887503
3	53310502	5544026
3	14608500	14608500

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	63585327

6 Checklist of certain actuarial assumptions:

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

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
4	-86763122	-9022932

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

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

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	1642861266		284260255
(2) Funding waivers	**9c(2)**	0		0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0		0
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	25218805
e Total charges. Add lines 9a through 9d			**9e**	373064387
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	408665787
g Employer contributions. Total from column (b) of line 3			**9g**	289512940
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	538060876		82914555
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	45259849
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	1589266566		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	2355862975		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	826353131
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	453288744
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND

D Employer Identification Number (EIN)
51-6040899

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ABS GLOBAL INVESTMENTS

13-4205457

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

ACTIS GP LLP
2 MORE LONDON RIVERSIDE
LONDON, UNITED KINGDOM SE1 2JT GB

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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

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

ALTARIS CAPITAL PARTNERS LLC

20-5988933

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

AMERICAN REALTY ADVISORS LLC

33-0123114

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

ARES EIF MANAGEMENT V LP

1800 AVENUE OF THE STARS
SUTE 1400
LOS ANGELES, CA 90067

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

ATLAS VENTURE LIFE SCIENCE ADVISORS

47-2411602

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

AUDAX MANAGEMENT COMPANY (NY) LLC

04-3525044

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

AZTEC FINANCIAL SERVICES (GUERNSEY)

PO BOX 656 EAST WING TRAFALGAR COURT
LES BANQUES, ST PETER PORT GY13PP GG

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

BASALT INFRASTRUCTURE PARTNERS II

98-1338721

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

BASALT INFRASTRUCTURE PARTNERS III

98-1522136

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

BASALT INFRASTRUCTURE PARTNERS IV

98-1669601

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

BLACKROCK FINANCIAL MANAGEMENT INC

13-3806691

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

BLACKSTONE INFRASTRUCTURE ADVISORS

345 PARK AVENUE
NEW YORK, NY 10154

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

BRIGADE CAPITAL MANAGEMENT LP

26-0240191

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

CAI MANAGER LP

39 FORREST STREET
SUITE 201
MILL VALLEY, CA 94941

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

CCP III ADVISORY LTD

28F CITIC TOWER 1 TIM MEI AVENUE
CENTRAL, HONG KONG SAR HK

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

CHARLESBANK CAPITAL PARTNERS LLC

04-3419769

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

CHEQUERS PARTENAIRES SA

5 RUE FRANCOIS 1ER
PARIS, FRANCE 75008 FR

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

CONSTITUTION CAPITAL EQUITY PARTNER

74-3246212

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

CW INVESTMENT ADVISERS, LLC

83-1683625

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

CZECH ASSET MANAGEMENT LP

45-3236373

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

DBG FUND VII GP S.A.R.1

8 RUE LOU HEMMER SENNINGERBERG
GRAND-DUCHE DE LUXEMBO, LUXEMBOURG 1748 LU

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

DIMENSIONAL FUND ADVISORS LP

30-0447847

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

DOVER IX ASSOCIATES LP

98-1251694

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

EIF UNITED STATES POWER IV LLC

1800 AVENUE OF THE STARS
SUITE 1400
LOS ANGELES, CA 90067

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

PATRIA CAPITAL PARTNERS LLP

NEW CLARENDON HOUSE 114-116 GEORGE STREET
EDINBURGH, SCOTLAND EH24LH GB

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

FIRST EAGLE INVESTMENT MGMT LLC

57-1156902

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

FLAGSHIP PIONEERING INC

55 CAMBRIDGE PARKWAY
SUITE 800E
CAMBRIDGE, MA 02142

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

GAMUT CAPITAL MANAGEMENT LP

47-4084591

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

GAUGE CAPITAL LLC

46-3013665

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

GCM GROSVENOR LP

20-3979494

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

GEM REALTY MANAGERS V LP

80-0881501

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

GLOBAL INFRASTRUCTURE MGMT LLC

50 HUDSON YARDS
NEW YORK, NY 10001

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

GLOBAL TRUST COMPANY

12 GILL STREET
SUITE 2600
WOBURN, MA 01801

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

GOLUB CAPITAL BDC 4 INC

88-1608711

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

GQG PARTNERS

450 EAST LAS OLAS BLVD
SUITE 750
FORT LAUDERDALE, FL 33301

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

GRAIN MANAGEMENT LLC

27-2066237

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

GREAT GRAY TRUST COMPANY LLC

92-1941236

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

GREENBRIAR EQUITY GROUP LP

13-4089194

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

GTIS PARTNERS LP

787 7TH AVENUE
50TH FLOOR
NEW YORK, NY 10019

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

H.I.G. CAPITAL LLC

65-0863927

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

HAMILTON LANE ADVISORS LLC

23-2962336

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

HARBOURVEST IX BUYOUT ASSOC LP

32-0292083

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

HARBOURVEST PARTNERS LP

74-3130888

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

JMI MANAGEMENT LP

20-2772092

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

K1 INVESTMENT MANAGEMENT LLC

27-4741827

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

KEROGEN GENERAL PARTNER II LTD

ONE NEXUS WAY
CAMANA BAY, GRAND CAYMAN KY1-9005 KY

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

KPS CAPITAL PARTNERS LP

ONE VANDERBILT AVENUE
52ND FLOOR
NEW YORK, NY 10017

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

MAINSAIL GP VII LLC

33-3137293

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

MBK MANAGEMENT INC

SUITE 1707-08 ONE EXCHANGE SQUARE 8 CONNAUGHT PLACE
CENTRAL, HONG KONG 999077 HK

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

MCMORGAN & COMPANY LLC

52-2334338

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

NB STRATEGIC CO-INVEST CAYMAN IV LP

98-1444679

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

NEUBERGER BERMAN TRUST COMPANY NA

27-2510082

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

NEWTOWER TRUST COMPANY

30-0872552

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

OAKLEY CAPITAL V S.A.R.1

8 RUE LOU HEMMER SENNINGERBERG
GRAND-DUCHE DE LUXEMBO, LUXEMBOURG 1748 LU

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

OAKLEY CAPITAL VI S.A.R.1

26A BOULEVARD ROYAL LUXEMBOURG
GRAND-DUCHE DE LUXEMBO, LUXEMBOURG 2449 LU

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

OAKTREE CAPITAL MANAGEMENT LP

26-0189082

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

ONCAP MANAGEMENT PARTNERS LP

161 BAY STREET SUITE 4900
TORONTO, ONTARIO M5J 2S1 CA

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

ONE RIVER ASSET MANAGEMENT LLC

46-2311563

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

ORION CAPITAL MANAGERS LLP

63 BROOK STREET
LONDON, UNITED KINGDOM W1K4HS GB

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

ORION MINE FINANCE FUND IV LP

251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

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

PACIFIC INVESTMENT MGMT CO LLC

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

PAG ASIA CAPITAL GP I LTD

103 SOUTH CHURCH STREET 2ND FLOOR
HARBOUR PLACE, GRAND CAYMAN KY1 1106 KY

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

PAG ASIA CAPITAL GP II LTD

98-1273928

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

PAG ASIA CAPITAL GP III LTD

98-1446205

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

PAINE SCHWARTZ PARTNERS LLC

475 FIFTH AVENUE
17TH FLOOR
NEW YORK, NY 10017

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

PAINE SCHWARTZ PTNRS FUND V MGMT

475 FIFTH AVENUE
17TH FLOOR
NEW YORK, NY 10017

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

PANTHEON VENTURES (US) LP

555 CALIFORNIA STREET
SUITE 3450
SAN FRANCISCO, CA 94104

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

PANTHEON VENTURES INC

555 CALIFORNIA STREET
SUITE 3450
SAN FRANCISCO, CA 94104

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

PATRIA-PRIVATE EQUITY GP VI LTD

98-1411655

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

PBPE GP V LTD

98-1179780

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

REF IV ASSOCIATES LP

630 5TH AVE
SUITE 400
NEW YORK, NY 10111

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

RELATED REAL ESTATE DEBT FUND IV LP

88-4336057

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

RELATED REAL ESTATE FUND III LP

83-4237103

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

RELATED REAL ESTATE FUND IV LP

99-0494266

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

RELIANCE TRUST COMPANY

58-1428634

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

RICHMOND CAPITAL MANAGEMENT INC

1509A BELLEVILLE STREET
RICHMOND, VA 23230

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

RIDGEWOOD ENERGY CORPORATION

76-0036505

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

RMCF III ASSOCIATES LLC

630 5TH AVE
SUITE 400
NEW YORK, NY 10111

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

SEIDLER KUTSENDA MGMT COMPANY LLC

75-3143904

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

SENTINEL CAPITAL PARTNERS LLC

ONE VANDERBILT AVENUE
53RD FLOOR
NEW YORK, NY 10017

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

SIGULER GUFF ADVISERS LLC

13-3855629

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

SK CAPITAL MANAGEMENT V LP

98-1410660

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

SOLAMERE CAPITAL AF IV-A LP

86-1271961

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

SOLE SOURCE CAPITAL LLC

4143 MAPLE AVENUE
SUITE 240
DALLAS, TX 75219

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

SOUTHERN CROSS GROUP MANAGEMENT LP

98-0518602

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

STELLEX MANAGEMENT II LP

85-0642214

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

STG VI GP LP

1300 EL CAMINO REAL
SUITE 300
MENLO PARK, CA 94025

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

STG VII GP LP

1300 EL CAMINO REAL
SUITE 300
MENLO PARK, CA 94025

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

TA XII-B EU AIV LP

98-1296319

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

TA XII-B LP

30-0864929

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

TA XIII-B LP

98-1477051

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

TA XIV-B LP

98-1593568

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

THIRD ROCK VENTURES IV LP

81-4370882

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

THIRD ROCK VENTURES V LP

84-1868726

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

THIRD ROCK VENTURES VI LP

88-2485899

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

TOWERBROOK INVESTORS IV LP (ONSHORE

98-1075105

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

TRILANTIC CAPITAL MANAGEMENT LP

26-4600829

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

ULLICO INVESTMENT ADVISORS INC

52-6435649

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

VISTA EQUITY PRTNERS FUND IV GP LLC

4 EMBARCADERO CENTER
20TH FLOOR
SAN FRANCISCO, CA 94111

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

VITRUVIAN PARTNERS LLP

105 WIGMORE STREET
LONDON, UNITED KINGDOM W1U 1QY GB

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

WESTPORT CAPITAL PARTNERS LLC

20-3834766

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

WHITE DEER MANAGEMENT

700 LOUISIANA STREET
SUITE 4770
HOUSTON, TX 77002

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

WYNNCHURCH CAPITAL PARTNERS VI LP

6250 N RIVER ROAD
SUITE 10-110
ROSEMONT, IL 60018

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

ARISTOTLE PACIFIC CAPITAL LLC

32-0710746

(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)

MIDIOR CONSULTING

04-3340176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	905312	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEKETA INVESTMENT GROUP INC.

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	831226	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARTISAN PARTNERS LMTD PARTNERSHIP

30-0551775

(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 52 68	NONE	827123	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(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 16 50	NONE	709443	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALAN D. BILLER & ASSOCIATES INC.

94-2854958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	706772	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	562917	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BNY MELLON INVESTMENT ADVISER INC

13-5673135

(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 52	NONE	521197	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WASHINGTON CAPITAL MANAGEMENT, INC

91-1042342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	491001	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAJESCO

77-0309142

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	474321	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PRISA III

751 BROAD STREET
NEWARK, NJ 07102

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	466951	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	405719	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOOMIS SAYLES & COMPANY

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	360135	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

STATE STREET BANK & TRUST CO.

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 52 62 99	NONE	316483	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	311952	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KRAKOW SOURIS & LANDRY LLC

04-3363718

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	287800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE A

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	254388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE REVOLT GROUP LLC

46-3524964

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	253090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE B

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	248511	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)

DODGE & COX INVESTMENT MANAGERS

94-1441976

(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 52 68	NONE	239578	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

VICTORY CAPITAL MANAGEMENT INC

13-2700161

(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 68	NONE	227609	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	217357	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

36 SOUTH INVEST MGRS (CAYMAN) LTD

PO BOX 309 UGLAND HOUSE
GRAND CAYMAN, CAYMAN ISLANDS KY1 1104 KY

(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 52 61	NONE	214520	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

EMPLOYEE C

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	206498	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RICE HALL JAMES & ASSOC LLC

43-1992528

(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 52	NONE	195413	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

OREILLY GROSSO GROSS & JONES, PC

04-3318596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	188565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE D

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	182993	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	172227	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)

VIRGINIA & AMBINDER, LLP

13-4166736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	167990	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE E

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	156247	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE F

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	155918	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ACCELERATED INFORMATION SYSTEMS

20-2730212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	145375	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE G

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	144231	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE H

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	144153	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE I

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	136220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE J

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	131696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE K

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	130407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE L

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	130047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE M

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	129592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE N

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	127920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE O

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	123833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE P

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	122140	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE JOURNEYMAN PRESS

46-5227450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	121115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE Q

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	114880	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE R

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	114679	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE S

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	114523	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE T

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	113529	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE U

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	110411	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE V

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	108413	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	108154	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE W

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	105740	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE X

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	103976	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE Y

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	98043	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE Z

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	97789	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AA

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	97160	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE AB

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	93955	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AC

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	92432	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AD

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	91908	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BLACKROCK INSTL TRUST COMPANY N.A.

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51 52 68	NONE	91157	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

IRON MOUNTAIN

23-2588479

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	90524	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AE

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	90181	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE AF

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	86991	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AG

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	86720	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AH

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	86110	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE AI

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	85508	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AJ

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	85212	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AK

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	84847	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE AL

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	84211	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

J.P. MORGAN CHASE BANK NATL ASSOC.

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	81931	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AM

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	80226	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE AN

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79730	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AO

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79406	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AP

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79265	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE AQ

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79085	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AR

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	77379	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AS

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	75578	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WITHUMSMITH+BROWN, P.C.

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	74643	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE AT

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	73668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE AU

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	73191	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE AV

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	72945	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AW

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	72861	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AX

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	72856	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE AY

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	71059	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE AZ

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	69483	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BA

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	69171	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE BB

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	68788	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE BC

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	68472	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE BD

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	68394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE BE

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	67153	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BF

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	66784	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BG

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	66756	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE BH

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	65934	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIRST ACTUARIAL CONSULTING INC

26-3842522

(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 16 50	NONE	65450	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BI

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	65398	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NATIONAL SOFTWARE INC

46-0638016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	65230	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BJ

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	64921	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BK

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	63914	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE BL

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	63863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE BM

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	63661	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE BN

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	63313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE BO

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	63190	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BP

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	62969	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BQ

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	62889	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE BR

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	62355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE BS

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	61974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE BT

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	61258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE BU

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	61079	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BV

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	60269	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BW

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	59753	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE BX

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	59178	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BY

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	58637	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE BZ

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	58599	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE CA

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	57615	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE CB

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	56426	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE CC

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53577	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE CD

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53178	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE CE

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	52364	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE CF

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	51326	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE CG

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	50435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE CH

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	50151	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE CI

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	49371	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)

OPUS INVESTMENT ADVISORS LLC

41-2063321

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	49199	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE CJ

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	48716	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE CK

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47467	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE CL

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47114	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE CM

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	46914	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BURNELL CONTROLS INC

153 ANDOVER ST
SUITE 202
DANVERS, MA 01923

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	46435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE CN

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45686	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE CO

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	44259	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMMONWEALTH CASH MANAGEMENT CORP

20-5649212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	43597	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE CP

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43105	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON TRUST COMPANY NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	42377	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE CQ

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	41875	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE CR

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	41156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE CS

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEVY CHASE TRUST COMPANY

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	40462	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE CT

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40155	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PERFECT PRINTING SOLUTIONS

47-4140223

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	39641	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE CU

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	39491	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE CV

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	39049	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE CW

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	38587	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE CX

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	37909	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)

RHUMBLINE ADVISERS LMTD PARTNERSHIP

04-3118582

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	36787	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HYGRADE BUSINESS GROUP

22-2392031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	36441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JJ PIERSON ESQ

37-1801501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	36000	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)

AMERICAN CLEANING COMPANY

04-1026920

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	35033	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE CY

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	30799	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE CZ

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	30653	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EMPLOYEE DA

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	30350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE DB

04-2305512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	29868	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JM SERVICE COMPANY

86 RIVER ST
BRAINTREE, MA 02184

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27470	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)

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 51 52 67 68	NONE	26174	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LAND SOLUTIONS

82-2325672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	22406	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHRED-IT USA

46-5506074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	21764	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STRATUS BUILDING SOLUTIONS

27-0507134

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	19556	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PERFORMANCE ENVIRONMENTAL SERVICES

27-0492390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	18787	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN ALARM & COMMUNICATIONS INC

297 BROADWAY
ARLINGTON, MA 02474

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	16477	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)

KEATING PROPERTY SERVICES

46-5167231

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14221	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARCARA LENDA EUSANIO & STACEY, CPAS

47-1793720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	13511	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROXYVOTE PLUS HOLDINGS INC.

20-0509976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	13500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LENDINGCLUB BANK

85-4191886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64	NONE	13200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FRONTLINE COURIER SERVICE INC

04-3213826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12850	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARETE ADVISORS

81-3930932

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9138	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STANLEY ELEVATOR CO

120 LELAND STREET
UNIT 18
FRAMINGHAM, MA 01702

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER LANDSCAPING INC

04-2759853

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POTOMAC ASSET MANAGEMENT

52-1224946

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	7500	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)

TG GALLAGHER

309 WAVERLY OAKS ROAD
SUITE 200
WALTHAM, MA 02452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7363	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROOTER MAN

268 RANGEWAY RD
NORTH BILLERICA, MA 02184

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6565	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALL AMERICAN WASTE

19 WHEELER ST
NEW HAVEN, CT 06512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6264	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LEXISNEXIS RISK SOLUTIONS FL INC

41-1815880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	6238	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51 52	NONE	6129	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

AMALGAMATED MEDICAL CARE MANAGEMENT

13-3860528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5576	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(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?
22 53	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	61865	Yes [ ] No [X]

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

UNION LABOR LIFE INSURANCE COMPANY

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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
SEGAL SELECT INSURANCE SVCS INC	53	31381
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHUBB 13-1963496	INSURANCE BROKERAGE COMMISSIONS AND FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SVCS INC	53	16463
(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.	
ENCORE FIDUCIARY 45-3957469	INSURANCE BROKERAGE COMMISSIONS AND FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SVCS INC	53	6520
(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.	
HARTFORD FIRE INSURANCE CO 06-0383750	INSURANCE BROKERAGE COMMISSIONS AND FEES	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SVCS INC	53	4915
(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.	
RLI INSURANCE 37-0915434	INSURANCE BROKERAGE COMMISSIONS AND FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SVCS INC	53	2586
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRAVELERS INSURANCE 06-0566090	INSURANCE BROKERAGE COMMISSIONS AND FEES	

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND

D Employer Identification Number (EIN)
51-6040899

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: 0-5 YEAR US TIPS FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-3843139-001	C	35125262

a Name of MTIA, CCT, PSA, or 103-12 IE: 1-3 YR GOVT/CREDIT BOND INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-5012611-001	C	44455390

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6328901-001	C	8089411

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6257033-006	C	4057926

a Name of MTIA, CCT, PSA, or 103-12 IE: BR JPM EMBI GLBL DIV IDX FD C

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-2484172-001	C	0

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

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
86-1583137-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 GROWTH FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3302953-001	C	12518966

a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TR FD CORE BOND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN 20-3847783-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111048556

a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TR FD STRAT PROP

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN 13-6038770-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15062223

a Name of MTIA, CCT, PSA, or 103-12 IE: CRESCENT CAPITAL TRUST II (LEVERED)

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

c EIN-PN 32-6471303-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13859989

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

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 94-6596958-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61986688

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

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 94-6052285-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27051805

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PTNRS EMERGING MKTS EQUITY CIT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

c EIN-PN 99-2168061-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97256530

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PTNRS EMERGING MKTS EQUITY CIT

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

c EIN-PN 82-6258259-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST PTNRS IX LP

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS LLC

c EIN-PN 80-0653172-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3767003

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST PTNRS VIII-BUYOUT FD LP

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS LLC

c EIN-PN 34-2063501-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15888

a Name of MTIA, CCT, PSA, or 103-12 IE: HRBRVST VIII-CAYMAN MEZ & DIST DEBT

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS LLC

c EIN-PN 98-0494212-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54489

a Name of MTIA, CCT, PSA, or 103-12 IE: HRBRVST VIII-MEZZ & DISTRESSED DEBT

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS LLC

c EIN-PN 34-2063515-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36243

a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOURVEST PTNRS VIII-VENTURE FUND

b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS LLC

c EIN-PN 34-2063502-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2767071

a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INTL EQ GROUP TRUS

b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC

c EIN-PN 26-6493485-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25589067

a Name of MTIA, CCT, PSA, or 103-12 IE: MCMORGAN INFRASTRUCTURE FUND I LP

b Name of sponsor of entity listed in (a): MCMORGAN & COMPANY LLC

c EIN-PN 30-0808269-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11594534

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EMERGING MARKETS FREE FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 33-1030441-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23567689

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

b Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT ADVISER, INC

c EIN-PN 76-6192146-003	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82883758

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN STRAT MS FI TRUST

b Name of sponsor of entity listed in (a): NEUBERGER BERMAN TRUST COMPANY, NA

c EIN-PN 20-4797982-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166247762

a Name of MTIA, CCT, PSA, or 103-12 IE: NEWTOWER TRUST COMPANY MEPT

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

c EIN-PN 52-6218800-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11616835

a Name of MTIA, CCT, PSA, or 103-12 IE: PACIFIC ASSET MANAGEMENT BK LOAN FD

b Name of sponsor of entity listed in (a): PAM BANK LOAN GP LLC

c EIN-PN 46-5076716-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PROLOAN BOND FUND, LLC

b Name of sponsor of entity listed in (a): PROLOAN BOND FUND LLC

c EIN-PN 26-3436991-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19538767

a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMBLINE QSI INDEX LLC

b Name of sponsor of entity listed in (a): RHUMBLINE ADVISERS CORP

c EIN-PN 26-0137355-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 94-3273839-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49190477

a Name of MTIA, CCT, PSA, or 103-12 IE: SENIOR FLOATING RATE FUND LLC

b Name of sponsor of entity listed in (a): LOOMIS SAYLES AND COMPANY, LP

c EIN-PN 82-0542784-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 94-6450621-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212769

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P GLOB LGMIDCAP NAT RES IDX NL FD

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

c EIN-PN 90-0337987-287	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5509086

a Name of MTIA, CCT, PSA, or 103-12 IE: UBC RUSSELL 3000 INDEX TRUST

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

c EIN-PN 20-2583973-306	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 810307586

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRAST TAXABLE FUND LP

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC

c EIN-PN 45-5209095-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88397914

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

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

c EIN-PN 13-1423090-203	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: US DEBT INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 94-6589507-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46975601

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

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, NA

c EIN-PN 94-3410125-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92509023

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF EMERGING LOCAL DEBT PORT

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-2594633-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND

D Employer Identification Number (EIN)
51-6040899

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	5496245	700
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12163915	14029720
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11121896	118627600
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	197793957	179962614
(2) U.S. Government securities	1c(2)	191382384	65869359
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	12231580	9954499
(B) All other	1c(3)(B)	133753126	46314502
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	6603669	7753020
(B) Common	1c(4)(B)	648371772	426500576
(5) Partnership/joint venture interests	1c(5)	1979372206	2179895158
(6) Real estate (other than employer real property)	1c(6)	130852902	129804875
(7) Loans (other than to participants)	1c(7)	26559826	5310439
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	977961806	1636649574
(10) Value of interest in pooled separate accounts	1c(10)	38915145	
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	490485491	234644734
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	152747462	345525948
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	799873	748929
(15) Other	1c(15)	36284916	11985435

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	33153385	7358851
1f Total assets (add all amounts in lines 1a through 1e)	1f	5086051556	5420936533
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	59812073	64836858
1i Acquisition indebtedness	1i	46005038	46723395
1j Other liabilities	1j	70378522	23601425
1k Total liabilities (add all amounts in lines 1g through1j)	1k	176195633	135161678
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	4909855923	5285774855

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)	289512935	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		289512935
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2261993	
(B) U.S. Government securities	2b(1)(B)	3612500	
(C) Corporate debt instruments	2b(1)(C)	3249335	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7683386	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16807214
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	7302808	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6378971	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		13681779
(3) Rents	2b(3)		551948
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1867231480	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2006994338	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-139762858
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	10569667	
(B) Other	2b(5)(B)	375239462	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		385809129

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		141332845
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2473196
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		47922128
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		32756091
c Other income	2c		2881931
d Total income. Add all **income** amounts in column (b) and enter total	2d		793966338
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	392816641	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		392816641
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)	13842137	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	916371	
(4) IQPA audit fees	2i(4)	140000	
(5) Investment advisory and investment management fees	2i(5)	8617843	
(6) Bank or trust company trustee/custodial fees	2i(6)	316483	
(7) Actuarial fees	2i(7)	704893	
(8) Legal fees	2i(8)	506628	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	138600	
(11) Other expenses	2i(11)	47810	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		25230765
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		418047406
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		375918932
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: SCHULTHEIS & PANETTIERI **(2)** EIN: 13-1577780

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		2474822586
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589895.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND

D Employer Identification Number (EIN)
51-6040899

Part I Distributions

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

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

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

EIN(s): 04-2305512 06-6033492

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 199

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer CENTURY DRYWALL INC

b EIN 05-0460679 **c** Dollar amount contributed by employer 7376638

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

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

a Name of contributing employer NEW ENGLAND FINISH SYSTEMS

b EIN 68-0641275 **c** Dollar amount contributed by employer 6301579

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

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

a Name of contributing employer RIGGS CONTRACTING INC

b EIN 26-0358105 **c** Dollar amount contributed by employer 4842732

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

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

a Name of contributing employer TURNER CONSTRUCTION COMPANY

b EIN 13-1401980 **c** Dollar amount contributed by employer 4584350

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

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

a Name of contributing employer SWEENEY DRYWALL FINISHES

b EIN 04-3161586 **c** Dollar amount contributed by employer 4417036

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

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

a Name of contributing employer MARGUERITE CONCRETE CONTRACTOR

b EIN 04-3035873 **c** Dollar amount contributed by employer 3913746

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer H CARR & SONS LLC

b EIN 05-0117010 **c** Dollar amount contributed by employer 3728176

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

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

a Name of contributing employer PROFESSIONAL DRYWALL CONST INC

b EIN 04-3293344 **c** Dollar amount contributed by employer 3336570

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

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

a Name of contributing employer MURNANE CONSTRUCTION SERVICES

b EIN 14-1827655 **c** Dollar amount contributed by employer 3093073

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

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

a Name of contributing employer S & F CONCRETE COMPANY

b EIN 04-2439090 **c** Dollar amount contributed by employer 3080925

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	0
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	0
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	0

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 32.00 % Private Equity: 18.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 20.00 %
High-Yield Debt: 0.00 % Real Assets: 28.00 % Cash or Cash Equivalents: 1.00 % Other: 1.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
[ ] 0-5 years [X] 5-10 years [ ] 10-15 years [ ] 15 years or more

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

[ ] Design-based safe harbor method

[ ] "Prior year" ADP test

[ ] "Current year" ADP test

[X] N/A

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

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Independent Auditor's Report

Board of Trustees
North Atlantic States Carpenters Pension Fund

Opinion

We have audited the accompanying financial statements of the North Atlantic States Carpenters Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the years ended December 31, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 22 through 66 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on page 67 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Schultheis + Panettieri, LLP

Hauppauge, New York
October 1, 2026

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] 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. ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/06/1962

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)

BOT OF THE NORTH ATLANTIC STATES
CARPENTERS PENSION FUND

350 FORDHAM ROAD

WILMINGTON MA 01887

2b Employer Identification Number (EIN) 51-6040899

2c Plan Sponsor's telephone number (978) 694-1000

2d Business code (see instructions) 236200

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

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

SIGN HERE	X [signature] Signature of plan administrator	10/08/26 Date	X Joseph Byrne Enter name of individual signing as plan administrator
SIGN HERE	X [signature] Signature of employer/plan sponsor	10/08/26 Date	X Thomas S. Gunnis 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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	45,727
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	16,341
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	15,923
b	Retired or separated participants receiving benefits	**6b**	17,437
c	Other retired or separated participants entitled to future benefits	**6c**	7,536
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	40,896
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4,424
f	Total. Add lines **6d** and **6e**.	**6f**	45,320
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	1,085

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

1B

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

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

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

a Pension Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

A Name of plan
N. ATLANTIC STATES CARP. PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND

D Employer Identification Number (EIN)
51-6040899

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
	(1) Current value of assets	1b(1)	4,909,692,716
	(2) Actuarial value of assets for funding standard account	1b(2)	5,223,140,627
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	5,919,275,230
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
	(3) Accrued liability under unit credit cost method	1c(3)	5,596,450,630
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	8,263,525,237
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	172,191,401
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	412,483,059
	(3) Expected plan disbursements for the plan year	1d(3)	423,983,059

Statement by Enrolled Actuary

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

SIGN HERE

Kathleen A. Riley KCR — Signature of actuary

09/30/2026 — Date

KATHLEEN A. RILEY, FSA, MAAA, EA — Type or print name of actuary

2604134 — Most recent enrollment number

SEGAL — Firm name

617-424-7300 — Telephone number (including area code)

116 HUNTINGTON AVE., SUITE 901
BOSTON MA 02116-5749
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	4,909,855,923
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		21,732	4,673,421,921
(2) For terminated vested participants		8,129	994,421,238
(3) For active participants:			
(a) Non-vested benefits			183,816,972
(b) Vested benefits			2,411,865,106
(c) Total active		14,565	2,595,682,078
(4) Total		44,426	8,263,525,237
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	59.41 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)		**(b)** Amount paid by employer(s)		**c)** Amount paid by employees
07/15/2025	289,512,940	0					
			Totals ►	**3(b)**	289,512,940	**3(c)**	0

(d) Total withdrawal liability amounts included in line 3(b) total — **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	93.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

Line 3(a): Contributions received continuously throughout the year.

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method — **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a**: 4.01 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9MP	9MP
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	7.25 %	7.25 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.7 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	5.3 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	11,500,000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	85,460,859	8,887,503
3	53,310,502	5,544,026
3	14,608,500	14,608,500
4	-86,763,122	-9,022,932

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval — **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) — **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension — **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	63,585,327
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	1,642,861,266	284,260,255
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	25,218,805
e Total charges. Add lines 9a through 9d		**9e**	373,064,387
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	408,665,787
g Employer contributions. Total from column (b) of line 3		**9g**	289,512,940
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	538,060,876	82,914,555
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	45,259,849
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	1,589,266,566	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	2,355,862,975	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	826,353,131
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	453,288,744
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			[X] Yes [ ] No

Section 3: Actuarial Valuation Results

- Based on the procedure approved by the Trustees, the assumptions and methods are reasonable to determine the unfunded value of vested benefits for purposes of withdrawal liability.
- The unfunded liability for vested benefits is the lesser of:
  - (A) the unfunded liability for vested benefits based on the actuarial value of assets and the funding assumptions shown below:

Assumption	Description
Interest Rate	7.25%
Mortality	Same as used for plan funding as of January 1, 2025
Retirement Rates	Same as used for plan funding as of January 1, 2025

  - (B) the unfunded liability for vested benefits based on the market value of assets and the interest, administrative expenses, and funding assumptions shown below, with the present value of vested benefits calculated based on a blend of two liability calculations:
    - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 yield curves promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
    - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Assumption	Description
Interest	For liabilities up to market value of assets, the ERISA 4044 interest rates are as specified in the PBGC yield curve published for December, 2024 (in the prior valuation select and ultimate rates of 5.06% for 20 years and 4.37% beyond). For liabilities in excess of market value of assets, same as used for plan funding as of January 1, 2025.
Administrative Expenses	Calculated as prescribed in PBGC reg. 4044.52(d); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of January 1, 2025
Retirement Rates	Same as used for plan funding as of January 1, 2025

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2025	$17,443,697	$17,896,880	$376,856,574	$412,197,151
2026	34,259,655	21,904,729	368,842,295	425,006,679
2027	49,677,110	26,110,486	360,090,153	435,877,749
2028	63,580,969	29,805,016	350,741,289	444,127,274
2029	76,214,929	33,262,381	340,787,335	450,264,646
2030	87,340,200	36,476,924	330,555,896	454,373,021
2031	97,420,418	39,782,206	319,917,275	457,119,898
2032	106,426,192	43,134,040	308,780,837	458,341,070
2033	114,578,321	46,052,876	297,619,466	458,250,663
2034	121,900,451	48,670,998	286,036,690	456,608,138
2035	128,198,399	51,139,567	274,917,291	454,255,258
2036	133,891,105	52,896,893	263,851,933	450,639,931
2037	139,047,527	54,780,409	252,609,463	446,437,399
2038	143,780,077	56,717,538	241,204,860	441,702,475
2039	148,239,840	58,357,120	229,653,474	436,250,434
2040	152,372,391	59,623,784	217,972,865	429,969,040
2041	156,050,609	60,521,609	206,183,377	422,755,595
2042	159,193,647	61,735,524	194,309,057	415,238,227
2043	161,881,100	62,494,118	182,378,535	406,753,753
2044	164,092,603	63,033,945	170,426,258	397,552,806
2045	165,787,474	63,297,210	158,493,496	387,578,181
2046	166,980,792	63,299,498	146,628,961	376,909,253
2047	167,878,882	63,188,527	134,888,853	365,956,262
2048	168,200,695	62,831,557	123,336,183	354,368,434
2049	167,928,342	62,182,965	112,039,879	342,151,186
2050	167,203,778	61,184,837	101,072,971	329,461,586

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2051	165,835,623	60,022,449	90,510,373	316,368,445
2052	163,873,296	58,636,828	80,425,909	302,936,032
2053	161,464,259	57,086,325	70,889,114	289,439,699
2054	158,350,063	55,348,586	61,961,608	275,660,258
2055	154,597,231	53,398,879	53,693,625	261,689,735
2056	150,406,194	51,352,465	46,121,646	247,880,306
2057	145,745,454	49,169,334	39,266,435	234,181,221
2058	140,725,598	46,913,663	33,132,611	220,771,873
2059	135,350,575	44,516,097	27,709,241	207,575,913
2060	129,612,208	42,096,936	22,971,302	194,680,447
2061	123,693,924	39,605,358	18,881,749	182,181,030
2062	117,601,011	37,131,917	15,394,052	170,126,980
2063	111,401,004	34,669,250	12,454,713	158,524,967
2064	105,166,501	32,241,619	10,006,046	147,414,166
2065	98,950,753	29,871,633	7,988,916	136,811,301
2066	92,815,807	27,569,242	6,344,894	126,729,945
2067	86,798,570	25,348,060	5,018,338	117,164,969
2068	80,930,297	23,217,366	3,957,824	108,105,486
2069	75,237,547	21,184,155	3,117,024	99,538,726
2070	69,738,942	19,252,759	2,455,192	91,446,894
2071	64,447,041	17,426,831	1,937,254	83,811,127
2072	59,371,046	15,708,029	1,533,591	76,612,665
2073	54,518,779	14,097,046	1,219,699	69,835,525
2074	49,895,324	12,593,594	975,661	63,464,580

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$258,674,944	$0	$258,674,944
2026	258,674,944	0	258,674,944
2027	258,674,944	0	258,674,944
2028	258,674,944	0	258,674,944
2029	258,674,944	0	258,674,944
2030	258,674,944	0	258,674,944
2031	258,674,944	0	258,674,944
2032	258,674,944	0	258,674,944
2033	258,674,944	0	258,674,944
2034	258,674,944	0	258,674,944

Appendix A: Actuarial Assumptions, Methods and Models

Schedule MB, Line 6

Economic assumptions

Net investment return

7.25%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

$11,500,000 for calendar year 2025 (previously, $11,500,000 for calendar year 2024), increasing by 3% thereafter.

The annual administrative expenses were based on budgeted and estimated expenses provided by the North Atlantic States Carpenters Fund Office.

Demographic and noneconomic assumptions

Mortality rates

Healthy: Pri-2012 Blue Collar Employee and Healthy Retiree Mortality Tables (previously, RP-2014 Employee and Healthy Annuitant Mortality Tables set forward one year), projected generationally with Scale MP-2021.

Disabled: Pri-2012 Blue Collar Healthy Retiree Mortality Table set forward four years (previously, RP-2014 Healthy Annuitant Mortality Table set forward six years), projected generationally with Scale MP-2021.

Appendix A: Actuarial Assumptions, Methods and Models

The underlying tables with the projection to the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. As part of the analysis, a comparison was made between the actual number of deaths and the projected number when available based on the prior years' assumption over the most recent five years. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

Termination rates

New England, Connecticut, and Rhode Island

Age	Disability	Withdrawal
20	0.08%	9.94%
25	0.11%	9.67%
30	0.14%	9.30%
35	0.18%	8.71%
40	0.28%	7.75%
45	0.45%	6.35%
50	0.76%	4.22%
55	1.26%	0.00%
60	2.04%	0.00%

Appendix A: Actuarial Assumptions, Methods and Models

New York

Age	Disability	Withdrawal
20	0.06%	17.94%
25	0.09%	17.22%
30	0.11%	16.21%
35	0.15%	14.86%
40	0.22%	13.10%
45	0.36%	10.84%
50	0.61%	7.92%
55	1.01%	4.40%
60	1.63%	1.20%

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior years' assumption over the most recent five years.

Retirement rates for active participants

New England, Connecticut and Rhode Island

Age	Rate Per Year
Under 55	20%
55 – 59	10%
60 – 61	20%
62 – 65	30%
66 – 69	50%
70	100%

Appendix A: Actuarial Assumptions, Methods and Models

New York

Age	Rate Per Year
55	20%
56 – 61	10%
62	30%
63 – 64	10%
65	100%

For the year in which the eligibility for Rule of 85 is met, the New York retirement rate is 20%.

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the most recent five years.

Description of weighted average retirement age

Age 60, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2025 actuarial valuation.

Retirement age for inactive vested participants

- **New England:** 60. Inactive vested participants who were formerly in the Northern New England Carpenters Pension Fund are assumed to retire at age 62. Other inactive vested participants with a Normal Retirement Age of 65 are assumed to retire at age 65.
- **Connecticut:** Vested terminated participants are assumed to retire at age 65, or age 62 if eligible for a Normal Retirement Age of 62 or unreduced benefits at age 62, or immediately if eligible for a 30 year service pension.
- **Rhode Island:** 62
- **New York:** Earliest unreduced retirement age.

Appendix A: Actuarial Assumptions, Methods and Models

The retirement age for inactive vested participants was based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent five years (four years for legacy New York).

Future benefit accruals

- **New England, Connecticut and Rhode Island:** One pension credit per year. The accrual rate and bonus accrual rate in all future years are assumed to be the same as in the year prior to the valuation date, adjusted for known accrual rate increases, if any. For participants working at blended accrual rates, accrual rate increases were estimated based on the plan change applicable to participants working at negotiated accrual rates of similar magnitude.
- **New York:** 1,600 hours per year. Contributions assumed to be made at a rate equal to each participant's contribution rate at the beginning of the year, adjusted for known contribution rate increases. Where missing, contribution rate is assumed to be the average rate worked in the most recent year.

The future benefit accruals were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

New York retirees collecting pop-up benefit forms are assumed to have had reductions for benefit form based on the current definition of actuarial equivalence.

Definition of active participants

- **New England, Connecticut, and Rhode Island:** Employees who worked at least 420 hours during the prior year and had accrued at least one pension credit.
- **New York:** Participants who worked at least 500 hours during the prior calendar year.

Exclusion of inactive vested participants

Inactive participants in the Connecticut and New York plans over age 80 are excluded from the valuation.

Appendix A: Actuarial Assumptions, Methods and Models

Percent married

75%

Age of spouse

Females are three years younger than their male spouses.

Benefit election

All participants are assumed to elect automatic form based on the applicable marriage assumption.

The benefit elections are based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment.

Delayed retirement factors

Active participants are assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Post-retirement health benefits

Liabilities funded by 401(h) account are excluded.

Methods, models and other information

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value and is recognized over a five year period. The actuarial value is further adjusted, if necessary, to be within 15% of the market value.

Appendix A: Actuarial Assumptions, Methods and Models

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is defined as attained age less accumulated service for New England and Rhode Island participants and age at date of hire for Connecticut and New York participants. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Appendix B.

Current liability assumptions

- **Interest:** 4.01%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using the Adjusted MP-2021 scale

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 5.7%, for the plan year ending December 31, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 5.3%, for the plan year ending December 31, 2024

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions

Appendix A: Actuarial Assumptions, Methods and Models

and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E).

Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2025:

- The administrative expense assumption was reset to $11,500,000 as of January 1, 2025.
- The mortality table was changed from the RP-2014 Employee and Healthy Annuitant Tables, set forward one year for employees and healthy annuitants and six years for disabled annuitants, to the Pri-2012 Blue Collar Employee and Healthy Retiree Mortality Tables, set forward four years for disabled retirees. The generational projection using Scale MP-2021 remains unchanged from the prior valuation.

Appendix B: Summary of Plan Provisions

Schedule MB, Line 6

This appendix summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

This appendix includes a description of plan changes that were adopted and effective after the January 1, 2024 valuation date that are first reflected in the Funding Standard Account as of January 1, 2025 but were first reflected for Scheduled Cost purposes in the prior valuation.

The Rhode Island Carpenters Pension Plan and the Connecticut Carpenters Pension Plan merged into the New England Carpenters Pension Plan (now the North Atlantic States Carpenters Pension Plan) on January 1, 2018. Some plan provisions were changed for benefits earned on or after January 1, 2019 and further changes were made for benefits earned on or after January 1, 2021, including the actuarial equivalence basis for the reductions for standard and optional forms of payment.

The assets and liabilities of the New York participants (Empire and Albany/Adirondack participants in the Northeast Carpenters Pension Plan) were transferred to the North Atlantic States Carpenters Pension Plan on December 31, 2020. The plan provisions in effect on December 31, 2020 for New York participants are unchanged, with the exception of the percentage of contributions used in the benefit formula, as described on the following pages.

The plan provisions in this exhibit are shown separately for the participants in the former New England, Rhode Island and Connecticut Plans and for the New York participants.

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Appendix B: Summary of Plan Provisions

New England Carpenters Pension Fund

Regular pension

- **Age Requirement:** 62 (65 for those hired on or after January 1, 2021)
- **Service Requirement:** 10 pension credits
- **Amount:**
  - $11.70 for each pension credit earned prior to June 1, 1962 plus $108 per year of pension credit after June 1, 1962 and prior to December 31, 2005, $127 per year of pension credit from January 1, 2006 to December 31, 2024, and $160 per year of pension credit thereafter. Participants who earn 1,700 or more hours in 2000 or later will receive a bonus accrual in accordance with the following:

Hours	Bonus Accrual Rate for 2000 through 2018
1,700 to 1,849	$13
1,850 to 1,999	15
2,000 and more	18

Effective January 1, 2019, employees who earn 1,850 hours or more in a year will receive a bonus accrual of $5. Effective January 1, 2025, employees who earn 1,850 hours or more in a year will receive a bonus accrual of $18.

  - For Local 723 participants, the accrual rate is $64 for service from January 1, 2005 to December 31, 2024 and $75 thereafter. A bonus accrual is earned for 2005 through 2018 as follows. Lower accrual rates apply prior to 2005 and lower bonus accrual rates apply for 2003 and 2004.

Hours	Bonus Accrual Rate for 2005 through 2018
1,700 to 1,849	$6
1,850 to 1,999	7
2,000 and more	9

Effective January 1, 2019, employees who earn 1,850 hours or more in a year will receive a bonus accrual of $3.

  - For former participants of the Northern New England Carpenter Pension Fund and Carpenters working in Covered Employment in Northern New England (Northern New England Carpenters), the accrual rate is $20 for years of credited service prior to May

Appendix B: Summary of Plan Provisions

1, 1987, $70 for years of credited service after May 1, 1987 and prior to January 1, 2023, $75.80 for years of credited service from January 1, 2023 to December 31, 2024, and $86 for years of credited service thereafter. There is no bonus accrual rate.

– For Millwrights working in Covered Employment in Northern New England, the accrual rate is $20 for years of credited service prior to May 1, 1987, $70 for years of credited service after May 1, 1987 and prior to March 31, 2015, $80 for years of credited service after April 1, 2015 and prior to December 31, 2019, $90 for years of credited service after December 31, 2019 and prior to December 31, 2020, $100 for years of credited service after December 31, 2020 and prior to December 31, 2022, $110 for years of credited service from January 1, 2023 to December 31, 2024, and $120 for years of credited service thereafter. There is no bonus accrual rate.

Service pension

- **Age Requirement:** None
- **Service Requirement:** 30 pension credits
- **Amount:** Regular pension accrued

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 10 pension credits
- **Amount:** Regular pension accrued reduced by 1% for each year of age less than 62 for benefits earned before January 1, 2019 and by 6% for each year of age less than 62 for benefits earned on or after January 1, 2019.

Disability

- **Age Requirement:** None
- **Service Requirement:** 10 pension credits or 10 years of vesting service.
- **Amount:** Regular pension accrued. Participant must be eligible for Social Security Disability Benefits for benefits earned after December 31, 2020.

Appendix B: Summary of Plan Provisions

Partial pension

- **Requirement:** Combined pension credit from this and related plans makes the participant eligible for a pension from all such related plans.
- **Amount:** Pursuant to Section 8.03 of the Pension Plan Rules and Regulations.

Vesting

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** Regular pension accrued
- **Normal Retirement Age:** 62 or, if later, the fifth anniversary of participation.

Spouse's pre-retirement death benefit

For benefits accrued through December 31, 2020:

- **Requirement:** a) 3 pension credits earned during the contribution period and earned at least one-tenth pension credit in 36-month period immediately preceding his death, or b) Age 55 or eligible for a Service Pension and dies prior to retirement when he is eligible by virtue of his age and service for a pension.
- **Amount:** 75% of the benefit employee would have received had he retired the day before he died and qualified for the Participant-Spouse benefit. The maximum early retirement reduction is 7%.

or

- **Requirement:** 5 years of vesting service and not eligible for the above spouse's benefit.
- **Amount:** 50% of the benefit the employee would have received had he retired the day before he died and elected the 50% joint-and-survivor annuity. The maximum early retirement reduction is 7%. If the employee has less than 10 years of vesting service, the benefit is payable when the employee would have been age 62.

Appendix B: Summary of Plan Provisions

For benefits accrued after December 31, 2020:

- **Requirement:** 5 years of vesting service
- **Amount:** 75% Participant-Spouse benefit if one-tenth pension credit is worked in either of two Plan Years preceding death. If the work test is not met, 50% Participant-Spouse benefit. The maximum early retirement reduction is 42%. There is no early retirement reduction for participants with at least 15 pension credits if the work test is met.

Pre-retirement death benefit (if not eligible for or elects out of spouse's benefit)

For benefits accrued through December 31, 2020:

- **Age Requirement:** None
- **Service Requirement:** 3 pension credits earned during the contribution period and earned at least one-tenth pension credit in 36-month period immediately preceding his death.
- **Amount:** Monthly benefit to which employee would have been entitled had he retired the day before he died and elected a 120-month certain guaranteed benefit. Not reduced for early payment.

For benefits accrued after December 31, 2020:

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** 10-year certain pension if one-tenth pension credit is worked in either of two Plan Years preceding death. If the work test is not met, 5-year certain pension. The maximum early retirement reduction is 42%. There is no early retirement reduction for participants with at least 15 pension credits if the work test is met.

Automatic benefit forms

- **Not Married:** The accrued pension is paid as a 5-Year Certain and Life Benefit.
- **Married:** Lifetime monthly annuity to the retiree with 75% Participant-Spouse Pension continuing to the retiree's spouse following the retiree's death for benefits accrued through December 31, 2020 and with 50% Participant-Spouse Pension continuing to the spouse for benefits accrued after December 31, 2020. The accrued benefit is adjusted to provide for this benefit. There is also a subsidized pop-up for the 24 months following retirement.

Appendix B: Summary of Plan Provisions

Optional forms of benefits

- **Certain and Life:** Nonmarried retirees may elect the Ten-Year Certain and Life Benefit and married retirees may elect the Ten- or Five-Year Certain and Life Benefit. The accrued benefit is adjusted (upward or downward) to provide for this benefit.
- **Joint and Survivor Forms:** For benefits through December 31, 2020, retirees may elect a joint and survivor annuity with either a 50%, 75%, or 100% joint and survivor benefit continued to a named beneficiary (who need not be the spouse of the retiree). The benefit under any such election will be adjusted to provide for this benefit.
- **Participant-Spouse:** Retirees may elect a Participant-Spouse annuity with either a 50% or 100% benefit, with or without pop-up, based on simplified factors for benefits accrued through December 31, 2020 and a 75% or 100% benefit without pop-up based on actuarial equivalence for benefits accrued after December 31, 2020. There is also a subsidized pop-up for the 24 months following retirement for the options that do not include a full pop-up.

Participation

The earliest January 1 or July 1 following completion of a period of no more than 12 consecutive months during which he completed at least 140 Hours of Work in Covered Employment.

Pension credit

One-tenth of a pension credit is granted for each 140 hours worked with a maximum of one full year of credit for 1,400 hours or more worked during a plan year.

Vesting service

One-tenth of a year of service is granted for each 140 hours worked with a maximum of one full year of service for 840 hours or more worked in a Plan year. Vesting service is credited for future service only.

Appendix B: Summary of Plan Provisions

Connecticut Carpenters Pension Fund

Regular pension

- **Age Requirement:** 62 (65 for those hired after April 1, 2007)
- **Service Requirement:** 5th anniversary of plan participation
- **Amount:** $8.00 times service prior to April 1, 1958, plus $11.00 times past service between April 1, 1958 and March 31, 1981, plus $20.00 times future service or special future service granted between April 1, 1958 and March 31, 1973, plus $50.00 times pension credit earned between April 1, 1973 and March 31, 1987, plus the multi-rate benefit for pension credit earned after March 31, 1987, which is computed as follows:

Multi-Rate Benefit

Period	Multiplier	% of Contributions	Cap[12]	$10 Additional Accrual
4/1/1987 – 3/31/1995	50	100.0%	N/A	No
4/1/1995 – 6/30/1999	50	100.0%	N/A	Yes
7/1/1999 – 3/31/2000	41	100.0%	$90	Yes
4/1/2000 – 3/31/2001	35	100.0%	$90	Yes
4/1/2001 – 8/31/2002	30	100.0%	$90	Yes
9/1/2002 – 4/30/2003	30	86.0%	$90	Yes
5/1/2003 – 6/30/2004	30	80.0%	$90	Yes
7/1/2004 – 6/30/2005	30	65.0%	$90	Yes
7/1/2005 – 6/30/2007	30	58.0%	$90	Yes
7/1/2007 – 3/31/2008	30	56.1%	$90	Yes
4/1/2008 – 6/30/2008	30	56.1%	$100	N/A
7/1/2008 – 6/30/2009	30	53.8%	$100	N/A
7/1/2009 – 6/30/2010	30	48.0%	$100	N/A
7/1/2010 – 3/31/2011	30	43.3%	$100	N/A

[12] The Fund Office cap increased from $50 to $60 after April 1, 2008. The $10 additional accrual applies to members who retire after April 1, 2008 and meet certain work tests.

Appendix B: Summary of Plan Provisions

Period	Multiplier	% of Contributions	Cap[12]	$10 Additional Accrual
4/1/2011 – 6/30/2013	30	42.0%	$100	N/A
7/1/2013 – 6/30/2016	30	41.2%	$100	N/A
7/1/2016 – 6/30/2017	30	39.8%	$100	N/A
7/1/2017 – 12/31/2019	30	37.9%	$100	N/A
1/1/2020 – 12/31/2022	30	36.1%	$100	N/A

For benefits earned on or after January 1, 2019 and before January 1, 2025, employees who earn 1,850 (1,800 for Shop employees and Connecticut Fund Office employees) or more hours in a year will receive a bonus accrual of 20% of their accrual rate.

The benefit earned between January 1, 2021 and December 31, 2024 for all employees other than Shop employees is $100 per pension credit or $60 per pension credit for Connecticut Fund Office employees. The benefit earned on and after January 1, 2022 for Shop employees ranges from $11.40 to $48.00 based on the Shop employee's contribution rates.

Effective January 1, 2025, the monthly accrual rate for all employees other than Shop employees and Connecticut Fund Office Employees is $115.00, and if 1,850 or more hours are worked, there is a bonus accrual of $18.00. The monthly accrual rate for Connecticut Fund Office Employees is $69.00, and if 1,800 or more hours are worked, there is a bonus accrual of $10.80.

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 10 pension credits for benefits accrued on or after January 1, 2019 and 15 pension credits for benefits accrued before January 1, 2019
- **Amount:** Regular pension accrued reduced by 6% for each year of age less than 62. Unreduced if 30 pension credits. For benefits accrued through December 31, 2020, unreduced if age plus service totals at least 92 or 30 years of vesting service.

Disability

- **Age Requirement:** None
- **Service Requirement:** 10 pension credits for benefits earned through December 31, 2020. For benefits accrued after December 31, 2020, 10 pension credits or 10 vesting credits.
- **Amount:** Regular pension accrued. Participant must be eligible for Social Security Disability Benefits.

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Vesting

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** Regular or early pension accrued.

Partial pension

- **Requirement:** Combined service with this and related plans qualifies participant for a pension.
- **Amount:** Regular or early pension accrued based on service in this plan.

Spouse's pre-retirement death benefit

For benefits accrued through December 31, 2020:

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** 100% of the benefit employee would have received had he or she retired the day before he or she died and elected the 100% Alternative Husband-and-Wife Pension. In the case of a participant with 15 pension credits who earned at least 240 hours in either of the two Plan Years preceding the date of death, there is no reduction for early commencement of benefits. The benefit is not reduced for commencement before age 55.

For benefits accrued after December 31, 2020:

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** 75% Participant-Spouse benefit if one-tenth pension credit is worked in either of two Plan Years preceding death. If the work test is not met, 50% Participant-Spouse benefit. The maximum early retirement reduction is 42%. There is no early retirement reduction for participants with at least 15 pension credits if the work test is met.

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Pre-retirement death benefit (if not eligible for, or elects out of, the spouse's benefit)

For benefits accrued through December 31, 2020:

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** 100% of the benefit the employee would have received had he or she retired the date before he or she died and elected the Ten Year Certain Pension. The benefit is reduced for commencement prior to age 55. In the case of a participant with 15 pension credits who worked at least 240 hours in either of the two Plan Years preceding the date of death, there is no reduction for early commencement of benefits.

For benefits accrued after December 31, 2020:

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** 10-year certain pension if one-tenth pension credit is worked in either of two Plan Years preceding death. If the work test is not met, 5-year certain pension. The maximum early retirement reduction is 42%. There is no early retirement reduction for participants with at least 15 pension credits if the work test is met.

Automatic benefit forms

- **Not Married:** Accrued pension paid as a Ten-Year Certain and Life Pension for benefits accrued through December 31, 2020, and as a Five-Year Certain and Life Pension for benefits accrued after December 31, 2020.
- **Married:** Lifetime monthly annuity to the retiree with 50% of such annuity continuing to the retiree's spouse following the retiree's death. The accrued benefit is adjusted such that the value is the actuarial equivalent of the Ten-Year Certain and Life Pension for benefits accrued through December 31, 2020 and the actuarial equivalent of a Five-Year Certain and Life Pension for benefits accrued after December 31, 2020. There is also a subsidized pop-up for the 24 months following retirement for benefits accrued after December 31, 2020.

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Optional forms of benefits

- **Married:** For benefits earned through December 31, 2020, married retirees may elect a husband and wife annuity with either 75% or 100% continued to the spouse of the retiree, or a Ten-Year Certain and Life Pension. The benefit under any such election is adjusted such that the value is the actuarial equivalent of the Ten-Year Certain and Life Pension. For benefits earned after December 31, 2020, married retirees may elect a husband and wife annuity with either 75% or 100% continued to the spouse of the retiree, or a Ten-Year or Five-Year Certain and Life Pension. The benefit under any such election is adjusted such that the value is the actuarial equivalent of the Five-Year Certain and Life Pension. There is also a subsidized pop-up for the 24 months following retirement for benefits accrued after December 31, 2020.
- **Not Married:** For benefits earned after December 31, 2020, single retirees may elect a Ten-Year Certain and Life Pension.

Participation

The earliest January 1 or July 1 following completion of a period of no more than 12 consecutive months during which he completed at least 140 Hours of Work in Covered Employment.

Pension credit

One-tenth of a pension credit is granted for each 140 hours worked with a maximum of one full year of credit for 1,400 hours or more worked during a plan year.

Vesting service

One-tenth of a year of service is granted for each 140 hours worked with a maximum of one full year of service for 840 hours or more worked in a Plan year.

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Rhode Island Carpenters Pension Fund

Regular pension

Construction employees

- **Age Requirement:** 62 (65 for those who hired on or after January 1, 2021)
- **Service Requirement:** Five years of credited service
- **Amount:** Years of past service (maximum 30 years) times $2, plus service prior to January 1, 1973 times $70, plus future service after January 1, 1973 times $100. Providence Housing Authority employees accrue 71% of the benefit rate of Construction Employees.

  For benefits between January 1, 2019 and December 31, 2024, employees who earn 1,850 or more hours in a year will receive a bonus accrual of $20. Effective January 1, 2025, the monthly accrual rate is $115.00, and if 1,850 or more hours are worked, there is a bonus accrual of $18.00.

Shop employees

- **Age Requirement:** 62
- **Service Requirement:** Five years of credited service
- **Amount:** Years of past service (maximum 30 years) times $2 plus future service prior to January 1, 1993 times $43, plus $21.50 times years of future service after January 1, 1993. Effective May 1, 2000, shop employees are no longer accruing benefits from this Plan.

Service pension

- **Service Requirement:** 30 years of vesting credit for benefits accrued through December 31, 2020 and 30 pension credits for benefits accrued after December 31, 2020.
- **Amount:** Normal pension accrued

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Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 10 years of credited service for benefits accrued on or after January 1, 2019 and 5 pension credits for benefits accrued before January 1, 2019.
- **Amount:** Normal pension accrued, reduced by 6% for each year of age less than 62.

Disability

- **Age Requirement:** None
- **Service Requirement:** 10 years of credited service for benefits earned through December 31, 2020. For benefits accrued after December 31, 2020, 10 years of credited service or 10 vesting credits.
- **Amount:** Normal pension accrued. Participant must be eligible for Social Security Disability Benefits.

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service.
- **Amount:** Normal pension accrued, payable at age 62

Partial pension

- **Requirement:** Combined service is at least 5 years including two for which contributions have been made.

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Spouse's pre-retirement death benefit

For benefits accrued through December 31, 2020:

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** 50% of the benefit the employee would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option. For active participants with 10 years of vesting credit, the amount is 75% of the benefit the employee would have received had he or she retired the day before he or she died and elected the 75% joint and survivor option.

  Calculated as if the employee were at least age 62 (actual age if greater) and the spouse were the age attained when the employee would have been age 62.

For benefits accrued after December 31, 2020:

- **Age Requirement:** None
- **Requirement:** 5 years of vesting service
- **Amount:** 75% Participant-Spouse benefit if one-tenth pension credit is worked in either of two Plan Years preceding death. If the work test is not met, 50% Participant-Spouse benefit. The maximum early retirement reduction is 42%. There is no early retirement reduction for participants with at least 15 pension credits if the work test is met.

Pre-retirement lump-sum death benefit (applicable only if the employee is not eligible for a different death benefit)

- **Age Requirement:** None
- **Service Requirement:** 1 year of future service, and at least one-tenth of a pension credit in the 24 months preceding death
- **Amount:** $300 per year of future service to a maximum of $6,000 based on service through December 31, 2020.

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Pre-retirement death benefit (applicable if the employee is not eligible for or elects out of the spouse's pension)

For benefits accrued through December 31, 2020:

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** Normal pension accrued, reduced as 10-year certain option

For benefits accrued after December 31, 2020:

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** 10-year certain pension if one-tenth pension credit is worked in either of two Plan Years preceding death. If the work test is not met, 5-year certain pension. The maximum early retirement reduction is 42%. There is no early retirement reduction for participants with at least 15 pension credits if the work test is met.

Post-retirement death benefit

- **Lump – sum Benefit:** $300 per year of future service to a maximum of $6,000 less benefits paid. Minimum benefit payable is $3,000. There is no lump-sum payable for retirements on or after January 1, 2021.

Post-retirement health benefits

Retired shop employees between the ages of 62 and 65 who had not incurred a one-year break in service are eligible for retiree health benefits. No liability is included in this valuation for post-retirement health benefits and the assets for these benefits are excluded from the market value of assets and the actuarial value of assets.

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Automatic benefit forms

- **Not Married:** The accrued pension is paid as a lifetime monthly annuity for benefits accrued through December 31, 2020 and as a Five-Year Certain and Life Pension for benefits accrued after December 31, 2020.
- **Married:** Lifetime monthly annuity to the retiree with 50% of such annuity continuing to the retiree's spouse following the retiree's death (75% for accruals earned prior to January 1, 2021, if a work test is met). The accrued benefit is adjusted to provide for this benefit. There is also a subsidized pop-up for the 24 months following retirement for benefits accrued after December 31, 2020.

Optional forms of benefits

For benefits accrued through December 31, 2020:

- **Ten-Year Certain and Life:** The retiree may elect the Ten-Year Certain and Life Benefit. The accrued pension is adjusted such that the value is the actuarial equivalent of the life annuity.
- **Joint and Survivor Forms:** Retirees may elect a joint and survivor annuity with either a 50%, 66 2/3%, 75%, or 100% survivor benefit continued to a named beneficiary (who need not be the spouse of the retiree). The benefit under any such election will be adjusted so that it will be actuarially equivalent to the single life annuity.

For benefits accrued after December 31, 2020:

- Married retirees may elect a joint and survivor annuity with either 75% or 100% continued to the spouse of the retiree, or a Ten-Year or Five-Year Certain and Life Pension. The benefit under any such election is adjusted such that the value is the actuarial equivalent of the Five-Year Certain and Life Pension. There is also a subsidized pop-up for the 24 months following retirement.
- Single retirees may elect a Ten-Year Certain and Life Pension. The benefit is adjusted such that the value is the actuarial equivalent of the Five-Year Certain and Life Pension.

Participation

The earliest January 1 or July 1 following completion of a period of no more than 12 consecutive months during which he completed at least 140 Hours of Work in Covered Employment.

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Credited service

One-tenth of a pension credit is granted for each 140 hours worked with a maximum of one full year of credit for 1,400 hours or more worked during a plan year.

Vesting credit

One-tenth of a year of service is granted for each 140 hours worked with a maximum of one full year of service for 840 hours or more worked in a Plan year.

Banking of hours

Construction employees accumulate hours in excess of the highest minimum number of hours required for the highest benefit level in any such year. Effective January 1, 2019, the hour bank is frozen.

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Northeast Carpenters Pension Plan (Empire and Albany/Adirondack Participants)

Accrued benefits

Except where otherwise noted, separate rules apply to benefits accrued prior to January 1, 2016 under the following plans for participants who began participation under the Northeast Carpenters Pension Plan due to the merger of such plans into the Northeast Carpenters Pension Plan:

- Empire (Empire State Carpenters Pension Plan), where separate rules also apply to benefits accrued prior to January 1, 2012[13] , as detailed below
- Albany/Adirondack (United Brotherhood of Carpenters and Joiners of America Albany/Adirondack Pension Fund), where separate rules also apply to those who were Adirondack Participants as of January 1, 2012

Separate rules also apply to benefits accrued prior to January 1, 20121 under the following plans for carpenters who began participation under the Empire plan due to the merger of such plans into the Suffolk County plan to form the Empire plan:

- Long Island (The Suffolk County Carpenters Pension Plan)
- Westchester (The Westchester County New York Carpenters Pension Fund)
- Hudson Valley (The Hudson Valley District Council of Carpenters Pension Plan)
- Rockland (The Carpenters Local 964 Pension Fund)
- Rochester (Rochester Carpenters' Pension Fund)
- Niagara (The Niagara-Genesee & Vicinity Carpenters Local 280 Pension Fund)
- Upstate (Upstate New York Carpenters Pension Fund)
- South Central (South Central New York District Council of Carpenters Pension Fund)
- Jamestown (Carpenters Local #66 of Olean and Vicinity Pension Plan)

[13] Prior to January 1, 2013 for Jamestown Participants

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Regular pension

For benefits accrued in the Empire plan on or after January 1, 2012 or in the Northeast plan on or after January 1, 2016, and for benefits accrued in the Albany/Adirondack plan:

- **Age Requirement:** 65
- **Service Requirement:** 5 years of participation credit
- **Amount:**
  - 73% of contributions will be used to determine the monthly benefit for accruals earned after June 30, 2022, effectively reducing the accrual from 0.85% to 0.6205%.
  - 0.85% of the contributions required to be made to the Plan for accruals earned after December 31, 2020.
  - 1.00% of the contributions required to be made to the Plan for accruals earned between January 1, 2012 and before November 30, 2020.
  - For Albany and Adirondack participants, benefits are based on hourly contributions in excess of the first $3.60 per hour through June 30, 2022.
  - Different formulas apply to Albany and Adirondack participants for accruals earned prior to December 31, 2018.

For benefits accrued in the Empire plan prior to January 1, 2012:

- **Age Requirement:**
  - For Long Island, Westchester, Hudson Valley, and Rockland participants: 62
  - For Rochester participants: 60
  - For Niagara participants: 65
  - For Upstate participants: 62
  - For South Central participants: 65 (60 with 10 years of pension credit)
  - For Jamestown participants: 65
- **Service Requirement:**
  - For Long Island, Westchester, Hudson Valley, and Rockland participants: 10 pension credits
  - For Rochester participants: 5 years of participation credit
  - For Niagara participants: 5 years of participation credit

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  - For Upstate participants: 10 eligibility credits
  - For South Central participants: 5 years of participation credit or 5 years of vesting service
  - For Jamestown participants: 5 years of credited service
- **Amount:** Formulas vary by legacy plan.

Service pension or unreduced early pension

For all benefits accrued:

- **Age and Service Requirement:** Active and sum of attained age and years of vesting service is at least 85.
- **Age Requirement:** 55 for accruals earned on or after January 1, 2016.
- **Amount:** Regular pension accrued

For benefits accrued in the Albany/Adirondack plan prior to January 1, 2016:

- **Age and Service Requirement:**
  - For Albany participants: 45 years of pension service at any age; or 35 years of pension service at age 55
  - For Adirondack participants: Not eligible.
- **Amount:**
  - For Albany participants: Regular pension accrued
  - For Adirondack participants: N/A

For benefits accrued in the Empire plan prior to January 1, 2012:

- **Age Requirement:**
  - For Long Island, Westchester, Hudson Valley, and Rockland participants: None
  - For Rochester participants: 55
  - For Niagara participants: sum of age and pension service equals 102
  - For Upstate participants: 60
  - For South Central participants: 58

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  - For Jamestown participants: sum of age and years of continuous service equals 85
- **Service Requirement:**
  - For Long Island, Westchester, Hudson Valley, and Rockland participants: 40 pension credits and 40,000 Hours of Service
  - For Rochester participants: 5 Service Years
  - For Niagara participants: sum of age and pension service equals 102
  - For Upstate participants: 10 eligibility credits
  - For South Central participants: 20 years of pension credit
  - For Jamestown participants: sum of age and years of continuous service equals 85
- **Amount:** Regular pension accrued

Early retirement

For benefits accrued in the Empire plan on or after January 1, 2012 or in the Northeast plan on or after January 1, 2016:

- **Age Requirement:** 55
- **Service Requirement:** 10 years of vesting service
- **Amount:** Regular pension accrued, reduced by 4.0% per year for each year of age less than age 62 for benefits accrued through December 1, 2020, and 6.0% per year for each year of age less than 62 for benefits accrued thereafter.

For benefits accrued in the Albany/Adirondack plan prior to January 1, 2016:

- **Age Requirement:** 55
- **Service Requirement:**
  - For Albany participants: 10 years of pension service
  - For Adirondack participants: 10 years of pension service or 10 years of vesting service
- **Amount:** Regular pension accrued, reduced by the following amounts:
  - For Albany participants: 1.5% per year for each year of age less than age 65 (less than age 62 with at least 25 years of pension service or vesting service)

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- For Adirondack participants: 1.5% per year for each year of age less than age 62

For benefits accrued in the Empire plan prior to January 1, 2012:

- **Age Requirement:**
  - For Long Island, Westchester, Hudson Valley, and Rockland participants: 55
  - For Rochester participants: 55
  - For Niagara participants: 57
  - For Upstate participants: 55
  - For South Central participants: 55
  - For Jamestown participants: 55
- **Service Requirement:**
  - For Long Island, Westchester, Hudson Valley, and Rockland participants: 10 pension credits
  - For Rochester participants: 5 service years
  - For Niagara participants: 15 years pension service
  - For Upstate participants: 10 eligibility credits
  - For South Central participants: 10 years of future credited service
  - For Jamestown participants: 5 years of credited service
- **Amount:** Regular pension accrued, reduced by the following amounts:
  - For Long Island, Westchester, Hudson Valley, and Rockland participants: 3.0% per year for each year of age less than age 62
  - For Rochester participants: 2.4% per year for each year of age less than age 60
  - For Niagara participants: 6.0% per year for each year of age less than age 65
  - For Upstate participants: 3.0% per year for each year of age less than age 60
  - For South Central participants: 3.0% per year for each year of age less than age 60
  - For Jamestown participants: 3.0% per year for each year of age less than age 65

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Disability

Eligibility for all benefits accrued:

- **Age Requirement:** None
- **Service Requirement:** 5 year of vesting service if work test is met
- **Work test:** At least 2,000 hours of service over the five consecutive calendar years ending with the one during with Social Security deems the participant to have become disabled.
- If work test is not met, eligibility is based on the rules in effect on December 31, 2015
- **Amount:** varies by legacy Fund:
  - For benefits accrued in the Empire plan on or after January 1, 2012 or in the Northeast plan on or after January 1, 2016): For participants with 10 years of vesting service, regular pension accrued. For participants with fewer than 10 years of vesting service, regular pension accrued, reduced 4.0% per year for each year of age less than age 60 for benefits accrued between January 1, 2012 and December 31, 2015, 4.0% per year for each year of age less than age 62 for benefit accrued between January 1, 2016 and November 30, 2020, and 6.0% per year for each year of age less than age 62 for benefits accrued on or after December 1, 2020. The maximum reduction is 28.0%.
  - For benefits accrued in the Albany/Adirondack plan prior to January 1, 2016: Regular pension accrued
  - For benefits accrued in the Empire plan before January 1, 2012:
    - For Long Island, Westchester, Hudson Valley, and Rockland participants: For participants with 10 pension credits, regular pension accrued. For participants with fewer than 10 years of pension credits, regular pension accrued, reduced 3.0% per year for each year of age less than age 62. The maximum reduction is 21.0%.
    - For Rochester participants: For participants with 10 service years, regular pension accrued. For participants with fewer than 10 years of service years, regular pension accrued, reduced 3.0% per year for each year of age less than age 60. The maximum reduction is 15.0%.
    - For Niagara participants: For participants with 10 years of vesting service, regular pension accrued. For participants with fewer than 10 years of vesting service, regular pension accrued, reduced 6.0% per years of each year of age less than age 65. The maximum reduction is 60.0%.
    - For Upstate participants: Regular pension accrued, reduced 3.0% per year for each year of age less than age 60 and greater than 55, reduced by an additional 1.0%.

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- For South Central participants: Regular pension accrued, reduced 3.0% per year for each year of age less than age 60. The maximum reduction is 15.0%.
- For Jamestown participants: Regular pension accrued.

Vesting

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service for accruals earned in the Empire plan on or after January 1, 2012 and for accruals earned in the Albany/Adirondack plan. For accruals earned in the Empire plan before January 1, 2012:
  - For Rochester participants, 5 service years
  - For Upstate participants, 5 years of eligibility service
  - For Jamestown participants, 5 years of credited service and 5,000 hours of service
  - For all other participants: 5 years of vesting service
- **Amount:** Regular or early pension accrued based on plan in effect when last active.

Pro rata pension

- **Age Requirement:** Same as for Regular or Early Retirement Pension.
- **Service Requirement:** None
- **Amount:** Calculated in the same manner as Regular, Early, Disability or Vested Pension.

Spouse's pre-retirement death benefit

For benefits accrued on or after January 1, 2016:

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** 50% of the benefit the employee would have received had he retired the day before he died and elected the 50% Joint and Survivor annuity. The maximum reduction is 28%.

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For benefits accrued in the Albany/Adirondack plan prior to January 1, 2016:

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** 100% of the benefit the employee would have received had he retired on the later of his earliest retirement date the day before he died and elected the 100% Joint and Survivor annuity. The benefit commences on the date that the employee would have attained his earliest retirement age.

For benefits accrued in the Empire plan on or after January 1, 2012 and prior to January 1, 2016:

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** 100% of the benefit the employee would have received had he retired on the later of his earliest retirement date the day before he died and elected the 100% Joint and Survivor annuity. The benefit commences on the date that the employee would have attained his earliest retirement age.

For benefits accrued in the Empire plan prior to January 1, 2012:

- **Age Requirement:** Varies by legacy plan.
- **Service Requirement:** Varies by legacy plan.
- **Amount:** Varies by legacy plan.

Pre-retirement 60-month lump sum death benefit (if not eligible for or elects out of spouse's benefit)

- **Age Requirement:** None
- **Service Requirement:** Active and 5 years of vesting service
- **Amount:** Regular pension accrued, reduced 4.0% per year for each year of age less than age 62. The maximum reduction is 28%.
- The Pre-Retirement 60-Month Death Benefit supersedes and is in lieu of any other pre-retirement death benefits under the Plan or any Merged Plan for a Participant who does not have a spouse on his date of death and dies on or after January 1, 2016.

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Post-retirement lump sum death benefit

$2,500, for a Participant who is credited with at least one Hour of Service in Covered Employment on or after January 1, 2016.

Automatic benefit forms

For benefits accrued on or after January 1, 2016:

- **Not Married:** The accrued pension is paid as a Life Annuity with 60 Month Guarantee Benefit.
- **Married:** Lifetime monthly annuity to the retiree with 50% Joint and Survivor Pension continuing to the spouse following retiree's death, payable with a pop-up. The accrued benefit is adjusted to provide for this benefit.

For benefits accrued in the Albany/Adirondack plan prior to January 1, 2016:

- **Not Married:** The accrued pension is paid as a Life Annuity.
- **Married:** Lifetime monthly annuity to the retiree with 100% Joint and Survivor Pension continuing to the spouse following retiree's death. The accrued benefit is adjusted to provide for this benefit.

For benefits accrued in the Empire plan on or after January 1, 2012 and prior to January 1, 2016:

- **Not Married:** The accrued pension is paid as a Single Life Annuity.
- **Married:** Lifetime monthly annuity to the retiree with 100% Joint and Survivor Pension continuing to the spouse following retiree's death, payable with a pop-up. The accrued benefit is adjusted to provide for this benefit.

For benefits accrued in the Empire plan prior to January 1, 2012:

- **Not Married:** The accrued pension is paid:
  - For Long Island, Westchester, Hudson Valley, Rockland, South Central, and Jamestown participants, as a Life Annuity with 60 Month Guarantee Benefit.
  - For Rochester and Upstate participants, as a Single Life Annuity.
  - For Niagara participants, as a Life Annuity with 36 Month Guarantee Benefit.
- **Married:** The accrued pension is paid:

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- For Jamestown participants, as a 50% Joint and Survivor Pension with 60 Month Guarantee Benefit.
- For all other participants, as a 100% Joint and Survivor Pension.

For benefits accruals:

- **Married, if active and retire after age 65:** Lifetime monthly annuity to the retiree with 100% Joint and Survivor Pension continuing to the spouse following retiree's death. The accrued benefit is not reduced.

Optional forms of benefits

For benefits accrued on or after January 1, 2016:

- **Not Married:** The retiree may elect the Life Annuity with 120 Month Guarantee Benefit. The accrued benefit is adjusted to be the actuarial equivalent of the Automatic Benefit Form.
- **Married:** Retirees may elect a Joint and Survivor annuity with either a 75% or 100% benefit, with pop-up, or a Life Annuity with 60 or 120 Month Guarantee Benefit. The accrued benefit is adjusted to provide for this benefit.

For benefits accrued in the Albany/Adirondack plan prior to January 1, 2016:

- **Joint and Survivor Forms:** Married retirees may elect a 100% Joint and Survivor annuity with pop-up, or a 50% Joint and Survivor annuity.

For benefits accrued in the Empire plan on or after January 1, 2012 and prior to January 1, 2016:

- **Life Annuity with 120 Month Guarantee:** The retiree may elect the Life Annuity with 120 Month Guarantee Benefit. The accrued benefit is adjusted to be the actuarial equivalent of the Automatic Benefit Form
- **Life Annuity with 60 Month Guarantee:** The retiree may elect the Life Annuity with 60 Month Guarantee Benefit. The accrued benefit is adjusted to be the actuarial equivalent of the Automatic Benefit Form
- **Joint and Survivor Forms:** Retirees may elect a Joint and Survivor annuity with either a 50% or 75% benefit, with pop-up. The accrued benefit is adjusted to provide for this benefit.

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For benefits accrued in the Empire plan prior to January 1, 2012:

In addition to the Automatic Benefit Forms:

- **Life Annuity with 120 Month Guarantee:** The retiree may elect the Life Annuity with 120 Month Guarantee Benefit. The accrued benefit is adjusted to be the actuarial equivalent of the Automatic Benefit Form
- **Life Annuity with 60 Month Guarantee:** The retiree may elect the Life Annuity with 60 Month Guarantee Benefit. The accrued benefit is adjusted to be the actuarial equivalent of the Automatic Benefit Form
- **Joint and Survivor Forms:** Retirees may elect a Joint and Survivor annuity with either a 50%, 75%, or 100% benefit, with pop-up. The accrued benefit is adjusted to provide for this benefit.

Participation

The first of the month following completion of a 12-month period during which at least 1,000 hours were worked.

Vesting service

For calendar years beginning after December 31, 2015, one-tenth of a year of service is granted for each 100 hours worked with a maximum of one full year of credit for 1,000 or more worked during a calendar year.

For calendar years beginning before January 1, 2016, service is granted on the same basis by which service was credited under the rules in effect on December 31, 2015.

Pension credits, pension service, service years, and eligibility service

Granted on the same basis by which service was credited under the rules in effect on December 31, 2015:

- **For Albany and Adirondack participants:** pension service determined by dividing pension hours by 1,200, with no limit to the pension service credited per year.
- **For Long Island, Westchester, Hudson Valley, and Rockland participants:** 0.025 pension credits are granted for each 25 hours worked in a calendar year, limited to 2 pension credits per year.
- **For Rochester participants:** One service year is granted for each plan year in which 1,000 hours are worked.
- **For Niagara participants:** 0.001 of pension service is granted for each hour worked, with no limit to the Pension Service credited per year.

Appendix B: Summary of Plan Provisions

- **For Upstate participants:** Eligibility credits determined by dividing total hours worked by 1,000 and rounding to the nearest 1/10th, limited to one eligibility credit per year.
- **For South Central participants:** Future credited service is granted in accordance with the schedule in effect on December 31, 2015 with fewer than 1,000 hours worked, and granted at a rate of 0.001 times hours worked if at least 1,000 hours were worked.
- **For Jamestown participants:** One year of credited service for years in which one hour is worked. For purposes of eligibility for an Unreduced Pension, 500 hours must be worked for a year of credited service to be recognized.

Appendix B: Summary of Plan Provisions

Noth Atlantic States Carpenters Pension Fund

Contribution rates

This valuation reflects contribution rates of:

New England, Connecticut, and Rhode Island Areas	Contribution rates effective during 2024
Boston & Eastern Locals	$11.47
Western MA Area Carpenters Local Union #336	11.25
Western MA Zone 3 Floorcoverers	11.25
Residential Local Union #723	4.47
Floorcoverers Local Union #2168	11.47
MA and RI Millwrights Local Union #1121	11.47
Northern New England Millwrights Local Union #1121	10.06
CT Millwrights Local #1121	10.85
Northern New England Carpenters Local Union #349 and #352	8.88
Piledrivers Local Union #56	11.62
Connecticut Carpenters Local Union #326	11.46[14]
Rhode Island Carpenters Local Union #330	13.07

[14] Increased from $10.85 effective May 6, 2024.

Appendix B: Summary of Plan Provisions

New York Area (Commercial Rates)	Effective July 1, 2025	Effective July 1, 2024	Prior to July 1, 2024
Jamestown[15]	$10.05	$9.55	$8.75
Rochester[16]	10.20	9.70	8.75
Upstate and South Central[17]	9.90	9.40	8.50
Upstate and South Central[18]	9.70	9.20	8.70
Upstate and South Central[19]	10.70	10.20	8.70
Niagara[20]	10.85	10.35	9.35
Hudson Valley[21]	12.00	11.00	9.50
Erie/Buffalo[22]	12.35	11.85	10.70
Albany/Adirondack[23]	11.75	11.25	11.00
Long Island, Westchester, and Rockland[24]	12.50	12.00	11.50

Shop rates are lower, and New York Millwright rates range from $10.50 to $13.10 effective July 1, 2024 and from $11.00 to $13.60 effective July 1, 2025.

In addition, this valuation reflects the agreed upon New York commercial rates, excluding the Long Island, Westchester, Rockland, and Hudson Valley areas, of $0.50 on each of July 1, 2026, July 1, 2027, and July 1, 2028. The average contribution rate for New York participants is $10.18 for 2025, $10.50 for 2026, $10.75 for 2027, $11.00 for 2028, and $11.14 for 2029 and later years.

The average contribution rate for all participants is $10.82 for 2025, $10.92 for 2026, $11.00 for 2027, $11.08 for 2028, and $11.12 for 2029 and later years.

[15] Allegany, Cattaraugus (Townships of Persia and Perrysburg - Local 289/276 (Erie)), & Chautauqua Counties
[16] Livingston, Monroe, Ontario, & Wayne Counties
[17] Jefferson, Lewis, St. Lawrence, Oswego, Chemung, Cortland, Schuyler, Tompkins, & Steuben County
[18] Herkimer, Madison, Oneida, Onondaga, Broome, Tioga, Cayuga, Seneca, & Yates Counties
[19] Chenango, Delaware, & Otsego Counties
[20] Genesee, Niagara, Orleans & Wyoming (Townships of Castile, Gainesville, Genesee Falls, Perry, Pike and Warsaw - Local 85/276) Counties
[21] Columbia, Dutchess, Orange, Sullivan & Ulster Counties
[22] Erie & Grand Island Counties
[23] Albany, Fulton, Greene, Montgomery, Rensselaer, Schenectady, Schoharie, Saratoga, Clinton, Essex, Franklin, Hamilton, Warren & Washington Counties
[24] Putnam, Rockland, Westchester, Nassau & Suffolk Counties

Appendix B: Summary of Plan Provisions

Changes in plan provisions

This valuation reflects the $1,500 13th check being paid to legacy North Atlantic States retirees in December, 2024, and the increases to the legacy North Atlantic States accrual rates for pension credits earned on or after January 1, 2025 as summarized in the following table:

Legacy Group	Current Accrual Rate and (Bonus)	New Accrual Rate and (Bonus)
New England Carpenters	$127 ($5)	$160 ($18)
Local 723 Residential	64 (3)	75 (3)
Northern New England Carpenters	75.80 (0)	86 (0)
Northern New England Millwrights	110 (0)	120 (0)
Connecticut Carpenters, excluding Shops and Fund Office staff	100 (20)	115 (18)
Connecticut Fund Office staff	60 (12)	69 (10.80)
Rhode Island Carpenters	100 (20)	115 (18)

For Scheduled Cost purposes, the changes in plan provisions described above were first reflected in the January 1, 2024 valuation.

Section 3: Actuarial Valuation Results

Schedule of active participant data

The following table shows the distribution of active participant data by age and pension credits as of December 31, 2024. The table also shows average monthly accrued benefits.

Schedule MB, Line 8b(2)

Actives by Age and Pension Credits

Age	Total	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	533	504	29	—	—	—	—	—	—	—
	$166	$152	$399	—	—	—	—	—	—	—
25 - 29	1,122	740	364	18	—	—	—	—	—	—
	$407	$260	$677	—	—	—	—	—	—	—
30 - 34	1,729	792	693	236	8	—	—	—	—	—
	$629	$294	$773	$1,294	—	—	—	—	—	—
35 - 39	2,030	660	745	397	214	14	—	—	—	—
	$910	$303	$837	$1,395	$2,039	—	—	—	—	—
40 - 44	2,061	490	566	393	369	220	20	3	—	—
	$1,276	316	$842	$1,418	$2,122	$2,684	—	—	—	—
45 - 49	1,974	332	417	321	340	380	168	16	—	—
	$1,652	$318	$840	$1,433	$2,080	$2,761	$3,179	—	—	—
50 - 54	1,855	186	305	229	278	418	308	109	22	—
	$2,402	$288	$843	$1,420	$2,094	$2,740	$3,289	$3,780	$3,900	—
55 - 59	1,948	144	207	201	259	446	393	157	110	31
	$2,406	$309	$857	$1,381	$2,057	$2,729	$3,201	$3,795	$4,153	$4,087
60 - 64	1,129	71	120	100	133	264	202	92	91	56
	$2,502	$271	$810	$1,402	$2,005	$2,655	$3,186	$3,682	$4,147	$4,293
65 - 69	173	13	25	16	24	32	24	10	13	16
	$2,374	—	$770	—	$2,008	$2,502	$3,193	—	—	—
70 & over	11	—	7	1	1	—	1	—	—	—
	—	—	—	—	—	—	—	—	—	—
Totals	**14,565**	**3,932**	**3,478**	**1,912**	**1,626**	**1,775**	**1,116**	**387**	**236**	**103**
	$1,454	**$275**	**$805**	**$1,392**	**$2,074**	**$2,716**	**$3,214**	**$3,736**	**$4,115**	**$4,271**

Schedule MB, Line 9c

Schedule of Funding Standard Account Bases – Charges

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
North Atlantic States and New England Carpenters Bases				
Change in assumptions	01/01/1996	727,358	1	727,358
Plan amendment	05/01/1996	47,537	1.33	36,152
Plan amendment	05/01/1997	96,738	2.33	43,457
Plan amendment / change in assumptions	01/01/1998	5,266,342	3	1,879,647
Plan amendment / change in assumptions	01/01/1999	19,631,375	4	5,434,478
Plan amendment / change in assumptions	05/01/1999	1,817,234	4.33	469,853
Change in assumptions	01/01/2000	1,876,075	5	429,486
Plan amendment	01/01/2000	14,977,796	5	3,428,840
Change in assumptions	05/01/2000	339,497	5.33	73,704
Change in assumptions	01/01/2001	3,117,821	6	614,604
Plan amendment	01/01/2002	8,750,114	7	1,527,077
Plan amendment	01/01/2003	74,492	8	11,745
Plan amendment	01/01/2005	2,305,710	10	309,637
Plan amendment	05/01/2005	9,247	10.33	1,214
Plan amendment	01/01/2006	2,580,299	11	324,847
Plan amendment/Change in assumptions	01/01/2007	9,675,737	12	1,151,027
Base due to Dec. 31, 2008 investment loss	01/01/2009	228,851,370	13	25,894,226
Base due to Dec. 31, 2008 investment loss	01/01/2010	32,823,941	13	3,713,985
Change in assumptions	01/01/2011	2,561,945	1	2,561,945
Base due to Dec. 31, 2008 investment loss	01/01/2011	33,369,212	13	3,775,682
Change in assumptions	01/01/2012	10,174,322	2	5,265,120

Section 3: Actuarial Valuation Results

Schedule MB - Lines 9c and 9h
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience loss	01/01/2012	12,830,852	2	6,639,850
Base due to Dec. 31, 2008 investment loss	01/01/2012	52,086,868	13	5,893,559
Experience loss	01/01/2013	25,798,548	3	9,207,938
Change in assumptions	01/01/2014	9,979,543	4	2,762,599
Experience loss	01/01/2016	20,217,262	6	3,985,348
Experience loss	01/01/2017	21,058,350	7	3,675,121
Change in assumptions	01/01/2017	37,428,404	7	6,532,037
Experience loss	01/01/2019	48,908,115	9	7,073,906
Experience loss	01/01/2020	13,238,207	10	1,777,774
Plan amendment	01/01/2020	78,654	10	10,563
Change in assumptions	01/01/2021	267,290,337	11	33,650,512
13th check	01/01/2025	14,608,500	1	14,608,500
Plan amendment	01/01/2025	53,310,502	15	5,544,026
Experience loss	01/01/2025	85,460,859	15	8,887,503
Connecticut Carpenters Bases				
Plan amendment	04/01/1997	106,184	2.25	49,262
Plan amendment	04/01/1999	153,366	4.25	40,293
Change in assumptions	04/01/1999	932,595	4.25	245,013
Change in assumptions	04/01/2000	1,303,526	5.25	286,551
Change in assumptions	04/01/2001	3,592,816	6.25	685,455
Plan amendment	12/01/2001	466,130	6.92	82,078
Plan amendment	01/01/2002	5,526,943	7	964,567
Plan amendment	04/01/2003	7,796,445	8.25	1,201,447
Plan amendment	04/01/2005	4,487,146	10.25	592,446
Change in assumptions	04/01/2005	7,983,182	10.25	1,054,033
Change in assumptions	04/01/2011	548,991	1.25	443,001

Section 3: Actuarial Valuation Results

Schedule MB - Lines 9c and 9h
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	04/01/2012	477,824	2.25	221,679
Experience loss	04/01/2014	752,381	4.25	197,667
Experience loss	04/01/2015	3,882,134	5.25	853,402
Change in assumptions	04/01/2015	11,318,634	5.25	2,488,152
Change in assumptions	04/01/2016	1,160,141	6.25	221,337
Experience loss	04/01/2016	11,934,858	6.25	2,276,992
Experience loss	04/01/2017	7,295,631	7.25	1,239,240
Change in funding method	01/01/2018	16,109,915	3	5,749,901
Experience loss	01/01/2018	8,129,911	8	1,281,788
Change in assumptions	01/01/2018	1,290,031	8	203,390
Rhode Island Carpenters Bases				
Change in assumption	01/01/1997	253,246	2	131,053
Plan amendment	01/01/1998	109,296	3	39,010
Change in assumptions	01/01/1999	771,564	4	213,589
Plan amendment	01/01/1999	2,017,940	4	558,619
Change in assumption	01/01/2001	244,986	6	48,293
Plan amendment	01/01/2001	833,130	6	164,232
Plan amendment	01/01/2002	2,651,062	7	462,666
Plan amendment	01/01/2004	793,087	9	114,709
Plan amendment	01/01/2006	1,553,111	11	195,529
Change in assumptions	01/01/2007	733,939	12	87,309
Base due to Dec. 31, 2008 investment loss	01/01/2009	22,075,015	13	2,497,758
Base due to Dec. 31, 2008 investment loss	01/01/2011	10,524,003	13	1,190,777
Experience loss	01/01/2012	3,673,988	2	1,901,256
Experience loss	01/01/2014	1,757,184	4	486,435
Change in assumptions	01/01/2014	1,991,266	4	551,235

Section 3: Actuarial Valuation Results

Schedule MB - Lines 9c and 9h
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/2015	1,002,863	5	229,584
Experience loss	01/01/2015	3,249,825	5	743,977
Change in assumptions	01/01/2016	422,246	6	83,236
Experience loss	01/01/2016	5,314,198	6	1,047,567
Experience loss	01/01/2017	3,253,333	7	567,774
Change in assumptions	01/01/2018	449,174	8	70,818
Experience loss	01/01/2018	4,057,181	8	639,668
New York Carpenters Bases				
Albany Plan Change 1991	01/01/1991	265,196	1	265,196
Albany Plan Change 1992	01/01/1992	239,605	2	123,993
Albany Plan Change 1993	01/01/1993	1,652,038	3	589,640
Albany Plan Change 1994	01/01/1994	684,893	4	189,596
Albany Assumption Change 1995	01/01/1995	120,670	5	27,625
Plan Amendment	01/01/1996	97,192	1	97,192
Upstate Assumption Change	01/01/1996	71,307	1	71,307
Assumption Change	07/01/1996	585,040	1.5	396,810
Plan Amendment	07/01/1996	299,228	1.5	202,955
Albany Plan Change 1997	01/01/1997	1,795,060	7	313,275
Niagara Plan Amendment	01/01/1997	160,638	2	83,129
Plan Amendment	07/01/1997	1,569,079	2.5	660,751
Albany Plan Change 1998	01/01/1998	3,109,861	8	490,311
Niagara Assumption Change	01/01/1998	357,339	3	127,540
Niagara Plan Amendment	01/01/1998	452,115	3	161,367
South Central Plan Change	01/01/1998	235,526	3	84,063
South Central Plan Change	01/01/1998	31,954	3	11,405
Upstate Plan Amendment	01/01/1998	247,542	3	88,352

Section 3: Actuarial Valuation Results

Schedule MB - Lines 9c and 9h
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
South Central Plan Change	05/01/1998	201,308	3.33	65,454
Assumption Change	07/01/1998	742,293	3.5	230,944
Plan Amendment	07/01/1998	1,850,978	3.5	575,881
Albany Assumption Change 1999	01/01/1999	2,046,933	9	296,062
Albany Plan Change 1999	01/01/1999	1,904,870	9	275,514
Niagara Plan Amendment	01/01/1999	626,829	4	173,523
South Central Assumption Change	01/01/1999	467,475	4	129,409
South Central Plan Change	01/01/1999	585,983	4	162,215
Upstate Plan Amendment	01/01/1999	310,853	4	86,052
South Central Plan Change	05/01/1999	1,110,507	4.33	287,126
Plan Amendment	07/01/1999	6,949,147	4.5	1,738,638
Albany Plan Change 2000	01/01/2000	996,852	10	133,868
Niagara Plan Amendment	01/01/2000	102,384	5	23,439
Plan Amendment	01/01/2000	12,664,026	5	2,899,153
South Central Plan Change	01/01/2000	1,402,236	5	321,011
South Central Plan Change	01/01/2000	504,080	5	115,398
Upstate Plan Amendment	01/01/2000	186,419	5	42,677
South Central Assumption Change	05/01/2000	481,609	5.33	104,556
Assumption Change	07/01/2000	3,081,076	5.5	651,844
Plan Amendment	07/01/2000	1,068,157	5.5	225,983
Albany Plan Change 2001	01/01/2001	868,341	11	109,320
South Central Plan Change	01/01/2001	801,236	6	157,944
South Central Plan Change	01/01/2001	32,674	6	6,441
Upstate Assumption Change	01/01/2001	28,842	6	5,686
Upstate Plan Amendment	07/01/2001	1,992,896	6.5	368,565
Albany Assumption Change 2002	01/01/2002	834,742	12	99,301

Section 3: Actuarial Valuation Results

Schedule MB - Lines 9c and 9h
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
South Central Assumption Change	01/01/2002	232,085	7	40,504
South Central Plan Change	01/01/2002	474,405	7	82,794
Upstate Plan Amendment	01/01/2002	951,720	7	166,095
Plan Amendment	07/01/2002	6,260,579	7.5	1,036,234
Plan Amendment	07/01/2003	2,606,825	8.5	392,993
South Central Assumption Change	01/01/2004	585,463	9	84,679
South Central Assumption Change	05/01/2004	498,942	9.33	70,335
South Central Plan Change	01/01/2005	189,867	10	25,497
Albany Actuarial Loss 2006	01/01/2006	355,541	1	355,541
Albany Assumption Change 2006	01/01/2006	10,444,557	16	1,048,038
Niagara Plan Amendment	01/01/2006	3,719,335	11	468,246
South Central Plan Change	01/01/2006	866,552	11	109,095
Upstate Assumption Change	07/01/2007	2,651,215	12.5	307,358
Albany Actuarial Loss 2008	01/01/2008	994,051	3	354,794
Albany Actuarial Loss 2009	01/01/2009	495,527	4	137,175
Albany Assumption Change 2009	01/01/2009	129,372	4	35,814
Albany ENIL 2009	01/01/2009	18,014,934	13	2,038,366
ENIL 2009	07/01/2009	76,575,153	13.5	8,468,142
Actuarial Loss	07/01/2010	1,685,348	0.5	1,685,348
Albany ENIL 2011	01/01/2011	8,651,686	13	978,927
Actuarial Loss	07/01/2011	8,886,369	1.5	6,027,283
Albany Actuarial Loss 2012	01/01/2012	1,353,623	2	700,488
Albany Assumption Change 2012	01/01/2012	58,773	2	30,414
Albany ENIL 2012	01/01/2012	2,207,534	13	249,780
Albany Plan Change 2012	01/01/2012	598,446	2	309,690
Actuarial Loss	07/01/2012	12,139,396	2.5	5,111,987

Section 3: Actuarial Valuation Results

Schedule MB - Lines 9c and 9h
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption Change	07/01/2012	4,700,895	2.5	1,979,581
Albany ENIL 2013	01/01/2013	2,409,935	13	272,681
Jamestown merger base	01/01/2013	5,788,131	8.01	911,726
Albany ENIL 2014	01/01/2014	4,459,076	13	504,538
Actuarial Loss	07/01/2014	13,258,695	4.5	3,317,252
Albany Actuarial Loss 2015	01/01/2015	3,072,230	5	703,320
Actuarial Loss 2015	07/01/2015	17,220,290	5.5	3,643,192
Albany Actuarial Loss 2016	01/01/2016	4,684,661	6	923,469
Albany funding method change 2016	01/01/2016	1,560,631	1	1,560,631
Empire actuarial loss 2016	01/01/2016	9,171,339	6	1,807,910
Plan change 2016 - Empire portion	01/01/2016	6,164,359	6	1,215,156
Plan change 2016 - Albany portion	01/01/2016	589,901	6	116,285
Northeast actuarial loss	01/01/2017	47,325,815	7	8,259,342
Northeast actuarial loss	01/01/2018	21,827,240	8	3,441,353
Northeast actuarial loss	01/01/2019	80,834,157	9	11,691,583
Total		**$1,642,861,266**		**$284,260,255**

Schedule MB, Line 9h

Schedule of Funding Standard Account Bases – Credits

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
North Atlantic States and New England Carpenters Bases				
Merger with Northern New England Carpenters Pension Fund	01/01/2006	599,749	11	75,505
Experience gain	01/01/2011	3,699,199	1	3,699,199
Change in assumptions	01/01/2013	5,582,446	3	1,992,469
Experience gain	01/01/2014	8,652,803	4	2,395,323
Change in assumptions	01/01/2015	125,666	5	28,768
Experience gain	01/01/2015	5,378,663	5	1,231,328
Experience gain	01/01/2018	7,031,299	8	1,108,579
Change in assumptions	01/01/2018	4,891,283	8	771,175
Plan amendment	01/01/2019	8,546,751	9	1,236,173
Experience gain	01/01/2021	64,804,247	11	8,158,531
Change in funding method	01/01/2021	1,456,225	6	287,060
Plan amendments	01/01/2021	19,694,474	11	2,479,435
Experience gain	01/01/2022	134,045,581	12	15,946,075
Change in assumptions	01/01/2022	22,045,818	12	2,622,573
Plan amendments	01/01/2022	10,764,667	12	1,280,566
Experience gain	01/01/2023	6,850,319	13	775,104
Change in assumptions	01/01/2023	10,123,235	13	1,145,432
Experience gain	01/01/2024	1,736,415	14	187,914
Change in assumptions	01/01/2025	86,763,122	15	9,022,932
Connecticut Carpenters Bases				
Change in assumptions	04/01/1998	1,314	3.25	437

Section 3: Actuarial Valuation Results

Schedule MB - Lines 9c and 9h
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience gain	04/01/2010	265,236	0.25	265,236
Experience gain	04/01/2011	738,669	1.25	596,060
Experience gain	04/01/2012	306,859	2.25	142,362
Experience gain	04/01/2013	1,116,871	3.25	371,082
Change in assumptions	04/01/2013	1,583,467	3.25	526,108
Change in assumptions	04/01/2014	3,173,385	4.25	833,716
Change in asset method	01/01/2018	3,302,555	3	1,178,738
Rhode Island Carpenters Bases				
Change in asset method	01/01/2009	7,184,245	14	777,474
Base due to Dec. 31, 2008 investment loss	01/01/2010	4,722,152	13	534,305
Change in assumptions	01/01/2011	217,267	1	217,267
Experience gain	01/01/2011	1,285,893	1	1,285,893
Experience gain	01/01/2013	488,883	3	174,491
Change in assumptions	01/01/2017	576,311	7	100,578
New York Carpenters Bases				
Albany Assumption Change 1996	01/01/1996	174,310	1	174,310
Upstate Plan Amendment	01/01/1996	30,858	1	30,858
Assumption Change	07/01/1997	905,811	2.5	381,444
South Central Assumption Change	05/01/1998	47,063	3.33	15,302
Assumption Change	07/01/1999	2,294,391	4.5	574,044
South Central Assumption Change	01/01/2001	475,410	6	93,716
South Central Assumption Change	05/01/2001	492,524	6.33	93,020
Niagara Assumption Change	01/01/2002	870,857	7	151,983
Assumption Change	07/01/2002	1,277,898	7.5	211,514
Upstate Assumption Change	07/01/2002	1,176,733	7.5	194,770
Niagara Assumption Change	01/01/2003	21,320	8	3,361

Section 3: Actuarial Valuation Results

Schedule MB - Lines 9c and 9h
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
South Central Assumption Change	01/01/2003	684,671	8	107,947
Albany Assumption Change 2004	01/01/2004	1,915,326	9	277,026
South Central Plan Change	01/01/2004	721,982	9	104,425
Upstate Assumption Change	01/01/2004	454,225	9	65,698
Upstate Plan Amendment	07/01/2004	753,777	9.5	104,912
Niagara Plan Amendment	01/01/2005	237,233	10	31,858
Niagara Plan Amendment	01/01/2007	2,179,071	12	259,222
Albany Funding Relief 2009	01/01/2009	6,443,253	14	697,284
Relief Method Change	07/01/2009	48,971,618	14.5	5,192,372
Albany ENIL 2010	01/01/2010	4,696,666	13	531,421
Albany Actuarial Gain 2011	01/01/2011	861,497	1	861,497
Albany Hours Assumption Change	01/01/2011	273,939	1	273,939
Assumption Change	07/01/2011	6,691,275	1.5	4,538,437
Plan Amendment	07/01/2011	948,538	1.5	643,357
Albany Actuarial Gain 2013	01/01/2013	1,348,148	3	481,177
Actuarial Gain	07/01/2013	2,939,365	3.5	914,503
Albany Actuarial Gain 2014	01/01/2014	913,566	4	252,899
Assumption Change 2015	07/01/2015	11,346,949	5.5	2,400,605
Albany Assumption Change 2016	01/01/2016	2,666,964	6	525,728
Empire Assumption Change 2016	01/01/2016	4,330,740	6	853,702
Northeast actuarial gain	01/01/2020	3,159,819	10	424,336
Total		**$538,060,876**		**$82,914,555**

Appendix A: Actuarial Assumptions, Methods and Models

and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E).

Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2025:

- The administrative expense assumption was reset to $11,500,000 as of January 1, 2025.
- The mortality table was changed from the RP-2014 Employee and Healthy Annuitant Tables, set forward one year for employees and healthy annuitants and six years for disabled annuitants, to the Pri-2012 Blue Collar Employee and Healthy Retiree Mortality Tables, set forward four years for disabled retirees. The generational projection using Scale MP-2021 remains unchanged from the prior valuation.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

YEARS ENDED DECEMBER 31, 2025 AND 2024

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Independent Auditor's Report

Board of Trustees
North Atlantic States Carpenters Pension Fund

Opinion

We have audited the accompanying financial statements of the North Atlantic States Carpenters Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in net assets available for benefits for the years ended December 31, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 22 through 66 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on page 67 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Schultheis + Panettieri, LLP

Hauppauge, New York
October 1, 2026

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments at fair value		
Interest bearing cash	$ 168,397,625	$ 163,708,695
U.S. government securities	64,095,428	88,031,336
Corporate debt instruments	41,958,993	55,874,433
Corporate stock	275,766,536	653,172,219
Partnership/joint venture interests	2,365,903,233	2,223,980,236
Real estate	84,991,135	82,621,250
Loans (other than participant loans)	5,310,439	26,559,826
Common/collective trust funds	1,636,649,574	977,961,806
Pooled separate accounts	-	38,915,145
103-12 investment entities	234,644,734	490,485,491
Registered investment companies	340,067,317	148,393,097
Unallocated contracts	748,929	799,873
Total investments	5,218,533,943	4,950,503,407
Receivables		
Employers' contributions	14,029,720	12,163,915
Accrued interest/dividends	1,682,251	1,681,845
Net trades pending settlement	111,428,529	76,140
Other receivables	4,138,064	2,003,660
Cash	700	5,496,245
Collateral held under securities lending agreement	5,551,332	27,447,334
Property and equipment - net	802,841	2,407,579
Other assets	416,329	330,919
Total assets	5,356,583,709	5,002,111,044
Liabilities		
Accounts payable	3,714,892	3,603,669
Related organizations	59,093,261	53,935,664
Net trades pending settlement	1,569,932	6,773,961
Payable under securities lending agreement	5,551,332	27,447,334
Other liabilities	520,350	13,479
Deferred compensation payable	359,087	481,014
Total liabilities	70,808,854	92,255,121
Net assets available for benefits	$ 5,285,774,855	$ 4,909,855,923

See Notes to Financial Statements

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	$ 469,755,141	$ 228,786,010
Interest/dividends	31,264,383	34,984,768
Rent - net of related expenses	551,948	584,424
Total investment income	501,571,472	264,355,202
Less investment expenses	(10,433,868)	(11,420,945)
Net investment income	491,137,604	252,934,257
Contributions		
Employers'	289,512,935	274,867,003
Other income	2,881,931	3,162,090
Total additions	783,532,470	530,963,350
Deductions from net assets attributed to:		
Benefits paid directly to participants or beneficiaries	392,816,641	394,959,818
Administrative expenses	14,796,897	14,692,407
Total deductions	407,613,538	409,652,225
Net increase	375,918,932	121,311,125
Net assets available for benefits		
Beginning of year	4,909,855,923	4,788,544,798
End of year	$ 5,285,774,855	$ 4,909,855,923

See Notes to Financial Statements

Note 1 - Description of Plan and Significant Accounting Policies

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

General

The Plan first became effective February 6, 1962 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the North Atlantic States Regional Council of Carpenters (the “Council”) and various employers and employer associations in the construction industry the states of Massachusetts, Connecticut, Maine, Vermont, New Hampshire, Rhode Island and New York. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide retirement and death benefits to eligible participants.

Participation

A participant is a pensioner, beneficiary or individual on whose behalf contributions are currently required to be made to the Plan by an employer subject to a collective bargaining agreement.

Connecticut, Massachusetts, Maine, Vermont, New Hampshire and Rhode Island participants are eligible to participate in the Plan beginning either January 1 or July 1 following completion of at least 140 hours of service in covered employment within 12 consecutive months.

New York participants are eligible to participate in the Plan following the completion of 1,000 hours worked in covered employment within a 12 consecutive month period, known as the Eligibility Computation Period. Participation in the Plan will begin on the first day of the month that follows the end of the Eligibility Computation Period.

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Benefits

Participants with five or more years vesting service are entitled to monthly pension benefits.

Massachusetts, Maine, Vermont and New Hampshire ("NE Legacy"), Connecticut and Rhode Island participants are eligible for regular pension at normal retirement age of 62 or 65, depending on the date the participant first joined the Plan along with other factors as stipulated in the Plan documents. For NE Legacy and Rhode Island participants eligible prior to January 1, 2021, normal retirement age is 62. The Plan permits early retirement and other forms of retirement based on age and years of credited service (pension credits). Pension credits are based on hours worked in covered employment. A participant may accumulate fractional credits beginning with 1/10 increments to a maximum of 1 credit per year.

New York participants who have earned five or more years of vesting service are eligible for regular pension at age 65 for benefits accrued after January 1, 2016. For benefits accrued prior to January 1, 2016, normal retirement age and the age at which other forms of retirement are permitted vary according to the respective plan documents. The Plan permits early retirement and other forms of retirement based on age and years of credited service (pension credits). Pension credits are based on hours worked in covered employment and vary based on the location of the participant.

Monthly pension benefits are based on the number of pension credits earned and the rate that was in effect when the credits were earned or on a percentage of employer contributions required to be made on behalf of the participant.

Pre-retirement and post-retirement death benefits are also available.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Administrative expense allocation

The administrative offices are occupied by the Plan, the North Atlantic States Carpenters Vacation Fund, the North Atlantic States Carpenters Guaranteed Annuity Fund (the "Guaranteed Annuity Fund"), the North Atlantic States Carpenters Health Benefits Fund (the "Health Fund"), the North Atlantic States Carpenters Annuity Fund (the "Annuity Fund") and the Buffalo Carpenters Pension Fund. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity.

Reimbursements received from related organizations for the years ended December 31, 2025 and 2024 were $9,877,990 and $9,306,763, respectively.

The Plan, through the North Atlantic States Carpenters Central Collection Agency (the "CCA"), a division of the Plan, was established for the purpose of providing services including but not limited to overseeing the collection and remittance of employer contributions, payroll audits and monitoring delinquency and collection activity on behalf of all affiliated entities. The costs of operating the CCA are allocated pro-rata to all of the Funds and affiliated organizations utilizing its services based on the volumes of contributions collected. For the years ended December 31, 2025 and 2024, the costs allocated to the Plan for these services were $1,350,141 and $1,435,780, respectively.

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions, in accordance with applicable law. The Plan is insured by the Pension Benefit Guaranty Corporation (“PBGC”); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. In addition, the PBGC guarantees apply only when the Plan becomes insolvent; that is, when available resources are insufficient to pay benefits under the Plan.

Reciprocal agreements

The Plan is a party to reciprocal agreements with other pension funds of the United Brotherhood of Carpenters and Joiners of America.

Note 2 - Fair value measurements

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

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

The 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Interest bearing cash: Valued at cost.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Corporate stock and registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Loans (other than participant loans): Value based on the valuation methods of the underlying securities described above.

Note 2 - Fair value measurements (cont'd)

Unallocated contracts: Valued and measured at fair value based on market rates and the insurance company's allocation of expenses.

Investments measured at net asset value: Corporate stock (non-publicly traded), partnerships/joint venture interests, real estate, common/collective trust funds, pooled separate accounts, registered investment companies (non-publicly traded) and 103-12 investment entities are at values estimated by the management of the investment entities.

Certain non-publicly traded corporate stock is valued by an independent appraiser.

Certain real estate is valued at the latest independent appraisal.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2025, with fair value measurements on a recurring basis:

	2025	Level 1	Level 2	Level 3
Investments at fair value				
Interest bearing cash	$ 168,397,625	$ 168,397,625	$ -	$ -
U.S. government securities	64,095,428	13,516,218	50,579,210	-
Corporate debt instruments	41,958,993	-	41,958,993	-
Corporate stock	177,516,898	172,971,510	-	4,545,388
Real estate	7,880,000	-	-	7,880,000
Loans (other than participant loans)	5,310,439	4,513,112	797,327	-
Registered investment companies	340,067,317	340,067,317	-	-
Unallocated contracts	748,929	-	-	748,929
Total assets in the fair value hierarchy	805,975,629	$ 699,465,782	$ 93,335,530	$ 13,174,317
Investments measured at net asset value	4,412,558,314			
Investments at fair value	$ 5,218,533,943			

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2024, with fair value measurements on a recurring basis:

	2024	Level 1	Level 2	Level 3
Investments at fair value				
Interest bearing cash	$ 163,708,695	$ 163,708,695	$ -	$ -
U.S. government securities	88,031,336	19,465,711	68,565,625	-
Corporate debt instruments	55,874,433	-	55,874,433	-
Corporate stock	406,824,078	402,913,480	-	3,910,598
Real estate	7,880,000	-	-	7,880,000
Loans (other than participant loans)	26,559,826	24,554,278	2,005,548	-
Registered investment companies	91,897,852	91,897,852	-	-
Unallocated contracts	799,873	-	-	799,873
Total assets in the fair value hierarchy	841,576,093	$ 702,540,016	$ 126,445,606	$ 12,590,471
Investments measured at net asset value	4,108,927,314			
Investments at fair value	$ 4,950,503,407			

Note 3 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 4 - Non-publicly traded corporate stock

The Plan has several non-publicly traded corporate stock investments. The fair value of the investments are determined by independent appraisal and by management of each investment and are generally based on the estimated fair value of the underlying assets of each investment. The Plan records the investments at estimated fair value based on its capital shares, as reported on the annual audited financial statements. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. There were no individually significant investments in non-publicly traded corporate stock held by the Plan as of December 31, 2025 and 2024.

Note 5 - Partnership/joint venture interests

The Plan is a limited partner or investor in several private placement investment partnerships and investment companies. The fair value of the investments were determined by the management of the investment entity and are generally based on the estimated fair value of the underlying assets of the investment entity. The Plan records the investments at estimated fair value based on its capital shares, as reported on the annual K-1 Forms or available audited financial statements. The entities generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, partnership investments may be subject to withdrawal restrictions. Individually significant investments in partnerships held by the Plan are as follows:

IFM Global Infrastructure (US) LP is a Cayman Islands limited partnership. The partnership is a feeder fund in a "master-feeder" structure. The partnership invests substantially all of its assets in IFM Global Infrastructure Fund (the "Master Fund"), a Cayman Islands unit trust. IFM Investors (US) Advisor, LLC, a Delaware limited liability company, is the investment advisor of the partnership. The Master Fund's investment objective is to acquire and maintain a diversified portfolio of global infrastructure investments. A limited partner may withdraw all or a portion of their account balance, as of the end of each quarter, upon at least 90 days' prior written notice to the partnership, subject to a minimum withdrawal of $1 million. The estimated fair value of the Plan's investment as of December 31, 2025 and 2024 was $108,156,906 and $97,543,354, respectively.

Note 6 - Real estate

The Plan is invested in the North Atlantic States Carpenters Pension and Guaranteed Annuity Fund Real Estate Investment Program (the "Program"). The Program was established for the purpose of investing in income-producing properties in the United States by the North Atlantic States Carpenters Guaranteed Annuity Fund and the Plan. Washington Capital Management, Inc. serves as the investment advisor (the "Advisor"), and has full discretion over investment acquisition and disposition decisions, as well as operating and financing matters. The net asset value of the Program is based on estimates of fair value made by the Advisor as determined by independent appraisals. The estimated fair value of the Plan's investment as of December 31, 2025 and 2024 was $77,111,135 and $74,741,250, respectively.

Note 7 - Common/collective trust funds

The Plan is invested in several common/collective trust funds. The fair value of the investments are determined by the management of each investment and are generally based on the estimated fair value of the underlying assets of each investment. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, common/collective trust fund investments may be subject to withdrawal restrictions. Individually significant investments in common/collective trust funds held by the Plan are as follows:

Note 7 - Common/collective trust funds (cont'd)

The Plan invests in collective investment funds ("CCTs") maintained by BlackRock Institutional Trust Company, N.A. ("BTC"), which serves as trustee for the following significant CCTs: U.S. Treasury Inflation Protected Securities Fund and 0-5 Year U.S. Treasury Inflation Protected Securities Fund. The value of units upon contribution to or redemption from each CCT is based on the CCT's unit value determined on that day. Units can be redeemed on any day that BTC is open for business. During 2026 the Trustees approved to liquidate these Funds.

The estimated fair value of the Plan's investment in the U.S. Treasury Inflation Protected Securities Fund as of December 31, 2025 and 2024 was $92,509,023 and $107,247,059, respectively.

The estimated fair value of the Plan's investment in the 0-5 Year U.S. Treasury Inflation Protected Securities Fund as of December 31, 2025 and 2024 was $35,125,262 and $136,510,299, respectively.

UBC Russell 3000 Index Trust ("UBC Russell 3000") is a collective trust fund in the Institutional Retirement Trust ("IRT"). IRT is a Collective Trust of Invesco Trust Company, a Texas state trust company for Participating Pension and Profit Sharing Trusts. UBC Russell 3000's investment objective is to seek the investment results of the Russell 3000 Index. Issuances and redemptions of units of UBC Russell 3000 are made on each business day. The estimated fair value of the Plan's investment as of December 31, 2025 and 2024 was $810,307,586 and $243,754,053, respectively.

Note 8 - 103-12 Investment entities

The Plan is invested in several 103-12 investment entities. The fair value of the investments are determined by the management of each investment and are generally based on the estimated fair value of the underlying assets of each investment. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, 103-12 investment entity investments may be subject to withdrawal restrictions. There were no individually significant investments in 103-12 investment entities held by the Plan as of December 31, 2025 and 2024.

Note 9 - Risks and uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, 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 could be material to the financial statements.

Note 10 - Party-in-interest transactions

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedules of investments.

Note 11 - Securities lending

The Plan has an agreement with its custodial bank authorizing the bank to lend securities held in the Plan's account to third parties. The bank must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are fully collateralized at all times. The collateral held is reported as both an asset and a liability in the financial statements.

Although the Plan's securities lending activities are collateralized as described above, they involve both market and credit risk. In this context, market risk refers to the possibility that the borrowers of securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or the collateral. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

Income earned for the years ended December 31, 2025 and 2024 was $861,750 and $1,171,760, respectively.

The fair value of securities loaned by the Plan was $5,310,439 and $26,559,826 at December 31, 2025 and 2024, respectively. The fair value of the collateral held by the Plan was $5,551,332 and $27,447,334 at December 31, 2025 and 2024, respectively. Securities loaned are presented as loans (other than participant loans).

Note 12 - Derivatives

Derivative contracts are instruments that derive their value from underlying assets, indices, reference rates, or a combination of these factors. The investors enter into a contractual agreement to exchange cash or securities at a future date, the value of which is determined by the performance of the underlying asset during the life of the contract. Derivatives provide a flexible and low-cost way to structure portfolios and are used to manage risk as well as to capture market mis-pricings. The Plan uses derivative instruments for hedging purposes and not on a speculative basis.

Such contracts involve a risk that the market movement of the underlying financial instrument may not be in the direction forecasted. All changes in the value of open futures contracts are settled on a regular basis, usually daily. This daily settlement process acts to ensure performance of all parties to the contracts. Future contracts are recorded at fair value and included in Net trades pending settlement on the Statements of Net Assets Available for Benefits

Note 12 - Derivatives (cont'd)

The Plan's investments in derivatives consist of futures. A futures contract represents a commitment for the future purchase or sale of an asset at a specified price on a specified date. As of December 31, 2025, the fair value of futures was $(352,819), composed of gross notional values of $84,612,625, and a cost basis of $84,965,444. In January 2026, all futures contracts were sold by the Plan.

Changes in the fair value of derivatives are recognized as earnings and are included in Net appreciation in fair value of investments on the Statements of Changes in Net Assets Available for Benefits. During the year ended December 31, 2025, the Plan recorded net derivative trading losses of $2,690,274.

Note 13 - Investment commitments

As of December 31, 2025 the Plan has several commitments outstanding with various investment managers that total $734,077,000. Capital commitments are funded based on the capital calls issued by the investment manager.

Note 14 - Employers' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Contribution rates vary depending on the agreement but are generally paid on an hourly basis.

Note 15 - Rental income

The Plan owns and operates a property located in Wilmington, MA. The Plan leases office and warehouse space to the Guaranteed Annuity Fund and the Health Fund, related organizations. The terms of the leases are January 1, 2024 through December 31, 2026 at an annual rate of $181,920 for the Guaranteed Annuity Fund and $192,602 for the Health Fund. The Plan also leases office and warehouse space to the North Atlantic States Regional Council of Carpenters Local 339, a related organization, with a term of January 1, 2024 through December 31, 2026 at an annual rate of $75,160. Escalation costs may be incurred for any increase in real estate taxes or operating costs beyond the base years, as stipulated in the leases. The leases are cancellable by either party on 90 days notice. As such, no right-of-use asset is recognized.

The Plan owns and operates a property located in Hamden, CT. The Plan leases office and parking spaces to the Health Fund and the Annuity Fund, related organizations, and Kiddie Kabz, an unrelated third party. The terms of the leases are January 1, 2024 through December 31, 2026 at an annual rate of $49,941 for the Health Fund and $54,009 for the Annuity Fund. The term of the lease for Kiddie Kabz is April 1, 2021 through March 31, 2024 at an initial rental rate of $23,724, subject to annual increases. The lease was extended for three months, terminating on June 30, 2024 at a monthly rate of $2,043. Escalation costs may be incurred for any increase in real estate taxes or operating costs beyond the base years, as stipulated in the leases.

Note 15 - Rental income (cont'd)

Net rental income for the years ended December 31, 2025 and 2024 was $551,948 and $584,424, respectively.

Note 16 - Other commitments

Effective April 24, 2000, the Connecticut Carpenters Pension Fund established a deferred compensation plan for the plan's former Fund Director, who retired on June 30, 2022, for the purpose of providing compensation benefits to such employee. This commitment was transferred to the Plan as part of the merger on January 1, 2018. The deferred compensation plan is an unfunded arrangement held in an investment account. As of December 31, 2025 and 2024, the estimated fair value of the deferred compensation plan's assets totaled $359,087 and $481,014, respectively.

Note 17 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of January 1, 2025 and 2024. Details of accumulated plan benefit information as of such dates are as follows:

	January 1, 2025	January 1, 2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefit payments	$ 3,510,696,430	$ 3,431,849,151
Other Vested benefits	1,981,036,513	2,051,819,311
Total vested benefits	5,491,732,943	5,483,668,462
Nonvested benefits	104,717,687	106,961,905
Total actuarial present value of accumulated plan benefits	$ 5,596,450,630	$ 5,590,630,367

Note 17 - Accumulated plan benefits (cont'd)

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows:

	January 1, 2025	January 1, 2024
Actuarial present value of accumulated plan benefits - Beginning of year	$ 5,590,630,367	$ 5,497,975,536
Increase (decrease) during the year attributable to:		
Benefits accumulated	79,700,786	73,357,194
Interest due to the decrease in the discount period	391,003,408	385,334,394
Benefits paid	(394,959,818)	(366,036,757)
Change of assumptions	(84,532,613)	-
Plan amendment (13th check)	14,608,500	-
Net increase (decrease) in actuarial present value of accumulated plan benefits	5,820,263	92,654,831
Actuarial present value of accumulated plan benefits - End of year	$ 5,596,450,630	$ 5,590,630,367

Through January 1, 2025, the Plan met minimum funding standard requirements under ERISA.

Note 17 - Accumulated plan benefits (cont'd)

The significant methods and assumptions underlying the actuarial computations are as follows:

Actuarial Cost Method	Entry Age Normal
Net Investment Return	7.25%
Mortality Rates - Healthy	2025 - Pri-2012 Blue Collar Employee and Healthy Retiree Mortality Tables projected generationally with Scale MP-2021 2024 - RP-2014 Employee and Healthy Annuitant Mortality Tables set forward one year and projected generationally with Scale MP-2021
Mortality Rates - Disabled	2025 - Pri-2012 Blue Collar Healthy Retiree Mortality Table set forward four years projected generationally with Scale MP-2021 2024 - RP-2014 Healthy Annuitant Mortality Table set forward six years and projected generationally with Scale MP-2021
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 15% of the market value.
Weighted average retirement age	60
Annual administrative expenses	$11,500,000

As of January 1, 2025 the actuary has certified that the Plan is not in the endangered or critical status as identified under the Pension Protection Act of 2006 and the Multiemployer Pension Reform Act of 2014.

Note 18 - Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

Note 18 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	Per Financial Statements	Reclassification	Per Form 5500
Investment income	$ 491,137,604	$ 10,433,868	$ 501,571,472
Contributions	289,512,935	-	289,512,935
Other income	2,881,931	-	2,881,931
Total additions	783,532,470	10,433,868	793,966,338
Benefits paid directly to participants or beneficiaries	392,816,641	-	392,816,641
Administrative expenses	14,796,897	10,433,868	25,230,765
Total deductions	407,613,538	10,433,868	418,047,406
Net increase	$ 375,918,932	$ -	$ 375,918,932

In addition to the above reclassifications, the Plan's investments have been reclassified for Form 5500 purposes in accordance with the Department of Labor's plan asset regulations. See the Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500 on page 67.

Note 19 - Tax status

The Plan has received a determination letter from the Internal Revenue Service dated December 16, 2015, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date. Additionally, the Plan believes it has no uncertain tax positions as of December 31, 2025 and 2024 in accordance with FASB ASC Topic 740 "Income Taxes."

Note 20 - Subsequent event - merger

Subsequent to December 31, 2025, the Trustees approved the merger of the Plan into the Western States Carpenters Pension Fund effective December 31, 2026. In accordance with the terms of the Merger Agreement, all assets and liabilities of the Plan will be transferred as of December 31, 2026. No adjustment has been made to the December 31, 2025, financial statements related to this transfer.

Note 21 - Subsequent event – investment liquidation

In 2026, the Trustees approved a reallocation of the Plan's investment portfolios. As a result, approximately $1,000,000,000 of investments will be liquidated and reinvested. Since the reallocation was approved after year end, no adjustment has been made to the accompanying financial statements.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	LENDINGCLUB	VARIABLE	ON DEMAND	$ 160,416,729	$ 160,416,729
*	STATE STREET CASH	VARIABLE	ON DEMAND	7,980,896	7,980,896
	ARA CORE PROPERTY FUND - INTEREST BEARING CASH			5,669,981	5,669,981
	BRIGADE HIGH YIELD FUND LP - INTEREST BEARING CASH			1,495,841	1,495,841
	ENTRUST CAPITAL DIVERSIFIED FUND LTD CLASS X SERIES 12/31/2016 - INTEREST BEARING CASH			8,879	8,879
	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A - INTEREST BEARING CASH			597,352	597,352
	EUROPEAN STRATEGIC PARTNERS 2006 B LP - INTEREST BEARING CASH			87,799	87,799
	FIRST EAGLE GLOBAL VALUE FUND LP - INTEREST BEARING CASH			728	728
	GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD - INTEREST BEARING CASH			3,940	3,940
	GROSVENOR OPPORTUNISTIC CREDIT FUND IV LTD - INTEREST BEARING CASH			32,111	32,111
	HAMILTON LANE PRIVATE EQUITY OFFSHORE FUND VIII LP - INTEREST BEARING CASH			301,896	301,896
	HAMILTON LANE STRATEGIC OPPORTUNITIES FUND IV LP - INTEREST BEARING CASH			579	579
	IRONSIDES DIRECT INVESTMENT FUND IV LP - INTEREST BEARING CASH			8,173	8,173
	IRONSIDES PARTNERSHIP FUND IV LP - INTEREST BEARING CASH			9,223	9,223
	IRONSIDES PARTNERSHIP FUND V LP - INTEREST BEARING CASH			257,347	257,347
	NORTH ATLANTIC STATES CARPENTERS PENSION FUND REAL ESTATE INVESTMENT PROGRAM - INTEREST BEARING CASH			2,112,238	2,112,238
	PANTHEON EUROPE FUND V B LP - INTEREST BEARING CASH			74,127	74,127
	PANTHEON GLOBAL SECONDARY FUND III B LP - INTEREST BEARING CASH			86,073	86,073
	SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITIES FUND II LP - INTEREST BEARING CASH			97,279	97,279
	SOLAMERE CAPITAL AF III A LP - INTEREST BEARING CASH			171,502	171,502
	SOLAMERE CAPITAL AF IV A LP - INTEREST BEARING CASH			69,305	69,305
	WCP SPECIAL CORE PLUS FUND II LP - INTEREST BEARING CASH			391,468	391,468
	WCP SPECIAL CORE PLUS FUND LP - INTEREST BEARING CASH			89,148	89,148
				$ 179,962,614	$ 179,962,614

* PARTY-IN-INTEREST

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FED HM LN PC POOL C90979	6.50%	06/01/2026	$ 2,036	$ 2,087	$ 2,115
SMALL BUSINESS ADMINISTRATION	5.70%	08/01/2026	3,566	3,566	3,574
SMALL BUSINESS ADMINISTRATION	5.71%	06/01/2027	5,889	5,889	5,949
FNMA POOL AL7205	3.50%	12/01/2029	12,156	12,810	12,075
FED HM LN PC POOL G18555	3.50%	05/01/2030	24,774	25,935	24,624
FNMA POOL AB1763	4.00%	11/01/2030	18,419	19,616	18,370
FNMA POOL AL5861	4.50%	01/01/2031	13,073	14,237	13,115
FNMA POOL AL4549	4.50%	01/01/2032	13,659	14,694	13,731
FREDDIE MAC	6.50%	06/15/2032	18,301	18,601	19,232
FED HM LN PC POOL G30689	4.50%	07/01/2032	9,733	10,627	9,802
FHLMC STRUCTURED PASS THROUGH	4.63%	07/25/2032	22,155	23,013	20,926
FANNIE MAE	5.50%	10/25/2032	25,932	28,465	26,644
FNMA POOL 555424	5.50%	05/01/2033	31,404	33,518	32,230
FHLMC STRUCTURED PASS THROUGH	4.33%	07/25/2033	26,742	28,432	25,963
FED HM LN PC POOL G30670	4.50%	12/01/2033	32,212	35,298	32,542
FNMA POOL 735765	6.35%	08/01/2034	4,946	4,787	5,081
FNMA POOL MA1983	4.00%	08/01/2034	43,242	46,519	42,864
FNMA POOL MA2079	4.00%	11/01/2034	40,390	43,387	40,009
FED HM LN PC POOL G01749	5.50%	01/01/2035	14,284	15,525	14,698
FNMA POOL 821925	6.28%	06/01/2035	4,433	4,325	4,541
FNMA POOL MA2366	4.00%	08/01/2035	36,829	39,684	36,585
FED HM LN PC POOL C91853	3.50%	10/01/2035	39,849	41,481	38,867
FNMA POOL MA2455	4.00%	11/01/2035	38,448	41,320	38,042
US TREASURY N/B	4.00%	11/15/2035	1,116,000	1,101,413	1,099,963
FED HM LN PC POOL 1Q0069	6.61%	05/01/2036	908	896	933
FNMA POOL 745600	6.49%	06/01/2036	2,622	2,582	2,702
REPUBLIC OF COLOMBIA	7.75%	11/07/2036	500,000	497,346	521,075
FNMA POOL 888367	7.00%	03/01/2037	26,502	30,030	28,166
FNMA POOL MA2923	3.50%	03/01/2037	48,964	50,227	48,006
FNMA POOL MA2962	3.50%	04/01/2037	52,538	54,475	50,942
FNMA POOL 888702	6.50%	08/01/2037	5,094	5,460	5,419
FED HM LN PC POOL G03600	7.00%	11/01/2037	10,299	11,190	11,084
FNMA POOL 257135	5.50%	03/01/2038	1,308	1,381	1,343
FED HM LN PC POOL 1Q1400	6.63%	07/01/2038	20,338	22,174	21,140
FNMA POOL AD0198	5.50%	09/01/2038	20,043	22,076	20,955
FED HM LN PC POOL G07338	6.00%	10/01/2038	10,026	10,985	10,582
FED HM LN PC POOL H09197	6.50%	10/01/2038	5,530	5,871	5,713
FED HM LN PC POOL 1Q1145	6.73%	05/01/2039	13,273	14,150	13,710
FNMA POOL AD0130	6.50%	08/01/2039	1,768	1,927	1,881
FED HM LN PC POOL A94663	4.50%	10/01/2040	37,829	40,412	37,841
FED HM LN PC POOL G06447	4.50%	05/01/2041	34,283	36,887	34,553
FANNIEMAE GRANTOR TRUST	7.50%	07/25/2041	37,851	39,045	39,731
FED HM LN PC POOL Q03086	4.50%	09/01/2041	17,006	18,034	17,082
FNMA POOL AL5441	4.50%	09/01/2041	26,589	28,919	26,570
FANNIE MAE	7.00%	10/25/2041	6,696	6,938	6,913
FNMA POOL AJ4102	6.28%	11/01/2041	15,425	16,040	16,036
FED HM LN PC POOL G07843	4.50%	06/01/2042	32,925	35,677	33,091
FNMA POOL AO4105	6.34%	06/01/2042	4,204	4,349	4,342
FANNIE MAE	6.50%	06/25/2042	37,739	39,360	38,289
FED HM LN PC POOL G60764	4.50%	10/01/2042	29,403	32,306	29,620
FHLMC STRUCTURED PASS THROUGH	6.50%	03/25/2043	62,758	64,271	64,496
FED HM LN PC POOL 849748	6.19%	10/01/2043	9,993	10,360	10,336
FED HM LN PC POOL G07596	4.50%	11/01/2043	42,774	45,775	42,966
FNMA POOL AL5697	5.83%	12/01/2043	10,468	10,824	10,821
FREDDIE MAC	4.50%	12/15/2043	144,536	159,938	145,531

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FED HM LN PC POOL G08568	4.50%	01/01/2044	20,928	22,639	20,983
US TREASURY N/B	4.50%	02/15/2044	1,875,000	1,839,283	1,813,913
FED HM LN PC POOL G07686	4.50%	03/01/2044	23,453	25,285	23,476
FNMA POOL BM1135	4.50%	07/01/2044	55,986	60,500	56,209
FNMA POOL AT7040	6.33%	09/01/2044	1,055	1,084	1,096
US TREASURY N/B	4.63%	11/15/2044	1,577,000	1,568,608	1,545,334
FED HM LN PC POOL 849625	6.32%	01/01/2045	11,382	11,825	11,834
FED HM LN PC POOL 2B3805	6.55%	02/01/2045	23,406	24,354	24,318
FED HM LN PC POOL G60034	4.50%	02/01/2045	16,917	18,360	16,782
FED HM LN PC POOL 849713	6.60%	05/01/2045	6,724	6,826	6,985
FNMA POOL AL8815	6.06%	05/01/2045	26,821	27,904	27,920
FNMA POOL AX5655	6.04%	01/01/2046	8,000	8,271	8,252
FED HM LN PC POOL 840286	6.37%	05/01/2046	13,660	14,162	14,186
FNMA POOL AL8919	6.27%	07/01/2046	6,588	6,760	6,848
FNMA POOL AL9198	6.52%	07/01/2046	6,492	6,583	6,691
FED HM LN PC POOL 840380	6.15%	08/01/2046	22,746	23,576	23,632
FNMA POOL AL9011	6.35%	09/01/2046	3,383	3,473	3,494
FNMA POOL AS8835	4.50%	02/01/2047	90,685	97,515	90,070
FED HM LN PC POOL G61080	4.50%	03/01/2047	60,932	65,483	60,892
FED HM LN PC POOL Q48869	4.50%	06/01/2047	67,324	72,263	66,946
FNMA POOL BH5350	6.36%	07/01/2047	20,859	21,404	21,717
FED HM LN PC POOL G08786	4.50%	10/01/2047	39,862	42,559	39,639
FNMA POOL BJ9262	4.50%	06/01/2048	44,672	46,527	44,368
FNMA POOL BM4005	6.41%	06/01/2048	34,358	34,592	35,692
FNMA POOL BM4873	6.36%	10/01/2048	87,182	89,058	90,596
FNMA POOL BM5704	5.00%	12/01/2048	21,787	22,942	22,127
FNMA POOL AL0778	6.50%	01/01/2049	5,699	6,319	5,966
FANNIE MAE	7.00%	03/25/2049	12,305	12,920	13,380
FREDDIE MAC	2.50%	04/25/2050	958,865	833,014	844,506
FED HM LN PC POOL RA2958	2.00%	07/01/2050	587,687	603,481	485,324
FNMA POOL CA6401	2.50%	07/01/2050	301,396	315,441	259,737
FNMA POOL CA7241	2.50%	10/01/2050	3,188,367	3,379,171	2,752,645
FNMA POOL FM4714	2.50%	10/01/2050	995,559	1,054,359	858,271
FED HM LN PC POOL SD7530	2.50%	11/01/2050	372,707	395,812	321,568
FNMA POOL BM6916	2.17%	12/01/2050	548,628	520,725	513,181
FNMA POOL CA8099	2.00%	12/01/2050	542,197	565,473	447,388
FNMA POOL FM7599	3.50%	01/01/2051	2,021,179	1,988,572	1,884,305
FNMA POOL BR7227	2.00%	04/01/2051	375,664	378,599	309,626
FNMA POOL CB3332	3.50%	04/01/2052	2,387,964	2,327,892	2,228,305
FNMA POOL MA4580	3.50%	04/01/2052	3,757,167	3,414,325	3,482,029
FED HM LN PC POOL SD8214	3.50%	05/01/2052	7,089,562	6,467,534	6,570,393
FNMA POOL BM6921	2.27%	05/01/2052	866,501	808,554	798,481
FNMA POOL BV9893	3.50%	05/01/2052	1,604,941	1,500,369	1,492,210
FED HM LN PC POOL SD8222	4.00%	06/01/2052	242,829	227,652	231,746
FNMA POOL BW0490	4.00%	06/01/2052	683,063	625,269	651,232
FNMA POOL FS2089	3.50%	06/01/2052	1,582,011	1,513,045	1,476,222
FNMA POOL MA4626	4.00%	06/01/2052	1,090,557	1,011,491	1,040,784
FED HM LN PC POOL 841463	2.16%	07/01/2052	890,779	824,492	814,902
FNMA POOL MA4700	4.00%	08/01/2052	255,201	235,842	242,341
FED HM LN PC POOL SD8244	4.00%	09/01/2052	3,219,939	3,013,091	3,072,949
FED HM LN PC POOL SD8256	4.00%	10/01/2052	952,701	882,968	908,782
FNMA POOL MA4783	4.00%	10/01/2052	1,484,299	1,390,255	1,414,359
FNMA POOL MA4784	4.50%	10/01/2052	226,958	215,362	222,607
FED HM LN PC POOL SD8274	4.00%	12/01/2052	936,039	857,646	892,466
FED HM LN PC POOL SD8275	4.50%	12/01/2052	611,307	589,052	599,087

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
TSY INFL IX N/B	1.50%	02/15/2053	703,176	619,357	548,070
FED HM LN PC POOL SL1300	4.00%	04/01/2053	459,716	421,412	438,698
FNMA POOL FS7754	4.00%	07/01/2053	1,584,570	1,434,683	1,509,873
US TREASURY N/B	4.13%	08/15/2053	4,011,000	3,676,761	3,550,658
FNMA POOL FS6596	3.50%	10/01/2053	2,006,756	1,832,419	1,859,801
US TREASURY N/B	4.75%	11/15/2053	4,150,000	4,626,250	4,073,972
FED HM LN PC POOL SD6706	4.50%	01/01/2054	1,022,143	965,879	1,000,484
FED HM LN PC POOL SL0432	4.50%	01/01/2054	420,112	401,404	411,252
FED HM LN PC POOL SD7485	4.50%	02/01/2054	441,000	415,160	431,399
FNMA POOL FS9443	4.50%	02/01/2054	752,778	696,466	736,239
TSY INFL IX N/B	2.13%	02/15/2054	190,953	194,666	171,510
FED HM LN PC POOL SD8489	4.50%	12/01/2054	4,851,705	4,739,320	4,737,644
FNMA POOL MA5551	4.50%	12/01/2054	1,704,297	1,625,473	1,664,229
US TREASURY N/B	4.63%	02/15/2055	740,000	711,325	712,798
GOVERNMENT NATIONAL MORTGAGE A	4.98%	02/20/2068	233,274	233,103	233,661
GOVERNMENT NATIONAL MORTGAGE A	4.89%	05/20/2072	211,415	212,996	212,937
FIRST EAGLE GLOBAL VALUE FUND LP - U.S. GOVERNMENT SECURITIES			-	1,016,221	1,773,931
			$ 68,310,332	$ 66,878,590	$ 65,869,359

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
MARS INC	4.60%	03/01/2028	$ 300,000	$ 300,517	$ 304,110
BNSF RAILWAY CO 2015 1 P	3.44%	06/16/2028	60,373	59,081	59,224
UNP RR CO 2005 PASS TRST	5.08%	01/02/2029	18,936	20,925	19,199
NISSAN AUTO RECEIVABLES OWNER	4.34%	03/15/2029	401,000	400,963	403,101
HONDA AUTO RECEIVABLES OWNER T	4.57%	03/21/2029	395,000	394,938	398,002
FORD CREDIT AUTO OWNER TRUST	5.10%	04/15/2029	384,000	383,996	388,939
TOYOTA AUTO RECEIVABLES OWNER	4.64%	08/15/2029	213,000	212,991	215,280
VOLKSWAGEN AUTO LOAN ENHANCED	4.50%	08/20/2029	324,000	323,989	327,365
MARS INC	4.80%	03/01/2030	175,000	174,811	178,843
JAPAN TOBACCO INC	5.25%	06/15/2030	300,000	299,607	311,262
HYUNDAI AUTO RECEIVABLES TRUST	4.44%	06/17/2030	320,000	319,914	324,547
JPMORGAN CHASE + CO	2.74%	10/15/2030	155,000	166,115	147,041
HYUNDAI AUTO RECEIVABLES TRUST	4.40%	04/15/2031	488,000	487,887	493,992
JPMORGAN CHASE + CO	2.52%	04/22/2031	205,000	190,845	190,964
HONDA AUTO RECEIVABLES OWNER T	4.64%	05/21/2031	440,000	439,947	447,548
META PLATFORMS INC	4.60%	11/15/2032	100,000	99,992	100,804
META PLATFORMS INC	4.88%	11/15/2035	125,000	124,978	124,833
CALIFORNIA ST	7.30%	10/01/2039	150,000	249,620	174,566
NEW JERSEY ST TURNPIKE AUTH TU	7.41%	01/01/2040	50,000	75,015	59,927
CALIFORNIA ST	7.63%	03/01/2040	425,000	537,659	512,393
NEW JERSEY ST TURNPIKE AUTH TU	7.10%	01/01/2041	325,000	387,237	379,730
SMB PRIVATE EDUCATION LOAN TRU	5.13%	04/15/2054	305,380	305,320	309,802
SMB PRIVATE EDUCATION LOAN TRU	5.24%	03/15/2056	667,846	667,615	679,207
NAVIENT STUDENT LOAN TRUST	4.99%	02/27/2068	1,326,953	1,324,672	1,330,188
NAVIENT STUDENT LOAN TRUST	4.82%	07/25/2068	739,818	730,571	734,510
NAVIENT STUDENT LOAN TRUST	4.89%	08/26/2069	472,108	472,108	475,998
NAVIENT STUDENT LOAN TRUST	4.59%	12/26/2069	875,092	875,092	863,124
			$ 9,741,506	$ 10,026,405	$ 9,954,499

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
LLOYDS BANKING GROUP PLC	4.65%	03/24/2026	$ 200,000	$ 209,734	$ 200,244
WELLS FARGO + COMPANY	4.10%	06/03/2026	75,000	75,284	75,007
DILLARDS INC	7.75%	07/15/2026	200,000	197,000	202,596
VMWARE LLC	1.40%	08/15/2026	150,000	149,745	147,783
FORD MOTOR CREDIT CO LLC	5.80%	03/05/2027	200,000	200,116	202,492
BNP PARIBAS	4.63%	03/13/2027	750,000	833,392	752,805
CIGNA GROUP/THE	7.88%	05/15/2027	89,000	116,055	93,242
FORD MOTOR CREDIT CO LLC	4.95%	05/28/2027	200,000	199,974	200,726
WELLS FARGO + COMPANY	4.30%	07/22/2027	175,000	174,993	175,683
IMPERIAL BRANDS FIN PLC	6.13%	07/27/2027	525,000	533,100	540,393
SOUTHERN CO	5.11%	08/01/2027	275,000	276,246	279,397
COX COMMUNICATIONS INC	3.50%	08/15/2027	825,000	831,049	815,546
NEXTERA ENERGY CAPITAL	4.69%	09/01/2027	400,000	401,748	404,752
GOLDMAN SACHS GROUP INC	3.62%	03/15/2028	675,000	675,000	671,254
BAT CAPITAL CORP	2.26%	03/25/2028	50,000	50,000	48,114
CVS HEALTH CORP	4.30%	03/25/2028	29,000	28,965	29,096
RIO OIL FINANCE TRUST	8.20%	04/06/2028	273,125	277,563	282,002
CAPITAL ONE FINANCIAL CO	4.93%	05/10/2028	175,000	175,000	177,062
FORD MOTOR CREDIT CO LLC	6.80%	05/12/2028	775,000	772,724	808,697
BARCLAYS PLC	5.50%	08/09/2028	250,000	250,000	255,418
ELANCO ANIMAL HEALTH INC	6.65%	08/28/2028	350,000	375,407	365,764
NATWEST GROUP PLC	5.52%	09/30/2028	225,000	224,990	230,726
CIGNA GROUP/THE	4.38%	10/15/2028	225,000	222,012	227,045
BANK OF AMERICA CORP	6.20%	11/10/2028	225,000	225,000	233,800
BOSTON PROPERTIES LP	4.50%	12/01/2028	475,000	442,630	478,069
BAYER US FINANCE II LLC	4.38%	12/15/2028	350,000	373,286	350,385
BANK OF AMERICA CORP	4.98%	01/24/2029	200,000	200,000	203,742
HCA INC	3.38%	03/15/2029	175,000	161,065	170,490
NEXTERA ENERGY CAPITAL	4.90%	03/15/2029	650,000	648,629	666,153
BANK OF AMERICA CORP	4.62%	05/09/2029	175,000	175,000	177,322
CAPITAL ONE FINANCIAL CO	6.31%	06/08/2029	300,000	305,563	314,835
LLOYDS BANKING GROUP PLC	4.82%	06/13/2029	250,000	250,760	254,073
HCA INC	4.13%	06/15/2029	75,000	74,623	74,746
IMPERIAL BRANDS FIN PLC	3.88%	07/26/2029	275,000	298,165	269,585
ORACLE CORP	4.20%	09/27/2029	275,000	266,107	269,517
PHILIP MORRIS INTL INC	5.63%	11/17/2029	50,000	49,957	52,564
CHARLES SCHWAB CORP	6.20%	11/17/2029	375,000	385,936	396,615
PROSUS NV	3.68%	01/21/2030	1,200,000	1,115,730	1,152,024
ELEVANCE HEALTH INC	4.75%	02/15/2030	70,000	69,383	71,394
BOSTON PROPERTIES LP	2.90%	03/15/2030	225,000	231,194	210,960
SYNOPSYS INC	4.85%	04/01/2030	110,000	109,289	112,349
T MOBILE USA INC	3.88%	04/15/2030	735,000	741,441	722,777
TRANSCANADA PIPELINES	4.10%	04/15/2030	375,000	355,335	370,706
GOLDMAN SACHS GROUP INC	5.73%	04/25/2030	150,000	150,000	156,708
DOMINION ENERGY INC	5.00%	06/15/2030	175,000	175,894	179,802
BAT CAPITAL CORP	6.34%	08/02/2030	125,000	125,000	135,196
JPMORGAN CHASE + CO	8.75%	09/01/2030	225,000	230,221	264,911
WELLS FARGO + COMPANY	2.88%	10/30/2030	80,000	85,878	76,103
BAYER US FINANCE LLC	6.38%	11/21/2030	200,000	204,154	213,826
BANK OF AMERICA CORP	2.50%	02/13/2031	425,000	443,713	395,862
CVS HEALTH CORP	1.88%	02/28/2031	200,000	164,622	175,480
RTX CORP	6.00%	03/15/2031	75,000	74,950	80,786
VERIZON COMMUNICATIONS	2.55%	03/21/2031	200,000	177,252	182,638
BAT CAPITAL CORP	2.73%	03/25/2031	125,000	124,471	115,248
CITIGROUP INC	4.41%	03/31/2031	400,000	412,183	399,932

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
T MOBILE USA INC	3.50%	04/15/2031	125,000	127,969	119,508
JPMORGAN CHASE + CO	2.96%	05/13/2031	850,000	774,098	801,856
AT+T INC	2.75%	06/01/2031	300,000	275,472	275,517
CEMEX SAB DE CV	3.88%	07/11/2031	307,000	308,152	293,971
PROSUS NV	3.06%	07/13/2031	200,000	149,463	181,918
CAPITAL ONE FINANCIAL CO	7.62%	10/30/2031	75,000	75,000	84,761
PETROLEOS MEXICANOS	6.70%	02/16/2032	825,000	749,968	822,797
BAT CAPITAL CORP	4.74%	03/16/2032	200,000	195,403	201,826
SYNOPSYS INC	5.00%	04/01/2032	150,000	149,636	153,167
CCO HLDGS LLC/CAP CORP	4.50%	05/01/2032	300,000	260,863	269,262
UBS GROUP AG	3.09%	05/14/2032	325,000	301,018	301,525
COMCAST CORP	4.95%	05/15/2032	150,000	149,612	153,644
BANK OF AMERICA CORP	2.57%	10/20/2032	125,000	102,090	112,738
PHILIP MORRIS INTL INC	5.75%	11/17/2032	185,000	190,669	197,715
GE HEALTHCARE TECH INC	5.91%	11/22/2032	225,000	225,000	242,368
VERIZON COMMUNICATIONS	4.75%	01/15/2033	100,000	99,709	99,922
WELLS FARGO + COMPANY	3.35%	03/02/2033	775,000	672,016	723,339
HSBC HOLDINGS PLC	4.76%	03/29/2033	200,000	202,132	198,840
CCO HLDGS LLC/CAP CORP	4.50%	06/01/2033	450,000	404,825	393,912
ILLINOIS ST	5.10%	06/01/2033	807,108	807,652	827,181
WELLS FARGO + COMPANY	4.90%	07/25/2033	100,000	93,777	101,543
LLOYDS BANKING GROUP PLC	7.95%	11/15/2033	350,000	387,545	407,162
UBS GROUP AG	5.96%	01/12/2034	500,000	500,000	532,850
BOSTON PROPERTIES LP	6.50%	01/15/2034	100,000	99,697	107,644
NATWEST GROUP PLC	6.02%	03/02/2034	200,000	200,000	214,556
RTX CORP	6.10%	03/15/2034	100,000	99,812	109,409
UNICREDIT SPA	7.30%	04/02/2034	425,000	424,197	455,698
CHARLES SCHWAB CORP	5.85%	05/19/2034	50,000	50,000	53,560
NATWEST GROUP PLC	6.48%	06/01/2034	200,000	200,000	209,984
BARCLAYS PLC	7.12%	06/27/2034	475,000	486,782	531,867
CHARLES SCHWAB CORP	6.14%	08/24/2034	100,000	100,000	108,997
HSBC HOLDINGS PLC	7.40%	11/13/2034	250,000	271,448	285,288
UNICREDIT SPA	5.46%	06/30/2035	375,000	383,478	382,241
BNP PARIBAS	2.59%	08/12/2035	375,000	303,551	339,041
NATWEST GROUP PLC	3.03%	11/28/2035	200,000	155,422	183,886
HSBC HOLDINGS PLC	6.50%	05/02/2036	675,000	869,743	751,208
BANK OF AMERICA CORP	3.85%	03/08/2037	200,000	176,730	188,348
HSBC HOLDINGS PLC	6.50%	09/15/2037	150,000	182,234	164,546
TIME WARNER CABLE LLC	6.75%	06/15/2039	125,000	130,556	126,433
ENEL FINANCE INTL NV	6.00%	10/07/2039	250,000	268,773	262,710
CVS HEALTH CORP	4.13%	04/01/2040	32,000	31,460	27,346
KINDER MORGAN INC	5.55%	06/01/2045	450,000	448,160	435,069
CHARTER COMM OPT LLC/CAP	6.48%	10/23/2045	175,000	196,032	164,530
CVS HEALTH CORP	5.05%	03/25/2048	190,000	215,619	167,495
CHARTER COMM OPT LLC/CAP	5.75%	04/01/2048	300,000	304,768	255,897
PETROLEOS MEXICANOS	7.69%	01/23/2050	1,375,000	1,055,774	1,232,276
SOUTHERN CO	4.00%	01/15/2051	450,000	436,375	449,730
SOUTHERN CO	3.75%	09/15/2051	400,000	398,906	394,336
CVS HEALTH CORP	7.00%	03/10/2055	375,000	379,125	393,394
VODAFONE GROUP PLC	7.00%	04/04/2079	375,000	408,500	397,241
ARA CORE PROPERT FUND - CORPORATE DEBT INSTRUMENTS - OTHER			-	508,014	511,341

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
BRIGADE HIGH YIELD FUND LP - CORPORATE DEBT INSTRUMENTS - OTHER			-	-	13,798,667
			$ 32,032,233	$ 32,084,753	$ 46,314,502

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - PREFERRED

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PREFERRED STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
CITIGROUP CAPITAL XIII	15,044	$ 404,731	$ 454,329
ARA CORE PROPERTY FUND - CORPORATE STOCK - PREFERRED	-	1,666,172	1,677,085
BRIGADE HIGH YIELD BOND FUND LP - CORPORATE STOCK - PREFERRED	-	-	120,784
FIRST EAGLE GLOBAL VALUE FUND LP - CORPORATE STOCK - PREFERRED	-	1,101,958	1,923,596
SOLAMERE CAPITAL AF III-A LP - CORPORATE STOCK - PREFERRED	-	920,453	1,895,498
SOLAMERE CAPITAL AF IV-A LP - CORPORATE STOCK - PREFERRED	-	1,262,266	1,681,728
		$ 5,355,580	$ 7,753,020

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
104 CORP	3,000	$ 21,719	$ 21,435
29METALS LTD	114,787	35,972	44,014
361 DEGREES INTERNATIONAL	645,000	376,521	502,178
74SOFTWARE SA	656	15,042	31,973
A DATA TECHNOLOGY CO LTD	27,000	108,474	240,178
A2A SPA	147,069	318,731	398,995
AB SA	1,138	19,599	34,122
ABBISKO CAYMAN LTD	52,000	103,984	86,917
ABM INVESTAMA TBK PT	71,300	10,756	11,887
ACAST AB	13,621	22,369	50,753
ACCELLERON INDUSTRIES AG	7,585	273,982	589,280
ACCESSO TECHNOLOGY GROUP PLC	4,817	28,854	21,446
ACES ELECTRONIC CO LTD	45,000	82,796	89,082
ACHILLES CORP	2,200	17,862	20,295
AD SOL NISSIN CORP	4,200	24,116	43,569
ADC THERAPEUTICS SA	9,486	31,579	33,486
ADENTRA INC	2,221	53,175	55,057
ADI SARANA ARMADA TBK PT	551,200	35,619	37,187
ADIRA DINAMIKA MULTI FINANCE	51,000	29,242	26,303
ADVANCED ANALOG TECHNOLOGY	17,000	40,201	30,299
ADVANCED INFORMATION TE NVDR	162,500	23,974	25,067
ADVANCED MEDIA INC	7,600	58,892	52,220
AECON GROUP INC	10,800	140,002	246,452
AEGEAN AIRLINES	5,795	89,733	97,053
AEP PLANTATIONS PLC	1,417	13,545	26,111
AERIS RESOURCES LTD	134,571	33,591	53,843
AEROPORTO GUGLIELMO MARCONI	1,523	16,114	17,976
AFRICAN RAINBOW MINERALS LTD	20,891	231,980	250,768
AGESA HAYAT VE EMEKLILIK AS	8,065	16,039	41,523
AGF MANAGEMENT LTD CLASS B	110	746	1,307
AGFA GEVAERT NV	14,557	16,549	8,617
AGILE GROUP HOLDINGS LTD	4,000	5,677	139
AHNLAB INC	296	15,990	12,349
AICHI FINANCIAL GROUP INC	2,300	37,386	67,498
AICHI TOKEI DENKI CO LTD	1,100	11,829	18,878
AIDA ENGINEERING LTD	5,300	39,831	40,339
AIDMA HOLDINGS INC	1,300	17,959	26,208
AIR FRANCE KLM	3,982	63,132	54,086
AIRTRIP CORP	5,800	42,063	28,085
AJIS CO LTD	1,200	21,149	22,561
AJISEN CHINA HOLDINGS LTD	97,000	13,612	10,718
AKATSUKI INC	1,000	14,003	16,919
AKITA BANK LTD/THE	3,200	66,677	82,172
AKZO NOBEL NV	3,799	260,139	264,135
AL BARAKA BANK EGYPT ESC	94,383	14,311	30,452
ALAM SUTERA REALTY TBK PT	2,282,300	25,332	22,310
ALANDSBANKEN B	519	26,583	27,490
ALK ABELLO A/S	1,110	11,952	39,900
ALLIANZ MALAYSIA BHD	10,900	37,232	53,990
ALLIED TECNOLOGIA SA	59,500	88,042	88,603
ALLMIND HOLDINGS CORP	10,000	18,240	16,486
ALLOT LTD	1,835	18,409	18,038
ALLY FREEHOLD AND L FOREIGN	231,100	41,648	31,982
ALMIRALL SA	1,873	28,438	28,245
ALPHA NETWORKS INC	61,000	70,481	60,863
ALPHABET INC CL A	13,117	943,230	4,105,621

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

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FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
ALPHAPOLIS CO LTD	3,600	24,358	37,643
ALTRON LTD A	36,081	34,019	43,310
ALUMIL ALUMINIUM INDUSTRY SA	6,393	40,048	39,493
ALZCHEM GROUP AG	109	2,587	19,842
AMARIN CORP PLC ADR	187	2,935	2,609
AMAZE CO LTD	1,600	14,515	13,341
AMERICAN EXPRESS CO	10,405	1,070,397	3,849,330
AMG CRITICAL MATERIALS NV	1,449	49,987	48,331
AMICA SA	983	20,019	17,089
AMIR MARKETING AND INVEST	1,069	14,221	11,713
AMS OSRAM AG	1,963	14,653	19,450
AMTRAN TECHNOLOGY CO LTD	63,141	48,901	30,445
ANALOGUE HOLDINGS LTD	68,000	13,072	8,038
ANAPASS INC	2,796	40,517	33,675
ANPEC ELECTRONICS CORP	20,000	125,946	137,490
ANTARCHILE SA	2,699	21,434	24,252
ANTON OILFIELD SERVICES GP	782,000	99,638	80,375
AO WORLD PLC	12,409	16,759	18,894
AOI ELECTRONICS CO LTD	3,500	51,388	53,791
AON PLC CLASS A	2,680	815,033	945,718
AP MEMORY TECHNOLOGY CORP	19,000	245,041	270,906
APACER TECHNOLOGY INC	6,000	10,832	21,578
APPLIED NUTRITION PLC	17,232	39,492	58,408
ARAD LTD	1,054	16,960	16,979
ARCADYAN TECHNOLOGY CORP	11,000	54,056	60,916
ARCTIC PAPER SA	6,197	34,987	14,100
ARGO GRAPHICS INC	32,800	143,890	339,206
ARGOSY RESEARCH INC	17,000	82,439	86,027
ARITZIA INC SUBORDINATE VOTI	4,800	162,398	410,928
AROA BIOSURGERY LTD	47,099	21,869	23,242
ASAHI DIAMOND INDUSTRIAL CO	2,800	16,109	14,862
ASCENCIO	299	16,435	18,752
ASCOM HOLDING AG REG	1,448	18,585	6,982
ASCOPIAVE SPA	23,591	84,607	91,431
ASIA CEMENT CHINA HOLDINGS	168,000	53,046	50,723
ASIA HOLDINGS CO LTD	659	53,525	149,362
ASIA TECH IMAGE INC	5,000	11,550	11,076
ASIAN ALLIANCE INTERNAT NVDR	672,600	108,565	87,958
ASIAN SEA CORP PCL NVDR	334,100	92,326	76,354
ASKA PHARMACEUTICAL HOLDINGS	1,100	18,615	14,302
ASROCK INC	27,805	237,208	219,463
ASSECO SOUTH EASTERN EUROPE	1,440	17,291	25,234
ASTRA OTOPARTS TBK PT	94,700	15,257	15,277
ASURANSI TUGU PRATAMA INDONE	233,300	20,880	16,300
ATRENEW INC	53,207	140,020	281,997
ATRESMEDIA CORP DE MEDIOS DE	293	1,213	1,679
ATRIA OYJ	999	10,971	17,951
AUCNET INC	5,200	39,037	68,705
AUDIOCODES LTD	1,166	12,108	10,179
AURUBIS AG	2,475	331,177	361,020
AUSTRALIAN ETHICAL INVT LTD	4,979	22,590	16,767
AUTOCOUNT DOTCOM BHD	332,100	83,516	58,924
AUTOSPORTS GROUP LTD	11,749	19,486	30,556
AUTOWALLIS PLC	74,539	33,250	34,202
AVACO CO LTD	6,766	75,358	64,159
AVANT GROUP CORP	6,200	61,961	69,221

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AVANZA BANK HOLDING AB	3,921	91,169	150,183
AVEX INC	16,400	150,667	132,669
AVIO SPA	34	1,232	1,172
AVOLTA AG	14,265	812,566	848,788
AXALTA COATING SYSTEMS LTD	14,623	438,805	472,469
AXIOMTEK CO LTD	10,993	24,765	26,765
AZIMUT HOLDING SPA	26,066	867,176	1,094,117
AZUREWAVE TECHNOLOGIES INC	12,000	11,293	23,030
B COMMUNICATIONS LTD	17,954	80,438	148,945
B2GOLD CORP	10,400	55,624	46,888
BAE SYSTEMS PLC	43,184	306,605	995,570
BANCO DEL BAJIO SA	39,231	91,107	99,237
BANCO MERCANTIL DO BRASIL PR	1,900	14,297	25,096
BANGKOK AIRWAYS PCL NVDR	207,400	93,344	97,430
BANGKOK LIFE ASSURANCE NVDR	137,800	72,724	87,916
BANK OCBC NISP TBK PT	268,021	21,691	22,020
BANK OF NEW YORK MELLON CORP	34,070	1,248,200	3,955,186
BANK OF SAGA LTD/THE	3,600	52,368	93,017
BANK TABUNGAN NEGARA PERSERO	774,400	56,354	54,568
BANKINTER SA	61,598	908,343	1,024,027
BASE CO LTD	800	18,734	16,358
BASILEA PHARMACEUTICA REG	912	37,084	62,968
BASLER AG	1,772	23,538	31,841
BATHURST RESOURCES LTD	17,718	14,877	8,093
BATU KAWAN BHD	2,800	13,115	13,455
BAUSCH HEALTH COS INC	19,800	141,616	137,657
BAVARIAN NORDIC A/S	776	22,950	23,288
BEACH ENERGY LTD	1,854	1,657	1,453
BEAUTY FARM MEDICAL AND HEAL	5,243	18,675	18,322
BEC WORLD PUBLIC CO LTD NVDR	263,000	17,377	15,778
BEIJING CHUNLIZHENGDA MEDI H	64,250	133,820	122,664
BELIMO HOLDING AG REG	19	16,534	18,730
BERKSHIRE HATHAWAY INC CL B	5,692	1,138,634	2,861,084
BEST PACIFIC INTERNATIONAL H	54,000	22,298	22,617
BHIRAJ OFFICE LEASEHOLD FOR	82,900	11,478	13,288
BICYCLE THERAPEUTICS PLC ADR	13,180	109,544	93,314
BIJOU BRIGITTE MODI ACCESS	570	20,953	27,648
BIOGAIA AB B SHS	7,191	74,643	82,840
BIONOTE INC	6,792	23,579	25,790
BLACK DIAMOND GROUP LTD	52	278	556
BML INC	900	27,927	22,163
BONDUELLE SCA	48	491	592
BORUSSIA DORTMUND GMBH + CO	11,971	54,306	46,396
BOUSTEAD SINGAPORE LTD	20,100	12,706	27,196
BP PLASTICS HOLDING BHD	52,250	21,644	8,047
BRAINSWAY LTD ADR	6,881	41,628	130,877
BRC ASIA LTD	26,200	29,795	85,364
BRP INC/CA SUB VOTING	2,200	166,083	155,761
BUKIT SEMBAWANG ESTATES LTD	21,700	58,045	80,658
BUMA INTERNASIONAL GRUP TBK	730,900	19,064	13,851
BUMI ARMADA BERHAD	313,700	37,836	22,805
BUSINESS BRAIN SHOWA OTA INC	2,200	28,120	49,967
BUSINESS ENGINEERING CORP	6,000	11,173	65,265
BW ENERGY LTD	200	693	933
BW OFFSHORE LTD	28,398	108,093	127,254
BYGGMAX GROUP AB	10,006	46,847	59,588

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CI HOLDINGS BERHAD	13,900	13,257	9,180
C+A MODAS LTDA	70,300	123,851	163,699
CA NORD DE FRANCE CCI	666	8,981	22,018
CABBEEN FASHION LTD	147,811	51,426	27,916
CAIRO COMMUNICATIONS SPA	7,554	17,355	24,974
CALTAGIRONE SPA	2,126	13,780	23,221
CANACCORD GENUITY GROUP INC	8,639	63,736	69,704
CAPRICORN METALS LTD	40,533	150,899	388,683
CARINDALE PROPERTY TRUST	3,707	12,902	13,967
CARNARVON ENERGY LTD	191,926	12,409	11,007
CB INDUSTRIAL PRODUCT HLDG	83,000	26,745	25,567
CBO TERRITORIA	4,055	17,026	17,335
CEMENTIR HOLDING NV	37	407	816
CENTERRA GOLD INC	22,403	153,368	322,950
CENTRAL AUTOMOTIVE PRODUCTS	1,700	22,281	20,433
CENTRAL SECURITY PATROLS CO	1,100	17,327	21,369
CES ENERGY SOLUTIONS CORP	24,800	109,514	221,992
CEWE STIFTUNG + CO KGAA	649	67,341	79,118
CFE	107	912	1,076
CHALLENGER LTD	3,135	13,604	19,672
CHANGAN MINSHENG APLL LOGI H	32,000	21,735	15,828
CHANNEL WELL TECHNOLOGY CO	69,000	202,873	153,282
CHAOWEI POWER HOLDINGS LTD	233,000	58,682	41,310
CHARACTER GROUP PLC	7,129	50,717	23,301
CHEN HSONG HOLDINGS	56,000	19,683	11,296
CHERVON HOLDINGS LTD	3,805	8,895	9,592
CHEVALIER INTERNATIONAL NEW	6,000	9,663	3,199
CHIA CHANG CO LTD	20,000	20,568	24,888
CHIEN KUO CONSTRUCTION CO	87,800	67,964	100,597
CHINA BLUECHEMICAL LTD H	412,000	127,768	128,097
CHINA DONGXIANG GROUP CO	1,224,000	135,154	69,193
CHINA FOODS LTD	58,000	21,754	32,340
CHINA MERCHANTS CHINA DIRECT	48,000	78,831	94,662
CHINA NEW HIGHER EDUCATION G	554,193	65,182	67,641
CHINA RENEWABLE ENERGY INVES	179,138	8,073	3,038
CHINA STARCH HOLDINGS LTD	730,000	22,941	16,882
CHINA SUNSINE CHEMICAL HLDGS	42,400	7,532	26,376
CHINA XINHUA EDUCATION GROUP	199,000	17,495	14,317
CHINA YONGDA AUTOMOBILES SER	56,500	19,652	12,776
CHIYODA CORP	38,900	89,395	182,408
CHORUS AVIATION INC	6,200	102,987	97,020
CHUBU NIPPON BROADCASTING CO	1,000	5,840	5,959
CHUNGHWA PRECISION TEST TECH	4,000	85,117	290,893
CHURCHILL CHINA PLC	1,654	24,420	7,564
CIA DE MINAS BUENAVENTUR ADR	9,803	225,478	272,817
CIA SANEAMENTO DO PARANA PRF	100,200	119,311	143,176
CIA SUD AMERICANA DE VAPORES	1,404,785	69,031	72,890
CICOR TECHNOLOGIES REG	346	19,591	55,465
CIE FINANCIERE RICHEMO A REG	9,627	765,478	2,090,660
CIMC ENRIC HOLDINGS LTD	92,000	87,438	111,698
CIR SPA COMPAGNIE INDUSTRIAL	68,643	41,904	56,674
CISADANE SAWIT RAYA TBK PT	348,900	17,756	19,564
CITIGROUP INC	26,688	1,460,328	3,114,223
CIVMEC LTD	28,300	15,026	25,087
CLAS OHLSON AB B SHS	1,991	20,776	65,526
CLIPAN FINANCE INDONESIA PT	501,600	15,012	9,746

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CMC MARKETS PLC	4,057	15,768	16,316
CML MICROSYSTEMS PLC	639	6,149	2,578
COGECO INC	3,002	128,958	140,141
COGNA EDUCACAO	304,370	107,330	175,521
COGNYTE SOFTWARE LTD	14,150	97,359	133,010
COLLIERS INTL GR SUBORD VOT	1,877	307,361	275,938
COLOPL INC	11,300	35,019	30,927
COM2US CORP	2,406	70,649	48,519
COMBINED MOTOR HOLDINGS LTD	3,046	6,382	6,783
COMER INDUSTRIES SPA	422	17,737	22,501
COMPAGNIE FINANCIERE TRAD BR	322	43,868	116,648
COMPASS GROUP PLC	80,852	1,295,006	2,570,849
COMPUTACENTER PLC	123	1,384	4,847
COMPUTER ENGINEER + CONSULT	7,600	82,424	118,404
COMTURE CORP	6,000	69,184	65,457
CONSORCIO ARA SAB SER	20,894	2,502	4,346
CONSTELLIUM SE	21,942	302,302	413,607
CONSTRUCC Y AUX DE FERROCARR	4,020	178,061	278,084
CORE CORP	900	11,037	11,886
CORONATION FUND MANAGERS LTD	19,177	42,244	54,117
COSMO NV	703	51,463	93,349
COSTAIN GROUP PLC	59,192	60,601	127,067
COSTAMARE INC	25,895	296,120	408,882
COVEO SOLUTIONS INC SUB VTG	2,900	13,912	14,005
CRCC HIGH TECH EQUIPMENT C H	146,000	32,506	16,882
CREEK + RIVER CO LTD	1,600	16,882	15,465
CRESCENDO CORPORATION BHD	123,000	31,809	39,707
CRITEO SA SPON ADR	2,091	49,937	43,096
CTI ENGINEERING CO LTD	1,600	7,994	30,337
CTS CO LTD	4,200	22,541	28,081
CTT CORREIOS DE PORTUGAL	28,640	105,733	249,917
CURVES HOLDINGS CO LTD	19,500	97,177	99,649
CUSTODIAN PROPERTY INCOME RE	66,471	75,163	77,337
CVILUX CORP	23,800	47,802	64,991
CYBERFLKS SA	615	22,092	35,239
CYBERLINK CORP	37,000	117,640	105,157
CYBERTRUST JAPAN CO LTD	2,200	18,989	19,046
CYBOZU INC	1,500	21,243	26,939
CYMECHS INC/KOREA	2,335	21,559	23,665
D AMICO INTERNATIONAL SHIPPI	6,550	39,894	38,186
D LINK CORP	196,000	131,780	93,881
D+C MEDIA CO LTD	1,834	22,856	15,659
DAE HYUN CO LTD	13,692	32,951	16,158
DAEDUCK ELECTRONICS CO LTD	1,320	44,565	43,159
DAEWON SAN UP CO LTD	17,555	116,008	172,558
DAH SING FINANCIAL HOLDINGS	5,093	18,779	23,137
DAI ICHI CUTTER KOGYO KK	3,800	33,369	33,989
DAI NIPPON TORYO CO LTD	3,700	29,301	31,796
DAIHATSU INFINEARTH MFG CO L	1,700	7,556	27,494
DAIMLER TRUCK HOLDING AG	15,779	457,950	691,601
DAITRON CO LTD	1,600	11,456	24,774
DANAOS CORP	1,612	141,440	151,818
DANIELI + CO RSP	738	13,622	31,896
DANONE	34,837	2,300,866	3,141,403
DAOU DATA CORP	6,594	51,483	84,225
DAQO NEW ENERGY CORP ADR	2,567	79,300	75,727

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DARFON ELECTRONICS CORP	21,000	33,006	20,017
DARWIN PRECISIONS CORP	48,600	20,818	18,793
DAYANG ENTERPRISE HLDGS BHD	69,100	32,533	28,777
DB HITEK CO LTD	2,907	104,073	136,415
DB SECURITIES CO LTD	4,986	15,350	37,554
DE LONGHI SPA	26	843	1,114
DELEUM BERHAD	31,700	8,507	9,452
DENTSU SOKEN INC	7,800	111,940	136,249
DEUTSCHE LUFTHANSA REG	85,003	702,711	839,186
DEUTZ AG	16,832	168,578	168,031
DEXTERRA GROUP INC	4,300	29,340	36,514
DFI INC	10,000	23,768	19,350
DIAGEO PLC	82,002	2,392,799	1,768,609
DIANA SHIPPING INC	10,239	16,705	16,997
DIGITAL HEARTS HOLDINGS CO L	3,700	24,209	21,457
DIGITAL INFORMATION TECHNOLO	4,600	31,502	38,386
DING SHENG XIN FINANCE CO LT	8,269	4,418	-
DINGDONG CAYMAN LTD SPN ADR	2,493	4,302	6,208
DOGU ARAS ENERJI YATIRIMLARI	58,060	76,102	101,217
DON MUANG TOLLWAY PCL NVDR	70,100	22,639	23,140
DONGKUK HOLDINGS CO LTD	825	4,221	4,267
DOOSAN SKODA POWER AS	3,616	78,905	73,175
DORMAKABA HOLDING AG	1,302	70,833	105,836
DOSHISHA CO LTD	3,000	46,912	63,160
DOTDIGITAL GROUP PLC	2,224	2,763	2,022
DOUBLE STANDARD INC	1,500	14,889	16,603
DOUBLEDOWN INTERACTIVE ADR	2,328	22,356	20,091
DOUBLEUGAMES CO LTD	1,103	41,894	41,040
DOUTOR NICHIRES HOLDINGS CO	800	12,642	13,260
DOUYU INTERNATIONAL HOLD ADR	2,021	21,816	13,743
DPM METALS INC	25,400	193,084	786,043
DRAEGERWERK AG	269	19,333	17,818
DRAYTEK CORP	15,000	21,809	12,675
DRDGOLD LTD SPONSORED ADR	4,731	132,715	146,708
DRI HEALTHCARE TRUST	3,721	35,567	43,623
DUERR AG	1,220	24,911	32,310
DWS GROUP GMBH + CO KGAA	4,637	254,992	307,695
DYNACOR GROUP INC	82	242	352
DYNAVOX GROUP AB	5,164	26,489	57,136
E CREDIBLE CO LTD	3,438	47,669	39,999
E MART INC	324	20,157	18,286
E STAR COMMERCIAL MANAGEMENT	55,000	9,168	9,681
E1 CORP	1,380	73,974	79,799
EAGLE EYE SOLUTIONS GROUP PL	2,953	19,240	11,201
EASTERN POLYMER GROUP NVDR	111,100	14,048	10,015
EASY HOLDINGS CO LTD	7,323	17,904	22,749
EBASE CO LTD	10,200	44,857	28,763
ECO WORLD DEVELOPMENT GROUP	156,500	21,282	80,603
EDVANTAGE GROUP HOLDINGS LTD	144,000	26,011	26,271
EHIME BANK LTD/THE	7,800	55,644	74,146
EIFFAGE	345	47,398	49,595
EINHELL GERMANY AG VORZUG	225	11,482	22,250
EIZO CORP	2,600	36,047	37,106
ELAN MICROELECTRONICS CORP	35,000	182,383	132,000
ELDORADO GOLD CORP	8,200	235,277	295,098
ELEVANCE HEALTH INC	10,225	3,552,202	3,584,374

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ELVALHALCOR SA	13,479	30,675	59,522
EMECO HOLDINGS LTD	46,184	21,999	38,035
EMPEROR CAPITAL GROUP LTD	1,188,000	17,641	14,195
EMPEROR WATCH + JEWELLERY	335,401	9,402	9,868
EN INC/JAPAN	6,100	104,105	59,971
ENDAVA PLC SPON ADR	17,390	157,098	109,905
ENDEAVOUR MINING PLC	1,169	54,121	60,882
ENDO LIGHTING CORP	7,500	68,137	116,702
ENEA AB	6,806	39,960	51,901
ENEA SA	8,934	21,652	48,407
ENERFLEX LTD	31,100	232,711	480,085
ENGHOUSE SYSTEMS LTD	10,100	179,080	150,017
ENNOCONN CORP	25,000	250,523	227,956
ENSIGN ENERGY SERVICES INC	47,095	95,206	87,267
ENTRUST INC	3,800	18,314	28,728
ENTRUSTPERMAL SOE FUND LTD	20,139	22,610,131	22,863,680
EO TECHNICS CO LTD	294	47,596	55,512
ERBUD SA	1,145	11,849	8,981
ERI HOLDINGS CO LTD	1,800	23,770	54,719
ESON PRECISION IND CO LTD	37,000	80,885	90,909
EUGENE INVESTMENT + SECURITI	53,559	136,666	127,898
EUROAPI SASU	8,758	33,841	23,349
EUROEYES INTERNATIONAL EYE C	20,000	17,524	7,811
EUROFINS SCIENTIFIC	3,181	235,599	233,122
EUSU HOLDINGS CO LTD	11,533	56,708	46,595
EVA PRECISION INDUSTRIAL HLD	1,002,000	114,763	106,849
EVERLIGHT ELECTRONICS CO LTD	19,000	30,699	33,379
EVERTZ TECHNOLOGIES LTD	6,800	52,992	68,657
EVS	1,898	62,774	82,143
EXCELLIANCE MOS CORP	5,000	14,070	11,267
EXCO TECHNOLOGIES LTD	5,600	32,611	28,066
EXILLON ENERGY PLC	2,097	3,273	-
F SECURE CORP	7,572	14,931	17,199
FABASOFT AG	1,663	30,292	31,054
FAGERHULT GROUP AB	5,963	26,713	26,876
FAISAL ISLAMIC BANK OF EGYPT	23,198	12,533	15,597
FALCO HOLDINGS CO LTD	2,100	25,709	35,919
FDM GROUP HOLDINGS PLC	2,880	29,943	5,191
FIBERGATE INC/JAPAN	2,400	16,466	10,397
FIBRA SHOP PORTAFOLIOS INMOB	13,803	7,360	7,055
FIDEA HOLDINGS CO LTD	2,700	29,213	32,763
FIDUCIAN GROUP LTD	2,862	17,065	22,864
FIH MOBILE LTD	26,000	33,706	65,104
FINNING INTERNATIONAL INC	6,300	181,595	341,806
FIRST REAL ESTATE INVT TRUST	118,800	22,768	25,404
FIRSTGROUP PLC	5,988	11,303	15,351
FITIPOWER INTEGRATED TECH	27,000	165,647	123,311
FIVERR INTERNATIONAL LTD	11,714	308,934	231,469
FLATEXDEGIRO SE	10,175	279,016	439,044
FLEETWOOD LTD	12,456	22,318	22,095
FLOW TRADERS LTD	1,732	46,804	51,098
FM MATTSSON AB	2,484	16,892	17,784
FOCALTECH SYSTEMS CO LTD	27,000	110,530	44,426
FOCUS SYSTEMS CORP	2,000	14,671	23,159
FONG CHIEN CONSTRUCTION CO	23,000	20,712	22,216
FOOD MOMENTS PCL	160,300	20,973	18,215

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

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EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
FORESIGHT GROUP HOLDINGS LTD	32	178	185
FORTUNA MINING CORP	35,100	196,319	344,406
FORVIA	18,558	232,171	296,854
FOUNDING CONSTRUCTION + DEV	23,000	15,924	10,614
FOXSEMICON INTEGRATED TECH	26,000	247,065	229,627
FOXTONS GROUP PLC	95,424	71,471	76,368
FRONTIER DEVELOPMENTS PLC	12,308	39,265	73,338
FTGROUP CO LTD	1,900	15,459	15,576
FUCHS SE PREF	3,266	162,574	146,296
FUJI PHARMA CO LTD	2,200	20,438	26,499
FUJII SANGYO CORP	1,500	18,703	41,389
FUJIKURA KASEI CO LTD	16,700	63,057	66,056
FUJIMAK CORP	1,000	7,318	6,807
FUJISHOJI CO LTD	2,700	22,363	18,552
FUKUDA DENSHI CO LTD	700	30,480	33,762
FUKUI COMPUTER HOLDINGS INC	1,400	29,716	28,001
FULLCAST HOLDINGS CO LTD	1,600	30,196	17,026
FULLER SMITH + TURNER A	3,056	21,733	29,595
FUMAKILLA LTD	2,200	15,536	16,351
FURYU CORP	3,700	23,541	25,210
FUSO PHARMACEUTICAL INDUST	2,500	47,664	36,923
GAEASOFT	3,307	26,277	18,113
GAJAH TUNGGAL TBK PT	211,200	10,258	13,236
GALIANO GOLD INC	42,100	100,405	107,189
GALILEI HOLDINGS CO LTD	1,400	22,974	33,940
GALLIFORD TRY HOLDINGS PLC	31,862	78,342	222,851
GAMANIA DIGITAL ENTERTAINMEN	6,000	13,879	9,987
GAMECARD HOLDINGS INC	2,100	33,775	39,054
GAMING REALMS PLC	57,164	24,619	30,525
GAOTU TECHEDU INC	16,313	61,823	37,846
GATTACA PLC	11,783	42,423	14,264
GAVAZZI CARLO HOLDING AG RG	126	30,438	25,765
GDH GUANGNAN HOLDINGS LTD	61,171	8,397	6,680
GEA GROUP AG	13,926	1,035,444	945,342
GECOSS CORP	2,200	14,247	20,366
GEM DIAMONDS LTD	12,725	19,632	509
GEMTEK TECHNOLOGY CORP	301,000	356,974	257,216
GENERAL INTERFACE SOLUTION	181,000	359,520	246,264
GENERAL PLASTIC INDUSTRIAL	31,000	33,631	22,396
GENERALPLUS TECHNOLOGY INC	37,000	63,033	41,568
GENESIS MINERALS LTD	4,177	15,998	20,194
GENIUS ELECTRONIC OPTICAL CO	6,000	83,130	85,836
GENOMMA LAB INTERNACIONAL B	27,547	31,599	27,410
GESCO SE NA ON	1,675	29,747	28,033
GFPT PUBLIC CO LTD NVDR	169,000	53,907	56,861
GINEBRA SAN MIGUEL INC	10,550	13,202	52,900
GLOBAL GREEN CHEMICALS NVDR	85,800	36,909	9,205
GLOBAL LIGHTING TECHNOLO	17,000	33,875	22,129
GLOBE UNION INDUSTRIAL CORP	52,000	28,559	16,632
GLORY LTD	2,600	50,821	65,703
GMO GLOBALSIGN HOLDINGS KK	4,100	61,318	61,600
GOLDEN VENTURES LEASEHOLD RE	80,600	15,457	17,269
GOLDPAC GROUP LTD	127,000	33,975	13,706
GOLDTEK TECHNOLOGY CO LTD	9,933	55,685	9,800
GOLUB BDC 4 LP	58,320,000	60,000,000	72,016,598
GOOD WILL INSTRUMENT CO LTD	30,000	30,280	52,513

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(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
GR ENGINEERING SERVICES LTD	8,132	10,462	24,132
GRANGE RESOURCES LTD	143,863	25,894	27,342
GRAVITY CO LTD SPONSORED ADR	1,826	121,419	105,671
GREE HOLDINGS INC	8,300	27,351	21,181
GRK INFRA OYJ	4,381	67,442	73,783
GROUPE BRUXELLES LAMBERT NV	8,836	694,713	788,167
GROUPE DYNAMITE INC	1,600	68,354	96,496
GROUPE GUILLIN	482	10,967	15,143
GROUPE SFPI	7,375	21,205	15,591
GRUPA PRACUJ SA	969	12,930	12,479
GRUPO GICSA SA DE CV	175	86	28
GUDANG GARAM TBK PT	30,300	31,318	25,439
GUNGHO ONLINE ENTERTAINMENT	6,800	115,584	109,194
HAEMATO AG	647	19,647	6,763
HANA MICROELECTRONICS NVDR	207,700	147,949	107,459
HANDSOME CO LTD	329	11,302	3,654
HANNSTAR BOARD CORP	57,800	153,145	169,792
HANWHA GENERAL INSURANCE CO	22,915	83,042	88,444
HANWHA LIFE INSURANCE CO LTD	7,118	14,494	16,084
HANYANG SECURITIES CO LTD	2,080	18,598	27,549
HAP SENG PLANTATIONS HLDGS	183,300	78,924	98,019
HARBIN ELECTRIC CO LTD H	154,000	73,144	329,032
HARGREAVES SERVICES PLC	4,362	26,646	38,371
HARMONY ELECTRONICS CORP	13,000	13,507	10,778
HAVAS NV	11,699	202,062	233,578
HAW PAR CORP LTD	2,200	26,769	26,824
HDCLABS CO LTD	2,392	16,665	14,014
HECTO INNOVATION CO LTD	2,277	25,885	25,480
HEIDELBERG MATERIALS AG	15,410	1,077,235	4,035,917
HEINEKEN NV	22,414	2,121,699	1,835,845
HELIA GROUP LTD	21,356	47,532	78,327
HELICAL PLC	6,680	20,051	16,946
HEMISPHERE ENERGY CORP	12,500	17,564	17,965
HENAN JINMA ENERGY CO LTD H	24,000	12,474	2,991
HENRY SCHEIN INC	14,372	1,060,094	1,086,236
HIAB OYJ	1,813	62,435	105,442
HIBISCUS PETROLEUM BHD	253,500	114,329	93,704
HIGH TEMPLAR TECH LIMITED	8,763	30,124	31,109
HIMACS LTD	1,080	7,441	9,047
HIMAX TECHNOLOGIES INC ADR	29,082	172,051	238,182
HIOKI E E CORP	1,200	47,674	46,700
HISAMITSU PHARMACEUTICAL CO	6,300	184,077	176,526
HO BEE LAND LTD	37,100	57,937	63,757
HOCHIKI CORP	1,700	24,423	48,155
HOCHTIEF AG	2,456	316,809	972,060
HOKKAIDO GAS CO LTD	4,000	18,444	19,395
HOKURIKU GAS CO LTD	500	12,749	11,882
HOLTEK SEMICONDUCTOR INC	15,000	24,157	17,735
HOME INVEST BELGIUM	1,416	28,890	30,566
HONG LEONG FINANCE LTD	10,658	21,243	21,714
HONG LEONG INDUSTRIES BHD	13,400	18,962	55,410
HONGKONG CHINESE LTD	9,815	1,251	378
HORIZON OIL LTD	105,913	12,094	14,479
HOTUNG INVESTMENT HOLDINGS	28,366	35,249	31,322
HS AD	2,735	23,387	16,632
HSING TA CEMENT CO LTD	93,100	49,527	45,927

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HUDACO INDUSTRIES LTD	5,474	45,181	67,723
HUDBAY MINERALS INC	47,100	554,450	936,330
HUMANA AB	537	3,265	2,936
HURON CONSULTING GROUP INC	115	-	19,885
HURXLEY HOLDINGS CORP	14,200	74,426	58,976
HUYA INC ADR	60,316	184,031	173,710
HY LOK CORP	1,595	27,658	34,047
HYAKUGO BANK LTD/THE	8,500	57,570	62,146
HYAKUJUSHI BANK LTD/THE	1,500	34,273	63,734
I MOBILE CO LTD	7,600	24,397	24,389
ID HOLDINGS CORP	1,600	12,126	22,283
IDEA CONSULTANTS INC	700	11,249	17,752
IDEC CORP	1,600	26,496	29,806
IDORSIA LTD	16,242	63,353	87,232
IFAST CORP LTD	23,500	170,501	173,966
IGG INC	453,119	498,678	221,800
ILKKA OYJ	2,550	15,685	11,500
ILL INC	3,800	65,011	61,699
IM FINANCIAL GROUP CO LTD	32,260	301,784	348,230
IMPERIAL METALS CORP	8,353	27,248	60,937
INDIVIOR PLC	9,194	214,805	329,881
INDONESIA KENDARAAN TERMINAL	274,800	19,144	22,824
INDUSTRI JAMU DAN FARMASI SI	1,634,000	51,212	52,915
INFORMATION SERVICES CORP	900	15,518	30,531
INFOTEL	996	47,194	49,481
INIT INNOVATION IN TRAFFIC S	697	34,837	38,228
INKEVERSE GROUP LTD	189,952	25,354	26,845
INNOTEK LTD	97,400	64,357	49,230
INTERCORP FINANCIAL SERVICES	7,114	271,487	301,349
INTERNATIONAL HOUSEWARES RET	72,000	20,386	6,938
INTERNATIONAL PERSONAL FINAN	1,119	1,527	3,522
INTRON TECHNOLOGY HOLDINGS L	85,000	16,346	21,623
INVESTEC LTD	15,511	115,510	114,371
INVESTEC PLC	29,117	204,871	215,988
INVESTIS HOLDING SA	4	624	729
INVESTORE PROPERTY LTD	24,088	16,419	15,860
ION BEAM APPLICATIONS	2,263	29,364	34,339
IPSEN	2,087	210,596	291,678
IPSOS	393	25,703	15,813
IQVIA HOLDINGS INC	7,489	1,155,245	1,688,095
IR JAPAN HOLDINGS LTD	3,300	18,245	16,632
IRCE SPA	4,869	18,258	11,494
IREN SPA	43,482	101,934	130,528
IRISO ELECTRONICS CO LTD	1,500	31,222	30,767
IRPC PCL NVDR	1,980,200	62,432	62,225
ISS A/S	1,468	34,121	50,137
ISUPETASYS CO LTD	440	43,937	36,408
ITE TECHNOLOGY INC	42,000	200,319	153,721
ITM SEMICONDUCTOR CO LTD	2,231	19,315	15,146
ITURAN LOCATION AND CONTROL	911	23,346	39,182
IVECO GROUP NV	28,112	334,855	619,878
J LEASE CO LTD	2,000	22,311	18,476
J TRUST CO LTD	18,700	55,206	56,907
JAC RECRUITMENT CO LTD	6,800	26,369	46,202
JAHWA ELECTRONICS CO LTD	2,805	38,419	50,042
JAPAN AVIATION ELECTRONICS	6,200	98,013	99,520

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JAPAN PROPERTY MANAGEMENT CE	3,500	29,039	28,805
JAPAN TRANSCITY CORP	4,000	17,726	28,990
JAPFA COMFEED INDONES TBK PT	681,000	100,504	107,000
JAYA REAL PROPERTY PT	373,700	11,626	24,204
JBCC HOLDINGS INC	12,000	40,108	122,262
JET2 PLC	6,105	89,964	115,290
JFE SYSTEMS INC	6,000	44,052	91,907
JH EDUCATIONAL TECHNOLOGY IN	54,000	18,427	6,175
JIN AIR CO LTD	3,567	25,052	17,160
JINHUI SHIPPING + TRANSPORTA	24,521	37,692	14,246
JINKOSOLAR HOLDING CO ADR	10,927	276,989	282,026
JK HOLDINGS CO LTD	13,600	93,421	117,306
JMS CO LTD	6,300	25,409	17,765
JOHNSON ELECTRIC HOLDINGS	116,000	177,743	442,927
JOHOR PLANTATIONS GROUP BHD	443,500	179,711	173,772
JOURNEY ENERGY INC	10,000	23,568	23,199
JS GLOBAL LIFESTYLE CO LTD	441,000	113,936	109,351
JUPITER FUND MANAGEMENT	25,407	45,730	54,199
JUSTSYSTEMS CORP	1,100	25,321	35,510
JUTAL OFFSHORE OIL SERVICES	330,000	39,868	21,623
JYSKE BANK REG	955	106,467	131,020
KA SHUI INTL HLDG LTD	116,000	17,560	5,738
KAKEN PHARMACEUTICAL CO LTD	2,100	55,827	53,791
KALMAR OYJ B SHARE	1,527	32,154	72,704
KAMAKURA SHINSHO LTD	7,900	30,392	31,702
KAMEI CORP	6,000	43,682	115,602
KANEFUSA CORP	1,300	12,889	5,855
KARDEX HOLDING AG REG	89	18,397	31,062
KAROOOOO LTD	312	14,497	14,196
KAWADA TECHNOLOGIES INC	2,400	27,000	66,988
KAWASAN INDUSTRI JABABEKA TB	2,580,500	31,011	32,498
KC CO LTD	1,536	25,026	27,190
KC TECH CO LTD	5,357	141,314	147,447
KCC CORP	477	129,408	139,237
KCE ELECTRONICS NVDR	182,900	142,030	105,659
KEC CORP	97,502	56,945	47,108
KECK SENG (MALAYSIA) BHD	19,700	24,098	26,749
KENKO MAYONNAISE CO LTD	1,100	13,444	13,243
KERUR HOLDINGS LTD	1,148	22,541	32,343
KEYSTONE LAW GROUP PLC	1,607	8,282	13,531
KHONBURI SUGAR PCL NVDR	79,000	13,265	14,418
KIATNAKIN PHATRA BANK P NVDR	30,600	53,998	66,047
KIKUSUI HOLDINGS CORP	1,500	17,197	17,838
KIMLY LTD	58,900	15,560	17,862
KIMURA UNITY CO LTD	6,400	16,595	36,421
KINA SECURITIES LTD	42,537	24,795	35,741
KINAXIS INC	2,900	350,092	366,173
KINGFISHER PLC	48,501	200,180	203,994
KINSUS INTERCONNECT TECH	61,000	225,443	308,684
KISSEI PHARMACEUTICAL CO LTD	1,600	32,207	47,466
KITA NIPPON BANK LTD/THE	700	16,751	20,186
KITANO CONSTRUCTION CORP	8,800	46,313	81,294
KLEPIERRE	37,250	1,205,255	1,476,067
KLINGELNBERG AG	1,015	22,694	14,157
KNIGHT THERAPEUTICS INC	20,200	77,889	89,156
KNT CT HOLDINGS CO LTD	3,100	22,158	32,395

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KOA CORP	2,900	22,926	25,384
KOGENERACJA	2,277	28,024	40,281
KOH YOUNG TECHNOLOGY INC	6,942	77,933	110,355
KOIKE SANSO KOGYO CO LTD	2,100	9,846	21,463
KOMICO LTD	764	41,623	46,883
KONECRANES OYJ	1,543	118,337	170,163
KONGSBERG AUTOMOTIVE ASA	158,748	34,322	32,657
KONINKLIJKE BAM GROEP NV	5,980	16,692	65,316
KONINKLIJKE PHILIPS NV	98,151	3,044,722	2,678,956
KONISHI CO LTD	2,800	24,861	23,758
KOREAN REINSURANCE CO	4,417	24,156	35,384
KORNIT DIGITAL LTD	1,738	25,894	24,992
KT NASMEDIA CO LTD	3,113	32,299	28,071
KU HOLDINGS CO LTD	1,900	14,292	14,764
KUKBO DESIGN CO LTD	769	11,673	12,491
KUMPULAN FIMA BHD	88,950	41,749	55,895
KUNIMINE INDUSTRIES CO LTD	1,900	13,468	14,400
KURIYAMA HOLDINGS CORP	7,900	50,135	83,564
KYOWA LEATHER CLOTH CO LTD	4,500	26,563	30,087
L+K ENGINEERING CO LTD	6,000	84,505	105,409
LADPRAO GENERAL HOSPTAL NVDR	71,500	12,294	8,442
LAKEFRONT BIOTHERAPEUTIC ADR	1,171	37,654	38,292
LAM RESEARCH CORP	11,132	564,745	1,905,576
LAMDA DEVELOPMENT SA	14,115	123,200	118,031
LANNER ELECTRONICS INC	27,000	91,141	58,863
LASTMINUTE COM NV	575	11,624	9,435
LAURENT PERRIER	246	28,142	25,771
LBS BINA GROUP BHD	582,900	78,336	54,584
LE SAUNDA HOLDINGS LTD	52,000	9,192	1,603
LEBLEDOR F+B CO LTD	2,000	9,398	7,511
LEE S PHARMACEUTICAL HLDGS	46,000	18,966	8,983
LEENO INDUSTRIAL INC	5,980	238,788	250,317
LEFT FIELD PRINTING GROUP LT	1,500	117	84
LEXINFINTECH HOLDINGS L ADR	17,175	65,959	56,162
LG HELLOVISION CO LTD	24,005	46,312	39,077
LIDA HOLDINGS LTD	52,000	51,493	39,968
LIFULL CO LTD	12,100	15,384	13,741
LINAMAR CORP	1,700	93,825	102,887
LINEA DIRECTA ASEGURADORA SA	23,715	31,972	31,139
LINGKARAN TRANS KOTA HLDGS	40,300	43,473	-
LINKLOGIS INC CLASS B	2,575	558	741
LION TRAVEL SERVICE CO LTD	14,000	76,220	72,851
LIPPO CIKARANG PT	321,300	28,657	11,079
LIU CHONG HING INVESTMENT	18,000	28,652	10,314
LLOYDS BANKING GROUP PLC	1,475,335	1,066,418	1,949,473
LOGISTA INTEGRAL SA	1,368	36,966	48,392
LOGO YAZILIM SANAYI VE TICAR	8,406	30,053	29,446
LONG BON INTERNATIONAL CO LT	105,000	82,982	50,628
LONKING HOLDINGS LTD	80,000	23,216	30,423
LOPEZ HOLDINGS CORP	360,900	53,320	22,820
LOT VACUUM CO LTD	9,813	87,648	84,469
LOTTE HIMART CO LTD	1,478	11,239	7,746
LOUIS HACHETTE GROUP	107,349	170,328	197,057
LPI CAPITAL BERHAD	13,600	35,523	50,070
LS SECURITIES CO LTD	4,021	14,159	13,398
LUBELSKI WEGIEL BOGDANKA SA	3,681	26,483	18,511

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LUMAX INTERNATIONAL CORP LTD	8,100	19,119	27,713
LUNG KEE GROUP HOLDINGS LTD	84,000	27,044	18,454
LUYE PHARMA GROUP LTD	2,450	1,144	862
LX HAUSYS LTD PFD	476	7,289	5,611
LX HOLDINGS CORP	19,507	101,072	108,602
LX SEMICON CO LTD	2,690	151,177	91,780
M1 KLINIKEN AG	1,800	27,499	40,166
MACAUTO INDUSTRIAL CO LTD	5,000	16,029	8,832
MACROBLOCK INC	4,000	16,014	7,435
MAEIL DAIRIES CO LTD	1,593	48,172	38,925
MAEIL HOLDINGS CO LTD	4,440	47,819	34,119
MAEZAWA INDUSTRIES INC	1,900	12,493	24,510
MAGIC SOFTWARE ENTERPRISES	4,494	48,556	115,721
MAGNACHIP SEMICONDUCTOR CORP	5,340	23,471	13,617
MAGNUM BHD	52,000	14,963	16,530
MAIRE SPA	18,514	240,964	283,756
MAJOR CINEPLEX GROUP NVDR	115,800	48,604	26,097
MAKIYA CO LTD	800	9,763	6,171
MAKUS INC	1,632	19,790	24,867
MALINDO FEEDMILL TBK PT	5,800	385	301
MANITOU BF	863	21,279	19,562
MAPFRE SA	185,800	744,949	934,388
MARKLINES CO LTD	4,100	59,500	39,419
MARSH + MCLENNAN COS	7,935	397,768	1,472,101
MARTINREA INTERNATIONAL INC	4,567	36,170	34,517
MARUZEN CO LTD	1,957	15,830	46,195
MASI AGRICOLA SPA	4,092	18,968	20,040
MASISA SA	515,595	9,773	9,722
MATSUDA SANGYO CO LTD	3,600	112,374	121,267
MATSUI CONSTRUCTION CO LTD	8,491	53,990	81,527
MAXELL LTD	7,800	109,549	119,430
MC GROUP PCL NVDR	92,500	31,770	33,177
MCBRIDE PLC	12,167	19,916	23,991
MCJ CO LTD	5,600	51,511	57,592
MEARS GROUP PLC	6,434	30,214	30,982
MEDIA DO CO LTD	6,400	78,206	73,658
MEDIA NUSANTARA CITRA TBK PT	2,480,200	43,761	38,969
MEDINCELL SA	2,015	64,012	59,636
MEDISTIM ASA	3,128	75,981	80,318
MEGAWORLD CORP	1,650,000	57,898	58,335
MEIJI ELECTRIC INDUSTRIES CO	1,200	11,785	18,129
MEIRAGTX HOLDINGS PLC	8,289	83,802	65,898
MEIWA CORP	4,800	26,853	28,969
MELCOR DEVELOPMENTS LTD	4,400	43,612	48,919
META PLATFORMS INC CLASS A	5,248	1,378,519	3,464,152
MFE MEDIAFOREUROPE NV CL A	36,377	127,158	131,843
MGAME CORP	3,006	19,969	13,271
MI CHANG OIL INDUSTRIAL CO	449	34,611	37,932
MI TECHNOVATION BHD	81,500	60,349	57,841
MICHAEL HILL INTERNATIONAL L	8,612	8,310	1,982
MIDLAND HOLDINGS LTD	266,000	53,571	78,602
MIKRON HOLDING AG REG NEW	3,121	37,334	80,364
MIMAKI ENGINEERING CO LTD	2,800	13,547	29,242
MINEROS SA	15,555	13,219	63,000
MIROKU JYOHO SERVICE CO LTD	1,600	16,121	20,303
MITO SECURITIES CO LTD	1,100	4,667	3,888

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(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
MITRABARA ADIPERDANA TBK PT	49,881	12,158	4,741
MITSUBA CORP	4,100	25,382	27,360
MITSUBISHI PENCIL CO LTD	1,400	16,580	19,444
MITSUBISHI RESEARCH INSTITUT	800	32,163	25,468
MITSUUROKO HOLDINGS CO LTD	1,200	18,264	16,858
MIXI INC	800	29,908	13,918
MK RESTAURANTS GROUP NVDR	39,900	42,113	23,050
MKH BHD	47,556	15,656	11,953
MKH OIL PALM EAST KALIMANTAN	6,793	1,027	1,030
MOCHIDA PHARMACEUTICAL CO	400	17,709	9,021
MOLSON COORS CANADA INC B	300	17,459	14,099
MOMENTUM GROUP LIMITED	178,379	285,743	411,660
MONETA MONEY BANK AS	2,246	15,368	21,105
MORE PROVIDENT FUNDS AND PEN	24,463	47,832	114,367
MORESCO CORP	1,200	12,757	11,729
MORGAN SINDALL GROUP PLC	614	6,289	38,403
MORITO CO LTD	3,900	33,202	42,049
MORY INDUSTRIES INC	3,500	19,996	22,821
MOTA ENGIL SGPS SA	858	5,840	4,986
MUDA HOLDINGS BERHAD	41,300	27,618	7,328
MUHIBBAH ENGINEERING (M) BHD	179,700	38,608	22,584
MULTICAMPUS CO LTD	616	15,532	13,256
MUSASHI CO LTD	4,600	68,967	68,760
MYCRONIC AB	779	15,630	18,865
NACHI FUJIKOSHI CORP	3,200	86,051	88,807
NAFCO CO LTD	2,700	47,182	38,292
NAKAMURAYA CO LTD	900	17,618	17,656
NAKANO CORP	14,600	81,679	112,333
NAMUGA CO LTD	6,291	80,404	76,206
NAMYONG TERMINAL PCL NVDR	366,300	45,195	35,345
NANYO CORP	3,400	26,992	31,192
NAPIER PORT HOLDINGS LTD	10,806	22,340	23,240
NATURE HOLDINGS CO LTD/THE	5,026	33,629	30,773
NATURHOUSE HEALTH SAU	7,763	17,821	20,058
NCC AB B SHS	10,552	239,495	252,045
NEDAP NV	218	9,565	23,017
NEMETSCHEK SE	6,511	646,948	709,627
NEOJAPAN INC	7,200	75,530	83,371
NEOPHARM CO LTD	1,692	11,819	21,577
NEOWIZ	6,924	123,744	116,798
NEOWIZ HOLDINGS CORP	5,148	83,490	89,520
NETBAY PCL NVDR	78,100	48,445	52,802
NETCARE LTD	150,129	132,984	143,424
NETDRAGON WEBSOFT HOLDINGS L	65,500	169,229	87,939
NEWBORN TOWN INC	111,801	102,653	160,731
NEWRON PHARMACEUTICALS SPA	1,328	32,663	39,978
NEXEN CORP	4,362	14,233	18,350
NHN CORP	1,778	23,158	35,855
NICCA CHEMICAL CO LTD	3,700	28,423	36,659
NICE HOLDINGS CO LTD	4,671	42,121	42,120
NICE INFORMATION + TELECOM	3,480	72,764	61,239
NICHICON CORP	9,100	84,273	94,980
NICHIREKI GROUP CO LTD	16,145	118,948	251,736
NIKO SEMICONDUCTOR CO LTD	13,333	17,804	18,947
NINETY ONE LTD	71,545	157,729	206,431
NINETY ONE PLC	65,227	165,112	190,052

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NIPPON DRY CHEMICAL CO LTD	1,100	17,765	64,563
NIPPON SHINYAKU CO LTD	5,000	112,209	180,229
NIPPON THOMPSON CO LTD	11,900	47,168	62,026
NIRAKU GC HOLDINGS INC	55,813	7,349	1,506
NISHIO HOLDINGS CO LTD	2,400	68,422	72,500
NISHOKU TECHNOLOGY INC	7,000	20,995	25,286
NISSHIN GROUP HOLDINGS CO LT	17,600	70,036	83,989
NISSO HOLDINGS CO LTD	6,300	33,043	28,657
NITTA CORP	700	18,280	18,824
NITTO KOGYO CORP	3,100	82,079	81,384
NITTO KOHKI CO LTD	2,100	29,008	24,665
NITTOC CONSTRUCTION CO LTD	3,100	19,920	25,651
NIU TECHNOLOGIES SPONS ADR	6,172	19,980	18,701
NKT A/S	494	55,759	62,026
NODA CORP	1,800	13,040	7,706
NOMURA CO LTD	4,800	29,532	40,698
NORAM DRILLING AS	13,079	37,465	42,789
NORDEX SE	10,606	312,084	362,725
NORDREST HOLDING AB	923	17,620	24,830
NORION BANK AB	7,181	43,653	53,670
NOROO HOLDINGS CO LTD	6,128	78,084	89,545
NORWEGIAN AIR SHUTTLE AS	228,799	398,312	395,817
NOVARTIS AG REG	27,146	2,247,170	3,755,382
NS TOOL CO LTD	1,800	12,690	10,025
NUVOTON TECHNOLOGY CORP	38,000	96,893	61,679
NZME LTD	27,931	19,097	18,440
OBRASCON HUARTE LAIN SA	42,763	22,365	17,955
OCEANAGOLD CORP	11,133	98,492	315,939
OCHI HOLDINGS CO LTD	3,500	36,487	32,377
ODFJELL TECHNOLOGY LTD	2,317	10,603	12,978
OFX GROUP LTD	57,054	29,961	18,453
OIE SANGYO CO LTD	1,200	15,165	17,692
OILES CORP	2,600	39,025	38,997
OKINAWA FINANCIAL GROUP INC	900	14,174	27,360
OM HOLDINGS LTD	29,031	20,121	5,130
ONE SOFTWARE TECHNOLOGIES LT	3,628	71,532	100,185
OPTIM CORP	19,100	75,168	61,414
OPTORUN CO LTD	7,500	84,291	91,390
OPUS GLOBAL NYILVANOSAN MU	9,903	13,206	16,631
ORASCOM CONSTRUCTION PLC	8,566	55,817	77,220
ORASCOM DEVELOPMENT EGYPT	67,157	30,681	35,761
ORBIA ADVANCE CORP SAB DE CV	2,201	1,994	1,910
OREXO AB	205	818	669
ORIENTAL WATCH HOLDINGS	46,000	8,617	21,630
ORIOLA CORP B	6,613	17,609	8,932
ORO CO LTD	2,100	34,286	28,068
ORSERO SPA	3,374	47,890	73,467
OTELLO CORP ASA	26,354	47,762	47,421
OTSUKA INFORMATION TECHNOLOG	5,000	37,847	26,336
PACIFIC ANDES RESOURCES DEVE	49,000	7,110	-
PACIFIC ONLINE	52,000	11,410	2,104
PALFINGER AG	2,497	67,475	97,802
PAN AFRICAN RESOURCES PLC	52,393	12,064	85,270
PAN HONG PROPERTY GROUP LTD	30,500	2,155	1,494
PANIN FINANCIAL TBK PT	495,300	15,687	7,663
PANORA GAYRIMENKUL YATIRIM O	15,925	18,935	30,524

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PANTECH GROUP HOLDINGS BHD	93,500	14,048	13,825
PARAGON BANKING GROUP PLC	5,277	35,442	60,651
PARAMOUNT RESOURCES LTD A	10,800	137,125	190,591
PARKER CORP	5,000	26,340	50,687
PATRANGSIT HEALTHCARE G NVDR	57,500	26,464	23,179
PAX GLOBAL TECHNOLOGY LTD	421,000	197,926	273,148
PAYPAL HOLDINGS INC	13,159	1,074,647	768,222
PBA HOLDINGS BHD	53,500	30,902	24,917
PBS BHD	188,900	31,889	7,215
PC PARTNER GROUP LTD	68,000	56,634	45,604
PCA CORP	4,100	41,021	50,169
PCC EXOL SA	10,049	9,084	6,177
PEGASUS CO LTD	10,700	51,058	53,041
PELAYARAN NASIONAL EKALYA PU	1,001,400	19,201	48,043
PEOPLE DREAMS + TECHNOLOGIES	1,400	17,448	14,425
PER AARSLEFF HOLDING A/S	1,426	115,840	195,975
PERENNIAL ENERGY HOLDINGS LT	255,000	37,214	37,676
PERENTI LTD	41,684	25,131	77,554
PERFOMANCE TECHNOLOGIES IT	6,171	51,899	63,416
PERION NETWORK LTD	24,751	248,661	237,115
PERSEUS MINING LTD	28,416	36,794	107,631
PETRONOR E+P ASA	25,947	28,604	27,267
PHARMA FOODS INTERNATIONAL	2,300	14,560	9,963
PHARMA MAR SA	2,515	134,279	221,235
PHARMING GROUP NV	161,884	250,149	271,118
PHAROS ENERGY PLC	93,922	34,955	26,656
PHILCOMSAT HOLDINGS CORP	1,172	-	832
PHILIP MORRIS CR AS	23	15,548	20,696
PHILOGEN SPA	1,157	30,730	31,661
PHX ENERGY SERVICES CORP	166	590	908
PICO FAR EAST HOLDINGS LTD	260,000	51,150	89,523
PIRAEUS PORT AUTHORITY SA	1,538	30,663	73,697
PIXART IMAGING INC	3,000	10,931	19,335
PLAYMATES HOLDINGS LTD	354,000	40,904	22,513
POH KONG HOLDINGS BHD	90,000	23,362	25,283
POLAR CAPITAL HOLDINGS PLC	13,487	87,408	96,508
POLARIS RENEWABLE ENERGY INC	2,500	23,798	21,521
PONSSE OYJ	497	16,969	15,118
POONGSAN HOLDINGS CORP	4,357	65,672	113,420
POPPINS CORP	1,400	14,320	12,629
PORR AG	1,628	20,585	61,471
POSIFLEX TECHNOLOGY INC	19,000	91,026	107,032
POZNANSKA KORPORACJA BUDOWLA	2,382	13,941	7,553
PR TIMES CORP	1,100	14,084	19,495
PRECISE CORP PCL NVDR	201,700	18,148	16,902
PRECISION DRILLING CORP	4,000	180,819	287,405
PREMIER GROUP (THE) LIMITED	2,463	12,277	24,921
PREMIER MARKETING PCL NVDR	59,500	15,097	22,474
PRESTIGE INTERNATIONAL INC	6,400	29,942	29,725
PRIMA ANDALAN MANDIRI TBK PT	124,972	38,746	27,805
PRIMAX ELECTRONICS LTD	218,000	433,933	532,850
PRINX CHENGSHAN HOLDINGS LTD	40,000	39,045	40,085
PROACT IT GROUP AB	14,979	85,625	183,931
PROCREA HOLDINGS INC	6,200	71,325	86,190
PROFARMA DISTRIBUIDORA	83,000	102,382	138,289
PROGRESSIVE CORP	10,715	898,460	2,440,020

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PROSEGUR CASH SA	60,692	38,111	45,191
PRUKSA HOLDING PCL NVDR	63,700	26,147	7,238
PSK INC	2,213	57,003	56,686
PT STEEL PIPE INDUSTRY OF IN	1,031,100	19,345	26,094
QILU EXPRESSWAY CO LTD H	44,000	13,144	10,175
QUEBECOR INC CL B	14,000	436,165	528,032
RADCOM LTD	4,144	52,338	54,204
RADWARE LTD	9,544	227,113	229,915
RAKON LTD	24,987	19,533	11,854
RASA CORPORATION	2,700	28,715	31,368
RATCHAPHRUEK HOSPITAL NVDR	90,800	19,815	14,295
RAVEN PROPERTY GROUP LTD	11,476	4,664	-
RAYDIUM SEMICONDUCTOR CORP	34,505	259,742	250,382
RCS MEDIAGROUP SPA	15,578	14,072	18,021
RECKITT BENCKISER GROUP PLC	17,093	1,199,814	1,379,916
REGIONAL CONTAINER LINE NVDR	114,400	92,947	98,949
REGIS HEALTHCARE LTD	4,580	19,161	21,227
REGIS RESOURCES LTD	38,352	61,843	193,091
RENTA 4 BANCO SA	2,136	19,265	50,674
REPARE THERAPEUTICS INC	29,312	100,226	76,211
RESOLUTE MINING LTD	54,873	24,401	44,825
RESOURCE ALAM INDONESIA TBK	265,892	10,664	5,326
REXEL SA	562	10,450	22,171
RICH HONOUR INTERNATIONAL DE	28,000	51,106	42,908
RICHWAVE TECHNOLOGY CORP	18,000	85,320	72,182
RIKEN TECHNOS CORP	5,700	23,341	55,820
RION CO LTD	1,100	17,639	18,422
RISKIFIED LTD A	70,902	362,536	352,383
RISO KAGAKU CORP	5,900	48,466	46,976
ROBINSONS RETAIL HOLDINGS IN	72,800	48,241	40,896
ROCKWOOL A/S B SHS	694	17,247	24,597
ROGALAND SPAREBANK	2,222	16,598	31,721
ROOTS CORP	8,200	23,628	18,664
RUGVISTA GROUP AB	5,125	32,834	39,916
RUSSEL METALS INC	8,000	206,106	255,626
RYANAIR HOLDINGS PLC	94	2,420	3,262
RYANAIR HOLDINGS PLC	26,204	660,684	852,809
S+C ENGINE GROUP LTD	10,085	13,398	-
SABINA PCL NVDR	24,300	11,463	12,649
SAC S BAR HOLDINGS INC	2,700	14,075	13,246
SAERON AUTOMOTIVE CORP	9,808	57,191	22,945
SAHA UNION CORP PCL NVDR	16,400	14,832	14,185
SAKAI HEAVY INDUSTRIES LTD	2,000	40,665	26,731
SALIM IVOMAS PRATAMA TBK PT	499,900	17,091	17,088
SALZGITTER AG	1,589	75,041	74,909
SAM JUNG PULP CO LTD	220	8,956	4,750
SAM YOUNG ELECTRONICS CO LTD	2,981	33,683	21,811
SAMSUNG ELECTRONICS CO LTD	60,620	2,312,649	5,045,530
SAMUDERA SHIPPING LINE LTD	200,400	126,525	186,998
SANKO METAL INDUSTRIAL CO	3,500	21,162	32,824
SANSAN INC	3,400	47,053	37,613
SANYO DENKI CO LTD	2,400	54,337	64,232
SARAMIN CO LTD	1,412	18,199	13,232
SARAWAK OIL PALMS BERHAD	31,700	19,428	29,372
SASSEUR REAL ESTATE INVESTME	133,600	70,330	70,644
SATO CORP	1,800	24,973	27,572

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SATO SHOJI CORP	2,500	20,049	35,934
SAXA INC	700	14,994	26,750
SBM OFFSHORE NV	6,058	153,089	174,313
SCALES CORP LTD	6,801	13,600	23,309
SCANFIL OYJ	1,852	16,039	21,707
SCHAEFFLER AG	15,139	105,642	148,641
SCHWAB (CHARLES) CORP	39,718	2,387,634	3,968,225
SDS GROUP BHD	80,933	16,243	14,160
SEIKAGAKU CORP	21,700	198,808	98,432
SEKISUI KASEI CO LTD	5,700	18,370	14,546
SEMITEC CORP	3,500	49,363	51,893
SENSIRION HOLDING AG	1,201	108,186	93,382
SEOUL SEMICONDUCTOR CO LTD	18,372	82,995	79,199
SERAKU CO LTD	3,200	27,579	31,399
SERCOMM CORP	15,000	51,296	38,001
SES	8,250	43,888	53,581
SESA SPA	571	63,644	60,221
SEVERFIELD PLC	461	513	179
SHANE GLOBAL HOLDING INC	7,000	14,668	11,017
SHELL PILIPINAS CORP	47,800	17,747	5,630
SHELL PLC	76,689	2,066,036	2,826,324
SHENG SIONG GROUP LTD	19,200	38,860	39,266
SHIBAURA MACHINE CO LTD	1,300	31,198	35,539
SHIKOKU BANK LTD/THE	15,400	135,747	172,721
SHIMIZU BANK LTD/THE	3,900	40,431	60,486
SHIN YOUNG WACOAL INC	580	7,303	6,643
SHINE JUSTICE LTD	11,463	8,663	5,657
SHINKO SHOJI CO LTD	4,100	28,337	27,936
SHINNIHON CORP	2,800	24,022	36,352
SHOEI CO LTD	7,300	85,260	82,759
SHOFU INC	1,700	21,656	19,793
SHOPER SA	1,246	15,636	18,646
SIFY TECHNOLOGIES SPON ADR	130	588	1,585
SILLA CO LTD	2,881	21,192	18,399
SILVERCORP METALS INC	70	440	586
SIM TECHNOLOGY GROUP LTD TDR	334,000	40,688	29,020
SINDOH CO LTD	2,169	56,058	73,176
SING INVESTMENTS + FINANCE	9,300	6,243	11,498
SINGAPORE LAND GROUP LTD	47,100	80,091	115,003
SINKO INDUSTRIES LTD	4,200	27,107	37,942
SINOPOWER SEMICONDUCTOR	4,000	12,786	13,749
SINOSTAR PEC HOLDINGS LTD	41,700	13,296	3,599
SINTOKOGIO LTD	8,800	47,956	61,027
SITRONIX TECHNOLOGY CORP	5,000	35,534	28,564
SJF BANK A/S	754	20,880	44,223
SKJERN BANK	560	8,227	25,096
SKS TECHNOLOGIES GROUP LTD	8,503	12,631	22,851
SKY NETWORK TELEVISION LTD	65,472	84,836	128,009
SKYWORTH GROUP LTD	108,967	31,597	65,659
SMA SOLAR TECHNOLOGY AG	451	19,271	18,051
SMITHS NEWS PLC	32,670	20,606	33,309
SMK CORP	1,900	33,195	31,989
SMS CO LTD	3,600	39,032	31,006
SODEXO SA	11,822	834,887	606,746
SODICK CO LTD	5,200	30,842	31,881
SOFT WORLD INTL CORP	1,000	4,124	3,148

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SOFTCREATE HOLDINGS CORP	3,400	38,869	46,810
SOFWAVE MEDICAL LTD	4,172	39,206	35,998
SOHU.COM LTD ADR	8,208	109,032	128,373
SOKEN CHEMICAL + ENGINEERING	3,788	27,543	63,776
SOLASTO CORP	4,200	13,863	22,722
SOLID FORSAKRING AB	2,853	21,766	26,708
SOLTEAM INC	26,000	49,724	39,347
SOMBOON ADV TECH NVDR	152,800	62,901	71,295
SONAE	12,718	14,825	24,078
SONIX TECHNOLOGY CO LTD	33,000	45,105	34,501
SOOP CO LTD	595	45,086	28,004
SOURCE ENERGY SERVICES LTD	35	350	388
SOUTHERN CROSS MEDIA GROUP L	720	309	379
SP SETIA BHD	420,800	108,367	75,698
SPACE CO LTD	1,900	14,237	18,849
SPAREBANK 1 NORD NORGE	686	3,193	10,331
SPAREBANKEN OST	218	1,497	1,733
SPEED TECH CORP	30,000	58,002	38,955
SPIE SA	3,497	88,399	202,313
SPIGEN KOREA CO LTD	1,433	38,084	21,934
SRA HOLDINGS INC	1,100	34,690	36,843
ST JAMES S PLACE PLC	34,457	585,522	641,666
STALEXPORT AUTOSTRADY SA	78,184	67,073	68,502
STALPRODUKT SA	549	31,984	35,733
STAR PETROLEUM REFINING PCL	204,700	32,674	38,335
STARTIA HOLDINGS INC	1,000	15,100	18,380
STARTS CORP INC	600	15,727	18,316
STEALTHGAS INC	21,980	122,202	154,300
STHREE PLC	572	2,385	1,469
STI EDUCATION SYSTEMS	637,000	14,959	15,267
SUMBER TANI AGUNG RESOURCES	356,800	19,866	28,565
SUMITOMO PHARMA CO LTD	1,200	18,763	17,746
SUN INC	200	735	573
SUNINDO PRATAMA TBK PT	347,100	14,988	16,965
SUNJUICE HOLDINGS CO LTD	3,153	13,237	14,902
SUNNEXTA GROUP INC	4,200	38,413	28,966
SUNONWEALTH ELECTRIC MACHINE	23,000	87,592	117,487
SUNPLUS INNOVATION TECHNOLOG	4,106	17,533	14,636
SUNPLUS TECHNOLOGY CO LTD	85,000	92,995	53,834
SUNTY DEVELOPMENT CO LTD	25,000	17,567	11,298
SURIA CAPITAL HOLDINGS BHD	69,700	21,425	26,451
SVEDBERGS I DALSTORP AB	7,827	35,550	57,904
SWISSQUOTE GROUP HOLDING REG	1,227	529,709	754,243
SYNCMOLD ENTERPRISE CORP	65,000	164,191	137,363
SYNERGIE SA	704	26,194	24,970
SYSCOM COMPUTER ENGINEERING	29,000	55,000	48,917
SYSTEM SUPPORT HOLDINGS INC	12,800	83,025	118,082
SYSTENA CORP	43,100	96,422	141,334
TA ANN HOLDINGS BERHAD	23,300	20,581	23,886
TABOOLA.COM LTD	228,290	855,425	1,052,417
TACHI S CO LTD	2,400	31,934	31,894
TAIHO KOGYO CO	3,800	18,426	19,782
TAIKO BANK LTD/THE	2,000	24,145	26,400
TAIWAN PCB TECHVEST CO LTD	35,000	47,985	36,258
TAIWAN PURITIC CORP	5,831	36,844	92,419
TAIWAN SEMICONDUCTOR CO LTD	48,000	89,049	78,828

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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TAIWAN SURFACE MOUNTING TECH	12,000	43,927	36,435
TAKANO CO LTD	2,700	19,110	13,556
TAKAOKA TOKO CO LTD	1,800	21,909	44,671
TANABE ENGINEERING CORP	1,100	17,190	18,387
TAOKA CHEMICAL CO LTD	2,400	18,134	18,925
TATTON ASSET MANAGEMENT PLC	5,000	40,913	44,387
TAZMO CO	100	1,599	1,316
TECHMATRIX CORPORATION	7,600	104,117	113,313
TECHNIP ENERGIES NV	4,969	184,938	189,548
TECHNO MEDICA CO LTD	7,000	108,122	100,303
TECHNOGYM SPA	5,420	94,854	102,740
TECHNOTRANS SE	679	19,579	27,353
TEIKOKU CORP	900	10,610	17,627
TEL AVIV STOCK EXCHANGE LTD	3,727	67,486	110,976
TELESTE OYJ	2,368	18,167	10,457
TELEVISION FRANCAISE (T.F.1)	48	355	470
TEMAIRAZU INC	700	14,974	13,755
TEMENOS AG REG	5,957	429,120	598,520
TEN SQUARE GAMES SA	3,364	69,641	85,148
TERASAKI ELECTRIC CO LTD	2,283	28,603	62,775
TEST RESEARCH INC	3,000	18,739	18,284
TEXHONG INTERNATIONAL GROUP	37,000	18,867	21,867
TEXWINCA HOLDINGS LTD	260,000	53,182	33,404
THAI STANLEY ELECTRIC NVDR	11,700	63,473	70,189
THAI VEGETABLE OIL PCL NVDR	27,400	18,239	19,481
THAI WAH PCL NVDR	99,500	16,482	9,159
THAIFOODS GROUP PCL NVDR	291,700	38,604	41,294
THANTAWAN INDUSTRY PU NVDR	8,300	10,107	5,954
THINKIFIC LABS INC	9,700	25,941	13,728
THORESEN THAI AGENCIES NVDR	1,264,000	239,047	170,111
THRACE PLASTICS HOLDING AND	3,138	10,342	14,889
THREE A RESOURCES BHD	64,900	16,553	11,355
THYSSENKRUPP AG	30,415	308,841	331,276
TIANJIN PORT DVLP HLDS LTD	368,000	30,767	31,677
TIGER BRANDS LTD	19,680	376,456	434,908
TIGERS POLYMER CORP	7,200	45,613	45,245
TIME WATCH INVESTMENTS LTD	90,000	12,074	3,816
TIONG WOON CORP HLDG LTD	12,000	12,279	7,185
TOBA INC	700	15,900	18,154
TOFU RESTAURANT CO LTD	2,000	12,008	13,240
TOKAI RIKA CO LTD	2,400	47,227	47,695
TOLI CORP	26,500	62,179	125,446
TOMATO BANK LTD	3,300	30,275	31,285
TOMONY HOLDINGS INC	5,900	20,092	29,510
TONGDAO LIEPIN GROUP	110,200	43,249	56,208
TOP BRIGHT HOLDING CO LTD	5,000	25,470	54,025
TOP ENGINEERING CO LTD	1,886	15,260	4,275
TOPCO TECHNOLOGIES CORP	9,333	21,838	18,268
TOPVIEW OPTRONICS CORP	6,000	21,654	13,634
TOREX GOLD RESOURCES INC	11,178	87,416	534,456
TOSHO CO LTD	8,200	33,747	40,805
TOTAL ENERGY SERVICES INC	14,229	54,946	154,669
TOTALENERGIES SE	16,958	964,010	1,107,149
TOWA BANK LTD/THE	1,300	9,177	8,932
TOWA PHARMACEUTICAL CO LTD	7,200	141,756	167,202
TOYO DENKI SEIZO TOYO ELEC	1,300	16,921	17,583

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

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TPK HOLDING CO LTD	210,000	265,407	270,015
TRADE VAN INFO SERVICES CO	9,000	20,245	27,212
TRANSCOSMOS INC	2,000	43,759	49,507
TRANSPORT INTL HLDG LTD	26,000	36,769	35,408
TRINITY INDUSTRIAL CORP	2,000	13,497	16,549
TRIVAGO NV ADR	12,828	69,737	37,201
TRUE NORTH COMMERCIAL REAL E	1,600	14,153	10,342
TS LINES LTD	86,000	72,292	91,486
TSANN KUEN ENTERPRISE CO LTD	18,606	25,759	13,531
TSH RESOURCES BHD	165,700	45,624	49,816
TSI HOLDINGS CO LTD	5,500	40,657	36,633
TSUKADA GLOBAL HOLDINGS INC	6,200	23,939	22,388
TSUMURA + CO	3,600	85,451	93,637
TSUTSUMI JEWELRY CO LTD	800	11,498	13,005
TV ASAHI HOLDINGS CORP	1,100	12,687	23,369
TV TOKYO HOLDINGS CORP	3,800	91,386	111,034
TYK CORP	6,900	17,511	25,884
UBICOM HOLDINGS INC	5,300	49,083	35,267
UBISOFT ENTERTAINMENT	19,172	254,633	145,052
UBRIGHT OPTRONICS CORP	18,000	41,995	33,742
UBS GROUP AG REG	49,312	839,687	2,300,501
UCHIDA YOKO CO LTD	1,600	108,417	109,528
UEM EDGENTA BHD	71,800	11,867	18,401
UJU ELECTRONICS CO LTD	1,422	29,452	35,685
ULLICO INC	87,698	2,192,450	4,545,388
ULTRA CHIP INC	20,000	30,793	32,208
ULTRAJAYA MILK IND + TRADING	619,000	57,773	53,455
UMICORE	11,781	218,892	247,668
UNICAJA BANCO SA	314,094	592,769	1,024,770
UNIMOT SA	934	21,388	33,773
UNIPRES CORP	17,000	141,570	139,041
UNIQUEST CORP	4,728	22,979	21,662
UNIRITA INC	1,100	17,671	13,783
UNITED HAMPSHIRE US REIT	69,400	30,857	35,741
UNIVANICH PALM OIL PCL NVDR	75,800	18,022	31,278
UNIVERSAL MUSIC GROUP NV	62,609	1,660,872	1,634,599
UNTRADE.CECEP COSTIN	150,000	22,108	-
UNTRADE.XIWANG STEEL	589,000	127,704	-
UOB KAY HIAN HOLDINGS LTD	28,600	56,093	57,156
USER LOCAL INC	2,700	32,906	33,486
USHIO INC	2,500	38,442	39,953
VAISALA OYJ A SHS	480	26,388	24,833
VALENS SEMICONDUCTOR LTD	3,291	10,238	4,673
VALEO	51,816	554,380	708,052
VALUE VALVES CO LTD	9,000	28,025	23,115
VALUECOMMERCE CO LTD	2,600	14,389	11,031
VAN LANSCHOT KEMPEN NV CVA	3,511	97,472	218,133
VAULT MINERALS LTD	87,130	243,002	317,240
VECTOR INC	12,200	88,871	93,556
VEDAN INTERNATIONAL HOLDINGS	332,000	42,117	28,578
VELESTO ENERGY BHD	888,200	52,688	60,191
VENTEC INTERNATIONAL GROUP C	14,000	39,878	41,260
VETOQUINOL SA	67	2,613	6,570
VICAT	629	35,167	56,143
VIEWORKS CO LTD	1,912	24,527	26,028
VILLEROY + BOCH AG PREF	1,404	24,887	27,125

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

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VINCENT MEDICAL HOLDINGS LTD	67,113	19,577	7,157
VIOMI TECHNOLOGY CO LTD ADR	7,251	17,683	13,342
VIRIDIEN	1,316	85,948	152,085
VISANG EDUCATION INC	1,680	14,033	5,709
VISIONAL INC	300	19,112	19,159
VIVA LEISURE LTD	15,005	17,498	16,560
VOTUM SA	1,538	18,967	19,507
VRG SA	19,005	11,885	24,528
VSTECS HOLDINGS LTD	56,000	41,876	56,119
VTECH HOLDINGS LTD	11,100	76,141	87,491
VTEX CLASS A	4,584	29,244	17,236
WADAKOHSAN CORP	1,500	14,229	16,402
WAGNERS HOLDING CO LTD	19,758	30,622	47,300
WAH HONG INDUSTRIAL CORP	12,000	14,105	14,055
WAJAX CORP	8,300	131,148	164,940
WASION HOLDINGS LTD	34,000	35,545	75,046
WEBLINK INTERNATIONAL INC	14,195	29,771	24,260
WEBUILD SPA	39,783	101,792	159,887
WEBZEN INC	16,922	155,050	151,535
WEST AFRICAN RESOURCES LTD	50,410	42,184	100,848
WESTAIM CORP/THE	1,283	20,372	23,868
WESTWING GROUP SE	3,183	45,387	42,990
WHITEHAVEN COAL LTD	35,056	154,287	181,172
WILH WILHELMSEN HOLDING A	620	12,993	36,265
WILL GROUP INC	4,600	52,569	35,128
WIN SEMICONDUCTORS CORP	26,000	104,061	151,430
WINWAY TECHNOLOGY CO LTD	1,000	77,387	90,387
WISMILAK INTI MAKMUR TBK PT	1,063,000	126,982	105,184
WONIK IPS CO LTD	4,301	132,050	202,727
WOONGJIN THINKBIG CO LTD	17,575	25,783	15,592
WORLDEX INDUSTRY + TRADING C	2,736	41,178	40,929
X LEGEND ENTERTAINMENT CO LT	19,000	50,230	58,656
X TRADE BROKERS DOM MAKLERSK	11,887	232,120	237,462
XIAMEN JIHONG TECHNOLOGY C H	61,000	141,589	102,274
XMH HOLDINGS LTD	14,500	17,417	17,477
XPS PENSIONS GROUP PLC	51,048	178,902	232,764
YALLA GROUP LTD	57,253	289,304	397,336
YAMAICHI ELECTRONICS CO LTD	800	10,944	29,857
YAMANASHI CHUO BANK LTD/THE	1,100	27,442	28,352
YATAS YATAK VE YORGAN SAN. T	35,628	29,394	33,037
YATSEN HOLDING LTD ADR	3,539	24,033	13,767
YOKOWO CO LTD	2,300	23,213	33,118
YOUNGONE HOLDINGS CO LTD	1,116	47,912	148,356
YUANTA FUTURES CO LTD	662	1,514	2,054
YURTEC CORP	4,000	24,475	70,254
YUSHIN CO	4,800	38,405	21,773
YUSHIRO INC	1,900	23,282	34,001
ZACROS CORP	8,000	47,517	58,949
ZE PAK SA	3,593	19,114	19,288
ZEALAND PHARMA A/S	1,436	113,507	105,313
ZENGAME TECHNOLOGY HOLDING	152,000	33,816	48,626
ZERIA PHARMACEUTICAL CO LTD	7,200	95,593	96,416
ZHIHU INC	13,300	20,243	14,610
ZHONG AN GROUP LTD	1,026,000	20,070	14,104
ZHONGTAI FUTURES CO LTD H	270,000	45,987	21,854
ZIGEXN CO LTD	5,900	19,970	18,105

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

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ZUKEN INC	1,900	57,508	59,214
ZUMTOBEL GROUP AG	9,378	36,880	37,668
ZYXEL GROUP CORP	16,000	19,730	16,293
ARA CORE PROPERTY FUND - CORPORATE STOCK - COMMON	-	80,004,893	80,528,894
BRIGADE HIGH YIELD FUND LP - CORPORATE STOCK - COMMON	-	-	559,456
ENTRUST CAPITAL DIVERSIFIED FUND LTD CLASS X SERIES 12/31/2016 - CORPORATE STOCK - COMMON	-	51,821	120,249
ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A - CORPORATE STOCK - COMMON	-	1,433,966	819,990
FIRST EAGLE GLOBAL VALUE FUND LP - CORPORATE STOCK - COMMON	-	4,082,768	71,260,877
GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD - CORPORATE STOCK - COMMON	-	192,982	252,702
GROSVENOR OPPORTUNISTIC CREDIT FUND IV LTD - CORPORATE STOCK - COMMON	-	224,649	93,838
HAMILTON LANE PE OFF FUND VIII - CORPORATE STOCK - COMMON	-	32,976	48,210
SIGULER GUFF DISTRESSED RE OPPS FUND II - CORPORATE STOCK - COMMON	-	937,313	873,513
		$ 295,681,226	$ 426,500,576

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF PARTNERSHIP/JOINT VENTURE INTERESTS

DECEMBER 31, 2025

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ABS EMERGING MARKETS STRATEGIC PORTFOLIO LP		$ 45,000,000	$ 73,704,338
ACCOMPLICE FORTUITY POOL LP		3,300,000	5,610,982
ACCOMPLICE FUND I		1,535,021	7,535,018
ACCOMPLICE FUND II (PE)		-	8,934,398
ACCOMPLICE FUND III LP		4,700,000	6,285,296
ACCOMPLICE FUND IV LP		9,408,000	9,611,847
ACTIS EMERGING MARKETS 3		140,082	11,347
ACTIS ENERGY 4 LP		-	854,223
ACTIS ENERGY 5		21,051,682	24,895,578
AEW PARTNERS VI LP		-	129,435
ALTARIS CONSTELLATION PARTNERS IV LP		334,057	1,780,948
ALTARIS HEALTH PARTNERS IV		120,798	4,648,719
ARA FUND II LP		39,335,290	42,411,870
ARA FUND III LP		10,987,898	9,585,813
ARES ENERGY INVESTORS FD V LP		-	7,544,200
ATLAS VENTURE FUND IX		-	8,526,588
ATLAS VENTURE FUND VIII		-	2,153,560
ATLAS VENTURE FUND X LP		-	3,463,988
ATLAS VENTURE FUND XI LP		-	3,564,747
ATLAS VENTURE FUND XII		3,303,491	5,378,857
ATLAS VENTURE FUND XIII		6,099,502	9,600,675
ATLAS VENTURE FUND XIV LP		1,280,001	1,307,939
ATLAS VENTURE OPPORTUNITY		3,692,429	2,853,329
ATLAS VENTURE OPPORTUNITY FUND II		1,046,910	6,995,109
AUDAX MEZZANINE PART III LP		-	28,059
AUDAX PRIVATE EQUITY FUND IV		-	2,247,143
AUGUST EQUITY PARTNERS V A		7,345,770	13,548,750
BASALT INFRASTRUCTURE PARTNERS IV		23,271,102	25,931,022
BASALT INFRASTRUCTURE FUND III		34,665,176	45,225,170
BASALT INFRASTRUCTURE II		2,453,430	10,120,850
BCP INFRASTRUCTURE FUND LP		33,296,975	41,360,738
BLACKSTONE INFRASTRUCTURE PARTNERS		34,725,205	64,573,882
BLACKSTONE INFRASTRUCTURE PARTNERS V FEEDER		33,567,188	76,648,990
CHARLESBANK EQUITY FUND IX		324,247	3,910,726
CHARLESBANK EQUITY FUND VII LP		-	7,149
CHARLESBANK EQUITY FUND VIII		-	1,780,867
CHARLESBANK EQUITY FUND X LP		4,944,647	8,333,321
CHARLESBANK FD IX OVERAGE PROGRAM		813,745	920,571
CHEQUERS CAPITAL XVI		-	179,866
CHEQUERS CAPITAL XVII FCPR		-	2,616,562
CITIC CAPITAL CHINA PARTNER 3 (PE)		825,629	1,516,878
CLEARWATER CAPITAL PARTNERS FUND III		29,426	85,387
CLIMATE ADAPTIVE FUND		25,837,601	38,970,740
CORTEN REAL ESTATE FUND II LP		11,855,615	11,934,548
COTTONWOOD REAL ESTATE SPECIAL SITUATIONS FUND		13,478,954	16,411,523
CUSTOM CO INVESTMENT FUND 2022		16,561,362	22,318,336
DBAG FUND VI (GUERNSEY)		53,430	626,498
DBAG FUND VII		3,702,092	6,936,450
EIF US POWER FUND IV LP		71,579	1,887,550
ENCAP ENERGY CAPITAL FD VIII		-	117,201
ENCAP ENERGY CAPITAL FUND IX		-	1,253,928
ENCAP ENERGY CAPITAL FUND X		-	4,332,202
ENCAP ENERGY CAPITAL FUND XI		-	10,824,484
ENCAP ENERGY CAPITAL FUND XII		12,853,744	16,459,014
ENERGY VENTURES IV		909,528	257,014
FELICIS VENTURES IX LP		4,175,000	5,916,488
FLAGSHIP PIONEERING FUND VIII		899,329	996,922

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

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FOUNDATION CAPITAL LEADERSHIP III		4,543,367	4,919,435
FOUNDATION CAPITAL X LP		7,243,771	9,208,323
FOUNDATION CAPITAL XI LP		909,056	845,243
FS EQUITY FUND VIII		6,293,632	11,335,324
GAMUT INVESTMENT FUND I		4,069,605	5,275,346
GAUGE CAPITAL PARTNERS IV LP		1,646,106	1,630,499
GEM REALTY FUND V LP		1,240,262	1,821,489
GERDING EDLEN GREEN CITIES III		6,816,601	1,218,170
GERDING EDLEN GREEN CITIES IV		14,430,662	6,301,388
GILDE BUY OUT FUND IV LP		-	66,844
GLOBAL INFRASTRUCTURE PARTNERS V		4,719,439	5,256,775
GLOBAL INFRASTRUCTURE PARTNERS IV		25,805,023	32,717,618
GLOBAL INFRASTRUCTURE PARTNERS		-	972,681
GLOBAL INFRASTRUCTURE PARTNERS III		365,309	8,830,695
GLOBAL INFRASTRUCTURE PARTNERS B		-	14,340
GLOBAL REN POW INFRA III		34,609,970	22,598,654
GLOBAL REN POW INFRA IV LP		15,501,252	12,068,831
GOLDEN TREE INSITE REAL ESTATE		-	146,218
GRAIN COMMUNICATIONS IV LP		12,306,005	11,108,125
GRAIN COMMUNICATIONS OPPORTUNITY FUND II		21,563,703	33,482,437
GRAIN COMMUNICATIONS OPPORTUNITY FUND III		37,131,972	34,986,484
GREEN CITIES V LP		21,045,855	22,603,541
GREENBRIAR EQUITY FUND VI		5,986,213	7,089,917
GTIS BRAZIL REAL ESTATE FD II		9,064,098	2,938,927
HARBOURVEST DOVER STREET IX CAYMAN FUND		-	4,008,766
HARBOURVEST DOVER STREET VIII CAYMAN FUND		-	251,484
HARBOURVEST PARTNERS 2013 FUND		-	858,025
HARBOURVEST PARTNERS VIII		-	4,623,965
HARBOURVEST PARTNERS VIII		-	20,076
HIDDEN HARBOR CAPITAL PARTNERS III LP		2,156,724	2,377,920
HIDDEN HARBOR CAPITAL PARTNERS II LP		-	5,781,974
HIG MIDDLE MARKET LBO FUND II		6,929	760,059
HITEC VISION VI		-	479,967
HITECVISION VII LP		-	608,850
HONY CAPITAL FUND V LP		567,034	280,369
IFM GLOBAL INFRASTRUCTURE (US)		63,727,169	108,156,906
INSIGHT VENTURE PARTNERS IX LP		-	7,447,681
INSTITUTIONAL VENTURE XIII		-	1,501
IRONSIDES CO INVESTMENT FUND VI LP		43,513,634	59,827,439
IRONSIDES DIRECT INVESTMENT FUND V		9,030,795	43,939,175
JLL PARTNERS VI LP		868	7,403
JMI EQUITY FUND X LP		7,894,342	13,222,247
JMI EQUITY FUND XI LP		7,640,000	9,001,723
K4 PRIVATE INVESTORS		1,510,113	7,629,441
K5 PRIVATE INVESTORS		6,040,179	9,661,700
K6 PRIVATE INVESTORS		-	(176,924)
KEROGEN ENERGY FUND II LP		3,427,975	5,390,749
KEROGEN PANDION CO INVESTMENT FUND NR		4,782,806	4,161,543
KHOSLA VENTURES III		4,051	30,543
KHOSLA VENTURES IV		-	788,375
KHOSLA VENTURES SEED B LP		-	213,291
KHOSLA VENTURES SEED C LP		1,061,738	3,818,725
KHOSLA VENTURES SEED LP		237,630	265,142
KHOSLA VENTURES V LP		-	3,862,781
KHOSLA VENTURES VI (PE)		2,419,604	10,126,328
KPS SPECIAL SITUATIONS FUND VI		1,065,492	1,131,187
KPS SPECIAL SITUATIONS FUND IV		-	1,097,195

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF PARTNERSHIP/JOINT VENTURE INTERESTS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
KPS SPECIAL SITUATIONS FUND V		5,767,197	8,889,287
LINDEN CAPITAL PARTNERS III LP		265,527	2,443,665
LINDEN CAPITAL PARTNERS IV L.P		-	6,657,133
LINDEN CAPITAL PARTNERS V LP		13,162,084	15,145,597
LINDEN CAPITAL PARTNERS VI LP		-	(137,679)
MAINSAIL PARTNERS VII LP		1,635,384	1,328,416
MBK PARTNERS FUND III		-	93,175
MBK PARTNERS FUND IV		1,455,903	2,770,477
MESA WEST REAL ESTATE INCOME FUND IV		6,488,944	6,417,932
MESIROW FINANCIAL REAL ESTATE VALUE V		17,011,023	17,980,777
MSOUTH EQUITY PARTNERS III LP		-	59,960
NB STRATEGIC CO INVESTMENT CAYMAN PARTNERS IV		10,636,341	16,918,230
NORMANDY REAL ESTATE FUND IV		13,117,722	420,065
OAKLEY CAPITAL FUND V LP		5,114,147	6,155,669
OAKLEY CAPITAL VI		1,334,933	1,052,509
OAKTREE OPPORTUNITIES FUND VIII B LP		-	553
OAKTREE OPPORTUNITIES FUND XB		1,455,552	4,511,953
OAKTREE REAL ESTATE DEBT FUND II		10,926,973	5,193,949
OCM OPPORTUNITIES FUND VIII		-	854
ONCAP II		-	50,851
ONCAP IV		992,010	2,434,645
ONCAP US III		9,055	106,395
ORION EUROPEAN REAL ESTATE FUND III		1,281,092	21,946
ORION MINE FINANCE FUND IV LP		4,049,577	9,268,308
OVP VENTURE PARTNERS VII LP		102,215	2,821,501
PACIFIC ROAD RESOURCES FUND II		2,713,365	565,306
PAG ASIA I FEEDER FUND LP		-	75,594
PAG ASIA II LP		-	2,361,454
PAG ASIA III LP		3,835,869	5,537,359
PAINE SCHWARTZ FOOD		16,797,590	21,766,562
PAINE SCHWARTZ FOOD CHAIN V		14,080,925	29,917,049
PATRIA PRIVATE EQUITY FUND VI LP		7,462,595	11,457,457
PATRIA BRAZILIAN PRIVATE EQUITY FUND V		3,865,913	6,553,303
PATRIA BRAZILIAN PRIVATE EQUITY FUND IV		1,001,377	532,681
PIONEER SQUARE VENTURES II		5,130,000	5,534,330
POINT 406 VENTURES IV LP		9,023,100	13,235,657
PRISA III		25,496,754	35,430,957
RELATED REAL ESTATE DEBT FUND IV		6,147,605	6,602,362
RELATED REAL ESTATE FUND III		16,265,557	22,413,473
RELATED REAL ESTATE FUND IV		6,348,812	8,206,203
RIDGEMONT EQUITY PARTNERS III LP		-	5,087,899
RIDGEMONT EQUITY PARTNERS I LP		-	12,504
RIDGEMONT EQUITY PARTNERS IV		10,571,210	12,318,440
RIDGEMONT EQUITY PARTNRS II LP		301,509	2,085,446
RIDGEWOOD ENERGY OIL + GAS		811,528	5,355,411
RIDGEWOOD ENERGY OIL + GAS V		4,386,325	4,040,468
RIDGEWOOD ENERGY OIL GAS IV		7,882,967	11,541,488
RIDGEWOOD ENERGY STINGRAY		1,920,215	4,030,790
RIVERSIDE EUROPE FUND IV		1,906	15,454
RIVERSIDE FUND V SQ A B LP		1,662,315	3,382,207
RIVERSIDE MICRO CAP FUND III		-	1,709,451
RMF NEC MA LLC		3,644,750	4,319,923
RUBENSTEIN PROPERTIES IV		11,860,531	5,791,403
SCALE VENTURE PARTNERS VI		3,006,560	5,959,016
SCALE VENTURE PARTNERS VII		3,999,451	3,676,006
SCALE VENTURE PARTNERS VIII		2,717,361	2,651,641
SEIDLER EQUITY PARTNERS VIII		5,524,451	5,486,257

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF PARTNERSHIP/JOINT VENTURE INTERESTS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
SENTINEL CAPITAL PARTNERS V		-	745,882
SENTINEL CAPITAL PARTNERS VI		2,818,614	4,509,825
SENTINEL CAPITAL PARTNERS VII		4,111,571	4,185,070
SILVER LAKE PARTNERS III		-	260,305
SJC ONSHORE DIRECT LENDING III		3,488,057	12,562,488
SK CAPITAL PARTNERS V LP		6,288,201	5,529,602
SK CAPITAL PARTNERS VI LP		4,055,427	7,783,681
SOLAMERE CAPITAL AF III LP		13,581,959	28,025,365
SOUTHERN CROSS LATIN AMERICAN EXTENSION FUND IV		2,147,689	1,018,192
SOUTHERN CROSS LATIN AMERICAN FUND V		3,513,738	211,591
SSC PARTNERS III A LP		106,127	(207)
STAR AMERICA INFRASTRUCTURE LP		-	2,305,044
STELLEX CAPITAL PARTNERS II		3,550,462	5,574,494
STERLING GROUP PARTNERS IV LP		-	1,329,753
STERLING GROUP PARTNERS V		2,901,879	6,662,493
STERLING GROUP PARTNERS VI LP		524,031	529,139
STG VI LP		3,457,467	4,874,590
STG VII LP		3,190,253	2,807,254
TA REALTY CORE PROPERTY FUND		21,527,419	37,748,326
TA REALTY FUND XI		-	15,669
TA REALTY VALUE ADD XIII LP		25,979,319	28,376,715
TA XII B		-	3,041,629
TA XIII		1,952,750	9,144,649
TA XIV LP		9,858,000	12,546,051
THE FOURTH CINVEN FUND TRUST		-	1,377
THIRD ROCK VENTURES III		-	177,181
THIRD ROCK VENTURES IV LP		188,097	1,734,172
THIRD ROCK VENTURES V		5,077,484	5,963,863
THIRD ROCK VENTURES VI LP		6,900,000	7,018,309
TOWERBROOK INVESTORS III LP		-	3,564
TOWERBROOK INVESTORS IV		-	1,166,476
TRILANTIC CAPITAL PARTNERS V		-	644,046
TRILANTIC CAPITAL PARTNERS VI		4,409,429	5,635,560
UBS TRUMBULL PROPERTY FUND LP		25,179,166	25,360,934
US REAL ESTATE INVESTMENT FUND		59,124,930	57,036,960
VALHALLA PARTNERS II		21,994	82,294
VECTOR CAPITAL V LP		2,210,785	4,170,889
VERITAS CAPITAL FUND VI LP		72,018	2,106
VERITAS CAPITAL FUND V LP		-	2,729,242
VERITAS CAPITAL PARTNERS IV		-	2,659,152
VISTA EQUITY PARTNERS IV		-	1,037,029
VISTA EQUITY PARTNERS V		-	2,996,038
VISTA FOUNDATION FUND III		29,821	3,722,276
VITRUVIAN INV PARTNERSHIP II		-	865,327
VITRUVIAN INVESTMENT PARTNERSHIP III		1,130,522	11,483,314
VITRUVIAN INVESTMENT PARTNERSHIP IV		9,990,506	15,947,381
VITRUVIAN INVESTMENT PARTNERSHIP V		3,818,979	4,647,087
VITRUVIAN INVESTMENT PARTNERSHIP I CF		-	419,631
WAUD CAPITAL PARTNERS III LP		15,466	188,948
WAUD CAPITAL PARTNERS IV LP		876,264	6,062,024
WAUD CAPITAL PARTNERS V		10,774,675	16,971,255
WHITE DEER ENERGY III		10,116,759	11,142,329
WHITE DEER ENERGY II		1,588,551	379,357
WYNNCHURCH CAPITAL PARTNERS VI LP		2,715,747	3,175,900
YUCAIPA AMERICAN ALLIANCE II		8,775,034	9,503,816
YUCAIPA CORPORATE INITIATIVES FUND II		97,721	10,936

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF PARTNERSHIP/JOINT VENTURE INTERESTS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
ARA CORE PROPERTY FUND LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		6,232,602	6,273,423
ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A - PARTNERSHIPS/JOINT VENTURE INTERESTS		3,169,188	1,812,248
GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD - PARTNERSHIPS/JOINT VENTURE INTERESTS		18,660	24,434
GROSVENOR OPPORTUNISTIC CREDIT FUND IV LTD - PARTNERSHIPS/JOINT VENTURE INTERESTS		129,331	54,023
HAMILTON LANE PRIVATE EQUITY OFFSHORE FUND VIII LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		2,158,587	3,155,769
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND IV LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		4,151,456	2,512,913
IRONSIDES DIRECT INVESTMENT FUND IV LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		231,387	1,543,066
IRONSIDES PARTNERSHIP FUND IV LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		-	33,555,467
IRONSIDES PARTNERSHIP FUND V LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		23,210,918	42,884,580
PANTHEON EUROPE FUND V B LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		-	270,551
PANTHEON GLOBAL SECONDARY FUND III B LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		-	5,020
SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITIES FUND II -PARTNERSHIPS/JOINT VENTURE INTERESTS		2,463,810	2,296,106
SOLAMERE CAPITAL AF III A LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		27,761,038	57,168,562
SOLAMERE CAPITAL AF IV A LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		40,975,756	54,592,361
		$ 1,456,310,783	$ 2,179,895,158

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF REAL ESTATE

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REAL ESTATE	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
OFFICE BUILDING - HAMDEN, CT	-	$ 1,439,574	$ 680,000
OFFICE BUILDING - WILMINGTON, MA	-	8,058,152	7,200,000
NORTH ATLANTIC STATES CARPENTERS PENSION FUND REAL ESTATE INVESTMENT PROGRAM - REAL ESTATE	-	103,060,990	104,142,767
WCP SPECIAL CORE PLUS FUND LP - REAL ESTATE	-	3,527,581	634,252
WCP SPECIAL CORE PLUS FUND II LP - REAL ESTATE	-	17,571,488	17,147,856
		$ 133,657,785	$ 129,804,875

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF NON-PARTICIPANT LOANS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION NON-PARTICIPANT LOANS			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY / NO. OF SHARES	COST	CURRENT VALUE
ELEVANCE HEALTH INC	4.75%	02/15/2030	205,000	$ 203,193	$ 209,084
CEMEX SAB DE CV	3.88%	07/11/2031	43,000	43,161	41,175
CCO HLDGS LLC/CAP CORP	4.25%	01/15/2034	525,000	438,375	446,392
US TREASURY N/B	3.88%	08/15/2034	568,000	574,517	559,258
PETROLEOS MEXICANOS	6.38%	01/23/2045	125,000	125,794	100,676
US TREASURY N/B	4.75%	05/15/2055	1,080,000	1,061,480	1,061,273
AGF MANAGEMENT LTD CLASS B			5,390	36,563	64,015
AMARIN CORP PLC ADR			894	14,029	12,476
ATRESMEDIA CORP DE MEDIOS DE			2,633	10,896	15,091
AUTOLUS THERAPEUTICS PLC			63,966	112,750	127,292
AVIO SPA			1,655	60,005	57,048
BEACH ENERGY LTD			90,797	81,160	71,144
BEAUTY FARM MEDICAL AND HEAL			47,257	168,326	165,143
BLACK DIAMOND GROUP LTD			2,512	13,423	26,866
BONDUELLE SCA			2,351	24,031	28,992
BW ENERGY LTD			9,778	33,903	45,609
CEMENTIR HOLDING NV			1,795	19,747	39,591
CHERVON HOLDINGS LTD			72,295	169,015	182,235
CIMPRESS PLC			2,859	379,310	190,381
CONSORCIO ARA SAB SER			123,199	14,755	25,627
DE LONGHI SPA			1,269	41,140	54,399
DINGDONG CAYMAN LTD SPN ADR			31,655	54,618	78,821
DOTDIGITAL GROUP PLC			18,429	22,899	16,757
DYNACOR GROUP INC			4,018	11,847	17,206
FORESIGHT GROUP HOLDINGS LTD			1,531	8,496	8,855
GRANGE RESOURCES LTD			332,153	59,783	63,126
IMMUNOCORE HOLDINGS PLC ADR			1,064	41,519	36,931
INVESTIS HOLDING SA			160	24,992	29,183
KAROOOOO LTD			1,972	91,632	89,726
LINKLOGIS INC CLASS B			48,925	10,611	14,080
LUYE PHARMA GROUP LTD			46,550	21,727	16,387
MAGIC SOFTWARE ENTERPRISES			100	1,080	2,575
MAKEMYTRIP LTD			5,222	189,756	428,831
MICHAEL HILL INTERNATIONAL L			35,370	34,133	8,137
MOTA ENGIL SGPS SA			7,719	52,542	44,857
ORBIA ADVANCE CORP SAB DE CV			41,806	37,862	36,273
OREXO AB			5,315	21,207	17,354
PHX ENERGY SERVICES CORP			8,134	28,950	44,505
PROSEGUR CASH SA			35,000	21,978	26,061
SEVERFIELD PLC			22,568	25,112	8,773
SIFY TECHNOLOGIES SPON ADR			28,663	129,564	349,402
SILVERCORP METALS INC			3,430	21,554	28,726
SKYWORTH GROUP LTD			335,033	97,151	201,875
SOURCE ENERGY SERVICES LTD			1,682	16,843	18,639
SOUTHERN CROSS MEDIA GROUP L			35,252	15,100	18,571
SUN INC			8,600	31,618	24,635
TAZMO CO			1,700	27,188	22,375
TELEVISION FRANCAISE (TF1)			2,347	17,336	22,961
X FINANCIAL ADR			5,441	45,295	30,470
YOUDAO INC ADR			7,994	83,799	80,580
				$ 4,871,765	$ 5,310,439

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	0-5 YR U.S. TREASURY INFLATION PROTECTED SECURITIES FUND	2,565,489	$ 30,987,439	$ 35,125,262
	1-3 YR GOVERNMENT/CREDIT BOND INDEX FUND	3,431,276	42,980,204	44,455,390
	AFL CIO BUILDING INVESTMENT TRUST	1,421	10,039,786	8,089,411
	ASB ALLEGIANCE REAL ESTATE FUND	3,643,051	3,643,051	4,057,926
	COMMINGLED PENSION TRUST FUND (CORE BOND) OF JPMCB	4,855,643	111,000,000	111,048,556
	COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) OF JPMCB	1,299,364	8,801,891	15,062,223
	CRESCENT CAPITAL TRUST II LEVERED	6,554,672	6,554,672	13,859,989
	EAFE EQUITY INDEX FUND	129,322	37,974,571	61,986,688
	EQUITY INDEX FUND A	9,663	22,513,049	27,051,805
	GQG PARTNERS EMERGING MARKETS EQUITY CIT	5,673,350	65,553,572	97,256,530
	MSCI EMERGING MARKETS FREE FUND	299,940	17,695,411	23,567,689
	NEUBERGER BERMAN STRATEGIC MULTI-SECTOR FIXED INCOME TRUST	12,388,060	166,000,000	166,247,762
	NEW TOWER TRUST COMPANY MULTI EMPLOYER PROPERTY TRUST	903	5,200,253	11,616,835
	RUSSELL 1000 GROWTH FUND	107,191	6,140,937	12,518,966
	RUSSELL 2000 INDEX FUND A	523,577	26,716,788	49,190,477
	SHORT TERM INVESTMENT FUND	212,769	212,741	212,769
*	STATE STREET S&P GLOBAL LARGEMIDCAP NATURAL RESOURCES INDEX NON-LENDING FUND	150	2,674,634	5,509,086
	U.S. DEBT INDEX FUND	577,632	46,645,612	46,975,601
	U.S. TREASURY INFLATION PROTECTED SECURITIES FUND	3,319,199	81,293,904	92,509,023
	UBC RUSSELL 3000 INDEX TRUST	4,280,095	715,250,209	810,307,586
			$ 1,407,878,724	$ 1,636,649,574

* PARTY-IN-INTEREST

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
HARBOURVEST PARTNERS IX LP	-	$ -	$ 3,767,003
HARBOURVEST PARTNERS VIII BUYOUT FUND LP	-	-	15,888
HARBOURVEST PARTNERS VIII CAYMAN MEZZANINE & DISTRESSED DEBT FUND LP	-	-	54,489
HARBOURVEST PARTNERS VIII MEZZANINE & DISTRESSED DEBT FUND	-	-	36,243
HARBOURVEST PARTNERS VIII VENTURE FUND LP	-	-	2,767,071
HARDMAN JOHNSTON INTERNATIONAL EQUITY GROUP TRUST	424,300	18,925,770	25,589,067
MASTER INCOME PLUS GROUP TRUST	23,341	63,526	-
MCMORGAN INFRASTRUCTURE FUND I LP	7,980,345	7,980,345	11,594,534
NCS GROUP TRUST - GLOBAL FUND	1,094,399	28,594,706	82,883,758
PROLOAN BOND FUND LLC	10,357	19,084,103	19,538,767
ULLICO INFRASTRUCTURE TAXABLE FUND LP	35,107,669	66,239,336	88,397,914
		$ 140,887,786	$ 234,644,734

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
STATE STREET GOVERNMENT SHORT TERM INVESTMENT FUND	59,181,808	$ 59,181,808	$ 59,181,808
MERGING MARKETS VALUE PORTFOLIO	3,180,523	98,900,256	118,379,076
FIMM GOVERNMENT PORTFOLIO-INSTITUTIONAL CLASS	24,131	24,131	24,131
GLOBAL X & ARTIFICIAL INTELLIGENCE ETF	785	19,252	28,441
ISHARES CORE US AGGREGATE BOND ETF	615	62,401	61,426
ISHARES US HIGH YIELD CORPORATE BOND ETF	570	21,349	21,315
ISHARES RUSSELL MID CAP ETF	175	8,776	16,847
ISHARES S&P 100 ETF	100	12,622	34,297
PIMCO INCOME FUND	14,754,098	162,000,000	162,147,541
SPDR BLOOMBERG HIGH YIELD BOND ETF	200	18,297	19,442
VANGUARD FTSE DEVELOPED MARKETS ETF	440	19,421	27,487
VANGUARD REAL ESTATE ETF	240	18,383	21,238
VANGUARD 500 INDEX FUND	100	27,066	62,713
VANGUARD TOTAL INTL BOND ETF	860	45,621	41,555
FIRST EAGLE GLOBAL VALUE FUND LP - REGISTERED INVESTMENT COMPANIES	-	3,127,051	5,458,631
		$ 323,486,434	$ 345,525,948

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF UNALLOCATED CONTRACTS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION UNALLOCATED CONTRACTS	(d) COST	(e) CURRENT VALUE
AETNA LIFE INSURANCE COMPANY		$ 1,109,421	$ 352,752
AXA EQUITABLE LIFE INSURANCE COMPANY		396,177	396,177
		$ 1,505,598	$ 748,929

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF OTHER INVESTMENTS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION OTHER INVESTMENTS	(d) COST	(e) CURRENT VALUE
BRIGADE HIGH YIELD FUND LP - OTHER INVESTMENTS		$ -	$ 8,478
FIRST EAGLE GLOBAL VALUE FUND LP - OTHER INVESTMENTS		6,861,164	11,976,957
		$ 6,861,164	$ 11,985,435

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	STATE STREET GOVERNMENT SHORT TERM INVESTMENT FUND	$ 322,123,241	$ -	$ -	$ -	$ -	$ 322,123,241	$ -
*	STATE STREET GOVERNMENT SHORT TERM INVESTMENT FUND	-	337,714,580	-	-	337,714,580	337,714,580	-
*	STATE STREET INSTITUTIONAL INVESTOR TRUST	1,043,012,867	-	-	-	-	1,043,012,867	-
*	STATE STREET INSTITUTIONAL INVESTOR TRUST	-	983,831,059	-	-	983,831,059	983,831,059	-
N/A	UBC RUSSELL 3000 INDEX TRUST	495,250,209	-	-	-	-	495,250,209	-

* PARTY-IN-INTEREST

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS TO FORM 5500

DECEMBER 31, 2025

	Per Financial Statements	Reclassification	Per Form 5500
Assets			
Investments			
Interest bearing cash	$ 168,397,625	$ 11,564,989	$ 179,962,614
U.S. government securities	64,095,428	1,773,931	65,869,359
Corporate debt instruments	41,958,993	14,310,008	56,269,001
Corporate stock	275,766,536	158,487,060	434,253,596
Partnership/joint venture interests	2,365,903,233	(186,008,075)	2,179,895,158
Real estate	84,991,135	44,813,740	129,804,875
Loans (other than participant loans)	5,310,439	-	5,310,439
Common/collective trust funds	1,636,649,574	-	1,636,649,574
103-12 investment entities	234,644,734	-	234,644,734
Registered investment companies	340,067,317	5,458,631	345,525,948
Unallocated contracts	748,929	-	748,929
Other investments	-	11,985,435	11,985,435
Receivables			
Employers' contributions	14,029,720	-	14,029,720
Accrued interest/dividends	1,682,251	-	1,682,251
Net trades pending settlement	111,428,529	1,378,756	112,807,285
Other receivables	4,138,064	-	4,138,064
Cash	700	-	700
Collateral held under securities lending agreement	5,551,332	-	5,551,332
Property and equipment - net	802,841	-	802,841
Other assets	416,329	588,349	1,004,678
Total assets	5,356,583,709	64,352,824	5,420,936,533
Liabilities			
Operating payables	62,808,153	2,028,705	64,836,858
Acquisition indebtedness	-	46,723,395	46,723,395
Other liabilities	8,000,701	15,600,724	23,601,425
Total liabilities	70,808,854	64,352,824	135,161,678
Net assets available for benefits	$ 5,285,774,855	$ -	$ 5,285,774,855

The Plan’s holdings in various investments were determined to be plan assets for Form 5500 purposes. This schedule reconciles audited financial statement amounts, plus the Plan's share of amounts provided by the investment managers to the Form 5500 Schedule H amounts. Also included above is the adjustment to net assets to present the property used in operations at fair value.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	LENDINGCLUB	VARIABLE	ON DEMAND	$ 160,416,729	$ 160,416,729
*	STATE STREET CASH	VARIABLE	ON DEMAND	7,980,896	7,980,896
	ARA CORE PROPERTY FUND - INTEREST BEARING CASH			5,669,981	5,669,981
	BRIGADE HIGH YIELD FUND LP - INTEREST BEARING CASH			1,495,841	1,495,841
	ENTRUST CAPITAL DIVERSIFIED FUND LTD CLASS X SERIES 12/31/2016 - INTEREST BEARING CASH			8,879	8,879
	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A - INTEREST BEARING CASH			597,352	597,352
	EUROPEAN STRATEGIC PARTNERS 2006 B LP - INTEREST BEARING CASH			87,799	87,799
	FIRST EAGLE GLOBAL VALUE FUND LP - INTEREST BEARING CASH			728	728
	GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD - INTEREST BEARING CASH			3,940	3,940
	GROSVENOR OPPORTUNISTIC CREDIT FUND IV LTD - INTEREST BEARING CASH			32,111	32,111
	HAMILTON LANE PRIVATE EQUITY OFFSHORE FUND VIII LP - INTEREST BEARING CASH			301,896	301,896
	HAMILTON LANE STRATEGIC OPPORTUNITIES FUND IV LP - INTEREST BEARING CASH			579	579
	IRONSIDES DIRECT INVESTMENT FUND IV LP - INTEREST BEARING CASH			8,173	8,173
	IRONSIDES PARTNERSHIP FUND IV LP - INTEREST BEARING CASH			9,223	9,223
	IRONSIDES PARTNERSHIP FUND V LP - INTEREST BEARING CASH			257,347	257,347
	NORTH ATLANTIC STATES CARPENTERS PENSION FUND REAL ESTATE INVESTMENT PROGRAM - INTEREST BEARING CASH			2,112,238	2,112,238
	PANTHEON EUROPE FUND V B LP - INTEREST BEARING CASH			74,127	74,127
	PANTHEON GLOBAL SECONDARY FUND III B LP - INTEREST BEARING CASH			86,073	86,073
	SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITIES FUND II LP - INTEREST BEARING CASH			97,279	97,279
	SOLAMERE CAPITAL AF III A LP - INTEREST BEARING CASH			171,502	171,502
	SOLAMERE CAPITAL AF IV A LP - INTEREST BEARING CASH			69,305	69,305
	WCP SPECIAL CORE PLUS FUND II LP - INTEREST BEARING CASH			391,468	391,468
	WCP SPECIAL CORE PLUS FUND LP - INTEREST BEARING CASH			89,148	89,148
				$ 179,962,614	$ 179,962,614

* PARTY-IN-INTEREST

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FED HM LN PC POOL C90979	6.50%	06/01/2026	$ 2,036	$ 2,087	$ 2,115
SMALL BUSINESS ADMINISTRATION	5.70%	08/01/2026	3,566	3,566	3,574
SMALL BUSINESS ADMINISTRATION	5.71%	06/01/2027	5,889	5,889	5,949
FNMA POOL AL7205	3.50%	12/01/2029	12,156	12,810	12,075
FED HM LN PC POOL G18555	3.50%	05/01/2030	24,774	25,935	24,624
FNMA POOL AB1763	4.00%	11/01/2030	18,419	19,616	18,370
FNMA POOL AL5861	4.50%	01/01/2031	13,073	14,237	13,115
FNMA POOL AL4549	4.50%	01/01/2032	13,659	14,694	13,731
FREDDIE MAC	6.50%	06/15/2032	18,301	18,601	19,232
FED HM LN PC POOL G30689	4.50%	07/01/2032	9,733	10,627	9,802
FHLMC STRUCTURED PASS THROUGH	4.63%	07/25/2032	22,155	23,013	20,926
FANNIE MAE	5.50%	10/25/2032	25,932	28,465	26,644
FNMA POOL 555424	5.50%	05/01/2033	31,404	33,518	32,230
FHLMC STRUCTURED PASS THROUGH	4.33%	07/25/2033	26,742	28,432	25,963
FED HM LN PC POOL G30670	4.50%	12/01/2033	32,212	35,298	32,542
FNMA POOL 735765	6.35%	08/01/2034	4,946	4,787	5,081
FNMA POOL MA1983	4.00%	08/01/2034	43,242	46,519	42,864
FNMA POOL MA2079	4.00%	11/01/2034	40,390	43,387	40,009
FED HM LN PC POOL G01749	5.50%	01/01/2035	14,284	15,525	14,698
FNMA POOL 821925	6.28%	06/01/2035	4,433	4,325	4,541
FNMA POOL MA2366	4.00%	08/01/2035	36,829	39,684	36,585
FED HM LN PC POOL C91853	3.50%	10/01/2035	39,849	41,481	38,867
FNMA POOL MA2455	4.00%	11/01/2035	38,448	41,320	38,042
US TREASURY N/B	4.00%	11/15/2035	1,116,000	1,101,413	1,099,963
FED HM LN PC POOL 1Q0069	6.61%	05/01/2036	908	896	933
FNMA POOL 745600	6.49%	06/01/2036	2,622	2,582	2,702
REPUBLIC OF COLOMBIA	7.75%	11/07/2036	500,000	497,346	521,075
FNMA POOL 888367	7.00%	03/01/2037	26,502	30,030	28,166
FNMA POOL MA2923	3.50%	03/01/2037	48,964	50,227	48,006
FNMA POOL MA2962	3.50%	04/01/2037	52,538	54,475	50,942
FNMA POOL 888702	6.50%	08/01/2037	5,094	5,460	5,419
FED HM LN PC POOL G03600	7.00%	11/01/2037	10,299	11,190	11,084
FNMA POOL 257135	5.50%	03/01/2038	1,308	1,381	1,343
FED HM LN PC POOL 1Q1400	6.63%	07/01/2038	20,338	22,174	21,140
FNMA POOL AD0198	5.50%	09/01/2038	20,043	22,076	20,955
FED HM LN PC POOL G07338	6.00%	10/01/2038	10,026	10,985	10,582
FED HM LN PC POOL H09197	6.50%	10/01/2038	5,530	5,871	5,713
FED HM LN PC POOL 1Q1145	6.73%	05/01/2039	13,273	14,150	13,710
FNMA POOL AD0130	6.50%	08/01/2039	1,768	1,927	1,881
FED HM LN PC POOL A94663	4.50%	10/01/2040	37,829	40,412	37,841
FED HM LN PC POOL G06447	4.50%	05/01/2041	34,283	36,887	34,553
FANNIEMAE GRANTOR TRUST	7.50%	07/25/2041	37,851	39,045	39,731
FED HM LN PC POOL Q03086	4.50%	09/01/2041	17,006	18,034	17,082
FNMA POOL AL5441	4.50%	09/01/2041	26,589	28,919	26,570
FANNIE MAE	7.00%	10/25/2041	6,696	6,938	6,913
FNMA POOL AJ4102	6.28%	11/01/2041	15,425	16,040	16,036
FED HM LN PC POOL G07843	4.50%	06/01/2042	32,925	35,677	33,091
FNMA POOL AO4105	6.34%	06/01/2042	4,204	4,349	4,342
FANNIE MAE	6.50%	06/25/2042	37,739	39,360	38,289
FED HM LN PC POOL G60764	4.50%	10/01/2042	29,403	32,306	29,620
FHLMC STRUCTURED PASS THROUGH	6.50%	03/25/2043	62,758	64,271	64,496
FED HM LN PC POOL 849748	6.19%	10/01/2043	9,993	10,360	10,336
FED HM LN PC POOL G07596	4.50%	11/01/2043	42,774	45,775	42,966
FNMA POOL AL5697	5.83%	12/01/2043	10,468	10,824	10,821
FREDDIE MAC	4.50%	12/15/2043	144,536	159,938	145,531

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FED HM LN PC POOL G08568	4.50%	01/01/2044	20,928	22,639	20,983
US TREASURY N/B	4.50%	02/15/2044	1,875,000	1,839,283	1,813,913
FED HM LN PC POOL G07686	4.50%	03/01/2044	23,453	25,285	23,476
FNMA POOL BM1135	4.50%	07/01/2044	55,986	60,500	56,209
FNMA POOL AT7040	6.33%	09/01/2044	1,055	1,084	1,096
US TREASURY N/B	4.63%	11/15/2044	1,577,000	1,568,608	1,545,334
FED HM LN PC POOL 849625	6.32%	01/01/2045	11,382	11,825	11,834
FED HM LN PC POOL 2B3805	6.55%	02/01/2045	23,406	24,354	24,318
FED HM LN PC POOL G60034	4.50%	02/01/2045	16,917	18,360	16,782
FED HM LN PC POOL 849713	6.60%	05/01/2045	6,724	6,826	6,985
FNMA POOL AL8815	6.06%	05/01/2045	26,821	27,904	27,920
FNMA POOL AX5655	6.04%	01/01/2046	8,000	8,271	8,252
FED HM LN PC POOL 840286	6.37%	05/01/2046	13,660	14,162	14,186
FNMA POOL AL8919	6.27%	07/01/2046	6,588	6,760	6,848
FNMA POOL AL9198	6.52%	07/01/2046	6,492	6,583	6,691
FED HM LN PC POOL 840380	6.15%	08/01/2046	22,746	23,576	23,632
FNMA POOL AL9011	6.35%	09/01/2046	3,383	3,473	3,494
FNMA POOL AS8835	4.50%	02/01/2047	90,685	97,515	90,070
FED HM LN PC POOL G61080	4.50%	03/01/2047	60,932	65,483	60,892
FED HM LN PC POOL Q48869	4.50%	06/01/2047	67,324	72,263	66,946
FNMA POOL BH5350	6.36%	07/01/2047	20,859	21,404	21,717
FED HM LN PC POOL G08786	4.50%	10/01/2047	39,862	42,559	39,639
FNMA POOL BJ9262	4.50%	06/01/2048	44,672	46,527	44,368
FNMA POOL BM4005	6.41%	06/01/2048	34,358	34,592	35,692
FNMA POOL BM4873	6.36%	10/01/2048	87,182	89,058	90,596
FNMA POOL BM5704	5.00%	12/01/2048	21,787	22,942	22,127
FNMA POOL AL0778	6.50%	01/01/2049	5,699	6,319	5,966
FANNIE MAE	7.00%	03/25/2049	12,305	12,920	13,380
FREDDIE MAC	2.50%	04/25/2050	958,865	833,014	844,506
FED HM LN PC POOL RA2958	2.00%	07/01/2050	587,687	603,481	485,324
FNMA POOL CA6401	2.50%	07/01/2050	301,396	315,441	259,737
FNMA POOL CA7241	2.50%	10/01/2050	3,188,367	3,379,171	2,752,645
FNMA POOL FM4714	2.50%	10/01/2050	995,559	1,054,359	858,271
FED HM LN PC POOL SD7530	2.50%	11/01/2050	372,707	395,812	321,568
FNMA POOL BM6916	2.17%	12/01/2050	548,628	520,725	513,181
FNMA POOL CA8099	2.00%	12/01/2050	542,197	565,473	447,388
FNMA POOL FM7599	3.50%	01/01/2051	2,021,179	1,988,572	1,884,305
FNMA POOL BR7227	2.00%	04/01/2051	375,664	378,599	309,626
FNMA POOL CB3332	3.50%	04/01/2052	2,387,964	2,327,892	2,228,305
FNMA POOL MA4580	3.50%	04/01/2052	3,757,167	3,414,325	3,482,029
FED HM LN PC POOL SD8214	3.50%	05/01/2052	7,089,562	6,467,534	6,570,393
FNMA POOL BM6921	2.27%	05/01/2052	866,501	808,554	798,481
FNMA POOL BV9893	3.50%	05/01/2052	1,604,941	1,500,369	1,492,210
FED HM LN PC POOL SD8222	4.00%	06/01/2052	242,829	227,652	231,746
FNMA POOL BW0490	4.00%	06/01/2052	683,063	625,269	651,232
FNMA POOL FS2089	3.50%	06/01/2052	1,582,011	1,513,045	1,476,222
FNMA POOL MA4626	4.00%	06/01/2052	1,090,557	1,011,491	1,040,784
FED HM LN PC POOL 841463	2.16%	07/01/2052	890,779	824,492	814,902
FNMA POOL MA4700	4.00%	08/01/2052	255,201	235,842	242,341
FED HM LN PC POOL SD8244	4.00%	09/01/2052	3,219,939	3,013,091	3,072,949
FED HM LN PC POOL SD8256	4.00%	10/01/2052	952,701	882,968	908,782
FNMA POOL MA4783	4.00%	10/01/2052	1,484,299	1,390,255	1,414,359
FNMA POOL MA4784	4.50%	10/01/2052	226,958	215,362	222,607
FED HM LN PC POOL SD8274	4.00%	12/01/2052	936,039	857,646	892,466
FED HM LN PC POOL SD8275	4.50%	12/01/2052	611,307	589,052	599,087

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
TSY INFL IX N/B	1.50%	02/15/2053	703,176	619,357	548,070
FED HM LN PC POOL SL1300	4.00%	04/01/2053	459,716	421,412	438,698
FNMA POOL FS7754	4.00%	07/01/2053	1,584,570	1,434,683	1,509,873
US TREASURY N/B	4.13%	08/15/2053	4,011,000	3,676,761	3,550,658
FNMA POOL FS6596	3.50%	10/01/2053	2,006,756	1,832,419	1,859,801
US TREASURY N/B	4.75%	11/15/2053	4,150,000	4,626,250	4,073,972
FED HM LN PC POOL SD6706	4.50%	01/01/2054	1,022,143	965,879	1,000,484
FED HM LN PC POOL SL0432	4.50%	01/01/2054	420,112	401,404	411,252
FED HM LN PC POOL SD7485	4.50%	02/01/2054	441,000	415,160	431,399
FNMA POOL FS9443	4.50%	02/01/2054	752,778	696,466	736,239
TSY INFL IX N/B	2.13%	02/15/2054	190,953	194,666	171,510
FED HM LN PC POOL SD8489	4.50%	12/01/2054	4,851,705	4,739,320	4,737,644
FNMA POOL MA5551	4.50%	12/01/2054	1,704,297	1,625,473	1,664,229
US TREASURY N/B	4.63%	02/15/2055	740,000	711,325	712,798
GOVERNMENT NATIONAL MORTGAGE A	4.98%	02/20/2068	233,274	233,103	233,661
GOVERNMENT NATIONAL MORTGAGE A	4.89%	05/20/2072	211,415	212,996	212,937
FIRST EAGLE GLOBAL VALUE FUND LP - U.S. GOVERNMENT SECURITIES			-	1,016,221	1,773,931
			$ 68,310,332	$ 66,878,590	$ 65,869,359

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
MARS INC	4.60%	03/01/2028	$ 300,000	$ 300,517	$ 304,110
BNSF RAILWAY CO 2015 1 P	3.44%	06/16/2028	60,373	59,081	59,224
UNP RR CO 2005 PASS TRST	5.08%	01/02/2029	18,936	20,925	19,199
NISSAN AUTO RECEIVABLES OWNER	4.34%	03/15/2029	401,000	400,963	403,101
HONDA AUTO RECEIVABLES OWNER T	4.57%	03/21/2029	395,000	394,938	398,002
FORD CREDIT AUTO OWNER TRUST	5.10%	04/15/2029	384,000	383,996	388,939
TOYOTA AUTO RECEIVABLES OWNER	4.64%	08/15/2029	213,000	212,991	215,280
VOLKSWAGEN AUTO LOAN ENHANCED	4.50%	08/20/2029	324,000	323,989	327,365
MARS INC	4.80%	03/01/2030	175,000	174,811	178,843
JAPAN TOBACCO INC	5.25%	06/15/2030	300,000	299,607	311,262
HYUNDAI AUTO RECEIVABLES TRUST	4.44%	06/17/2030	320,000	319,914	324,547
JPMORGAN CHASE + CO	2.74%	10/15/2030	155,000	166,115	147,041
HYUNDAI AUTO RECEIVABLES TRUST	4.40%	04/15/2031	488,000	487,887	493,992
JPMORGAN CHASE + CO	2.52%	04/22/2031	205,000	190,845	190,964
HONDA AUTO RECEIVABLES OWNER T	4.64%	05/21/2031	440,000	439,947	447,548
META PLATFORMS INC	4.60%	11/15/2032	100,000	99,992	100,804
META PLATFORMS INC	4.88%	11/15/2035	125,000	124,978	124,833
CALIFORNIA ST	7.30%	10/01/2039	150,000	249,620	174,566
NEW JERSEY ST TURNPIKE AUTH TU	7.41%	01/01/2040	50,000	75,015	59,927
CALIFORNIA ST	7.63%	03/01/2040	425,000	537,659	512,393
NEW JERSEY ST TURNPIKE AUTH TU	7.10%	01/01/2041	325,000	387,237	379,730
SMB PRIVATE EDUCATION LOAN TRU	5.13%	04/15/2054	305,380	305,320	309,802
SMB PRIVATE EDUCATION LOAN TRU	5.24%	03/15/2056	667,846	667,615	679,207
NAVIENT STUDENT LOAN TRUST	4.99%	02/27/2068	1,326,953	1,324,672	1,330,188
NAVIENT STUDENT LOAN TRUST	4.82%	07/25/2068	739,818	730,571	734,510
NAVIENT STUDENT LOAN TRUST	4.89%	08/26/2069	472,108	472,108	475,998
NAVIENT STUDENT LOAN TRUST	4.59%	12/26/2069	875,092	875,092	863,124
			$ 9,741,506	$ 10,026,405	$ 9,954,499

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
LLOYDS BANKING GROUP PLC	4.65%	03/24/2026	$ 200,000	$ 209,734	$ 200,244
WELLS FARGO + COMPANY	4.10%	06/03/2026	75,000	75,284	75,007
DILLARDS INC	7.75%	07/15/2026	200,000	197,000	202,596
VMWARE LLC	1.40%	08/15/2026	150,000	149,745	147,783
FORD MOTOR CREDIT CO LLC	5.80%	03/05/2027	200,000	200,116	202,492
BNP PARIBAS	4.63%	03/13/2027	750,000	833,392	752,805
CIGNA GROUP/THE	7.88%	05/15/2027	89,000	116,055	93,242
FORD MOTOR CREDIT CO LLC	4.95%	05/28/2027	200,000	199,974	200,726
WELLS FARGO + COMPANY	4.30%	07/22/2027	175,000	174,993	175,683
IMPERIAL BRANDS FIN PLC	6.13%	07/27/2027	525,000	533,100	540,393
SOUTHERN CO	5.11%	08/01/2027	275,000	276,246	279,397
COX COMMUNICATIONS INC	3.50%	08/15/2027	825,000	831,049	815,546
NEXTERA ENERGY CAPITAL	4.69%	09/01/2027	400,000	401,748	404,752
GOLDMAN SACHS GROUP INC	3.62%	03/15/2028	675,000	675,000	671,254
BAT CAPITAL CORP	2.26%	03/25/2028	50,000	50,000	48,114
CVS HEALTH CORP	4.30%	03/25/2028	29,000	28,965	29,096
RIO OIL FINANCE TRUST	8.20%	04/06/2028	273,125	277,563	282,002
CAPITAL ONE FINANCIAL CO	4.93%	05/10/2028	175,000	175,000	177,062
FORD MOTOR CREDIT CO LLC	6.80%	05/12/2028	775,000	772,724	808,697
BARCLAYS PLC	5.50%	08/09/2028	250,000	250,000	255,418
ELANCO ANIMAL HEALTH INC	6.65%	08/28/2028	350,000	375,407	365,764
NATWEST GROUP PLC	5.52%	09/30/2028	225,000	224,990	230,726
CIGNA GROUP/THE	4.38%	10/15/2028	225,000	222,012	227,045
BANK OF AMERICA CORP	6.20%	11/10/2028	225,000	225,000	233,800
BOSTON PROPERTIES LP	4.50%	12/01/2028	475,000	442,630	478,069
BAYER US FINANCE II LLC	4.38%	12/15/2028	350,000	373,286	350,385
BANK OF AMERICA CORP	4.98%	01/24/2029	200,000	200,000	203,742
HCA INC	3.38%	03/15/2029	175,000	161,065	170,490
NEXTERA ENERGY CAPITAL	4.90%	03/15/2029	650,000	648,629	666,153
BANK OF AMERICA CORP	4.62%	05/09/2029	175,000	175,000	177,322
CAPITAL ONE FINANCIAL CO	6.31%	06/08/2029	300,000	305,563	314,835
LLOYDS BANKING GROUP PLC	4.82%	06/13/2029	250,000	250,760	254,073
HCA INC	4.13%	06/15/2029	75,000	74,623	74,746
IMPERIAL BRANDS FIN PLC	3.88%	07/26/2029	275,000	298,165	269,585
ORACLE CORP	4.20%	09/27/2029	275,000	266,107	269,517
PHILIP MORRIS INTL INC	5.63%	11/17/2029	50,000	49,957	52,564
CHARLES SCHWAB CORP	6.20%	11/17/2029	375,000	385,936	396,615
PROSUS NV	3.68%	01/21/2030	1,200,000	1,115,730	1,152,024
ELEVANCE HEALTH INC	4.75%	02/15/2030	70,000	69,383	71,394
BOSTON PROPERTIES LP	2.90%	03/15/2030	225,000	231,194	210,960
SYNOPSYS INC	4.85%	04/01/2030	110,000	109,289	112,349
T MOBILE USA INC	3.88%	04/15/2030	735,000	741,441	722,777
TRANSCANADA PIPELINES	4.10%	04/15/2030	375,000	355,335	370,706
GOLDMAN SACHS GROUP INC	5.73%	04/25/2030	150,000	150,000	156,708
DOMINION ENERGY INC	5.00%	06/15/2030	175,000	175,894	179,802
BAT CAPITAL CORP	6.34%	08/02/2030	125,000	125,000	135,196
JPMORGAN CHASE + CO	8.75%	09/01/2030	225,000	230,221	264,911
WELLS FARGO + COMPANY	2.88%	10/30/2030	80,000	85,878	76,103
BAYER US FINANCE LLC	6.38%	11/21/2030	200,000	204,154	213,826
BANK OF AMERICA CORP	2.50%	02/13/2031	425,000	443,713	395,862
CVS HEALTH CORP	1.88%	02/28/2031	200,000	164,622	175,480
RTX CORP	6.00%	03/15/2031	75,000	74,950	80,786
VERIZON COMMUNICATIONS	2.55%	03/21/2031	200,000	177,252	182,638
BAT CAPITAL CORP	2.73%	03/25/2031	125,000	124,471	115,248
CITIGROUP INC	4.41%	03/31/2031	400,000	412,183	399,932

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
T MOBILE USA INC	3.50%	04/15/2031	125,000	127,969	119,508
JPMORGAN CHASE + CO	2.96%	05/13/2031	850,000	774,098	801,856
AT+T INC	2.75%	06/01/2031	300,000	275,472	275,517
CEMEX SAB DE CV	3.88%	07/11/2031	307,000	308,152	293,971
PROSUS NV	3.06%	07/13/2031	200,000	149,463	181,918
CAPITAL ONE FINANCIAL CO	7.62%	10/30/2031	75,000	75,000	84,761
PETROLEOS MEXICANOS	6.70%	02/16/2032	825,000	749,968	822,797
BAT CAPITAL CORP	4.74%	03/16/2032	200,000	195,403	201,826
SYNOPSYS INC	5.00%	04/01/2032	150,000	149,636	153,167
CCO HLDGS LLC/CAP CORP	4.50%	05/01/2032	300,000	260,863	269,262
UBS GROUP AG	3.09%	05/14/2032	325,000	301,018	301,525
COMCAST CORP	4.95%	05/15/2032	150,000	149,612	153,644
BANK OF AMERICA CORP	2.57%	10/20/2032	125,000	102,090	112,738
PHILIP MORRIS INTL INC	5.75%	11/17/2032	185,000	190,669	197,715
GE HEALTHCARE TECH INC	5.91%	11/22/2032	225,000	225,000	242,368
VERIZON COMMUNICATIONS	4.75%	01/15/2033	100,000	99,709	99,922
WELLS FARGO + COMPANY	3.35%	03/02/2033	775,000	672,016	723,339
HSBC HOLDINGS PLC	4.76%	03/29/2033	200,000	202,132	198,840
CCO HLDGS LLC/CAP CORP	4.50%	06/01/2033	450,000	404,825	393,912
ILLINOIS ST	5.10%	06/01/2033	807,108	807,652	827,181
WELLS FARGO + COMPANY	4.90%	07/25/2033	100,000	93,777	101,543
LLOYDS BANKING GROUP PLC	7.95%	11/15/2033	350,000	387,545	407,162
UBS GROUP AG	5.96%	01/12/2034	500,000	500,000	532,850
BOSTON PROPERTIES LP	6.50%	01/15/2034	100,000	99,697	107,644
NATWEST GROUP PLC	6.02%	03/02/2034	200,000	200,000	214,556
RTX CORP	6.10%	03/15/2034	100,000	99,812	109,409
UNICREDIT SPA	7.30%	04/02/2034	425,000	424,197	455,698
CHARLES SCHWAB CORP	5.85%	05/19/2034	50,000	50,000	53,560
NATWEST GROUP PLC	6.48%	06/01/2034	200,000	200,000	209,984
BARCLAYS PLC	7.12%	06/27/2034	475,000	486,782	531,867
CHARLES SCHWAB CORP	6.14%	08/24/2034	100,000	100,000	108,997
HSBC HOLDINGS PLC	7.40%	11/13/2034	250,000	271,448	285,288
UNICREDIT SPA	5.46%	06/30/2035	375,000	383,478	382,241
BNP PARIBAS	2.59%	08/12/2035	375,000	303,551	339,041
NATWEST GROUP PLC	3.03%	11/28/2035	200,000	155,422	183,886
HSBC HOLDINGS PLC	6.50%	05/02/2036	675,000	869,743	751,208
BANK OF AMERICA CORP	3.85%	03/08/2037	200,000	176,730	188,348
HSBC HOLDINGS PLC	6.50%	09/15/2037	150,000	182,234	164,546
TIME WARNER CABLE LLC	6.75%	06/15/2039	125,000	130,556	126,433
ENEL FINANCE INTL NV	6.00%	10/07/2039	250,000	268,773	262,710
CVS HEALTH CORP	4.13%	04/01/2040	32,000	31,460	27,346
KINDER MORGAN INC	5.55%	06/01/2045	450,000	448,160	435,069
CHARTER COMM OPT LLC/CAP	6.48%	10/23/2045	175,000	196,032	164,530
CVS HEALTH CORP	5.05%	03/25/2048	190,000	215,619	167,495
CHARTER COMM OPT LLC/CAP	5.75%	04/01/2048	300,000	304,768	255,897
PETROLEOS MEXICANOS	7.69%	01/23/2050	1,375,000	1,055,774	1,232,276
SOUTHERN CO	4.00%	01/15/2051	450,000	436,375	449,730
SOUTHERN CO	3.75%	09/15/2051	400,000	398,906	394,336
CVS HEALTH CORP	7.00%	03/10/2055	375,000	379,125	393,394
VODAFONE GROUP PLC	7.00%	04/04/2079	375,000	408,500	397,241
ARA CORE PROPERT FUND - CORPORATE DEBT INSTRUMENTS - OTHER			-	508,014	511,341

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
BRIGADE HIGH YIELD FUND LP - CORPORATE DEBT INSTRUMENTS - OTHER			-	-	13,798,667
			$ 32,032,233	$ 32,084,753	$ 46,314,502

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - PREFERRED

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PREFERRED STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
CITIGROUP CAPITAL XIII	15,044	$ 404,731	$ 454,329
ARA CORE PROPERTY FUND - CORPORATE STOCK - PREFERRED	-	1,666,172	1,677,085
BRIGADE HIGH YIELD BOND FUND LP - CORPORATE STOCK - PREFERRED	-	-	120,784
FIRST EAGLE GLOBAL VALUE FUND LP - CORPORATE STOCK - PREFERRED	-	1,101,958	1,923,596
SOLAMERE CAPITAL AF III-A LP - CORPORATE STOCK - PREFERRED	-	920,453	1,895,498
SOLAMERE CAPITAL AF IV-A LP - CORPORATE STOCK - PREFERRED	-	1,262,266	1,681,728
		$ 5,355,580	$ 7,753,020

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
104 CORP	3,000	$ 21,719	$ 21,435
29METALS LTD	114,787	35,972	44,014
361 DEGREES INTERNATIONAL	645,000	376,521	502,178
74SOFTWARE SA	656	15,042	31,973
A DATA TECHNOLOGY CO LTD	27,000	108,474	240,178
A2A SPA	147,069	318,731	398,995
AB SA	1,138	19,599	34,122
ABBISKO CAYMAN LTD	52,000	103,984	86,917
ABM INVESTAMA TBK PT	71,300	10,756	11,887
ACAST AB	13,621	22,369	50,753
ACCELLERON INDUSTRIES AG	7,585	273,982	589,280
ACCESSO TECHNOLOGY GROUP PLC	4,817	28,854	21,446
ACES ELECTRONIC CO LTD	45,000	82,796	89,082
ACHILLES CORP	2,200	17,862	20,295
AD SOL NISSIN CORP	4,200	24,116	43,569
ADC THERAPEUTICS SA	9,486	31,579	33,486
ADENTRA INC	2,221	53,175	55,057
ADI SARANA ARMADA TBK PT	551,200	35,619	37,187
ADIRA DINAMIKA MULTI FINANCE	51,000	29,242	26,303
ADVANCED ANALOG TECHNOLOGY	17,000	40,201	30,299
ADVANCED INFORMATION TE NVDR	162,500	23,974	25,067
ADVANCED MEDIA INC	7,600	58,892	52,220
AECON GROUP INC	10,800	140,002	246,452
AEGEAN AIRLINES	5,795	89,733	97,053
AEP PLANTATIONS PLC	1,417	13,545	26,111
AERIS RESOURCES LTD	134,571	33,591	53,843
AEROPORTO GUGLIELMO MARCONI	1,523	16,114	17,976
AFRICAN RAINBOW MINERALS LTD	20,891	231,980	250,768
AGESA HAYAT VE EMEKLILIK AS	8,065	16,039	41,523
AGF MANAGEMENT LTD CLASS B	110	746	1,307
AGFA GEVAERT NV	14,557	16,549	8,617
AGILE GROUP HOLDINGS LTD	4,000	5,677	139
AHNLAB INC	296	15,990	12,349
AICHI FINANCIAL GROUP INC	2,300	37,386	67,498
AICHI TOKEI DENKI CO LTD	1,100	11,829	18,878
AIDA ENGINEERING LTD	5,300	39,831	40,339
AIDMA HOLDINGS INC	1,300	17,959	26,208
AIR FRANCE KLM	3,982	63,132	54,086
AIRTRIP CORP	5,800	42,063	28,085
AJIS CO LTD	1,200	21,149	22,561
AJISEN CHINA HOLDINGS LTD	97,000	13,612	10,718
AKATSUKI INC	1,000	14,003	16,919
AKITA BANK LTD/THE	3,200	66,677	82,172
AKZO NOBEL NV	3,799	260,139	264,135
AL BARAKA BANK EGYPT ESC	94,383	14,311	30,452
ALAM SUTERA REALTY TBK PT	2,282,300	25,332	22,310
ALANDSBANKEN B	519	26,583	27,490
ALK ABELLO A/S	1,110	11,952	39,900
ALLIANZ MALAYSIA BHD	10,900	37,232	53,990
ALLIED TECNOLOGIA SA	59,500	88,042	88,603
ALLMIND HOLDINGS CORP	10,000	18,240	16,486
ALLOT LTD	1,835	18,409	18,038
ALLY FREEHOLD AND L FOREIGN	231,100	41,648	31,982
ALMIRALL SA	1,873	28,438	28,245
ALPHA NETWORKS INC	61,000	70,481	60,863
ALPHABET INC CL A	13,117	943,230	4,105,621

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
ALPHAPOLIS CO LTD	3,600	24,358	37,643
ALTRON LTD A	36,081	34,019	43,310
ALUMIL ALUMINIUM INDUSTRY SA	6,393	40,048	39,493
ALZCHEM GROUP AG	109	2,587	19,842
AMARIN CORP PLC ADR	187	2,935	2,609
AMAZE CO LTD	1,600	14,515	13,341
AMERICAN EXPRESS CO	10,405	1,070,397	3,849,330
AMG CRITICAL MATERIALS NV	1,449	49,987	48,331
AMICA SA	983	20,019	17,089
AMIR MARKETING AND INVEST	1,069	14,221	11,713
AMS OSRAM AG	1,963	14,653	19,450
AMTRAN TECHNOLOGY CO LTD	63,141	48,901	30,445
ANALOGUE HOLDINGS LTD	68,000	13,072	8,038
ANAPASS INC	2,796	40,517	33,675
ANPEC ELECTRONICS CORP	20,000	125,946	137,490
ANTARCHILE SA	2,699	21,434	24,252
ANTON OILFIELD SERVICES GP	782,000	99,638	80,375
AO WORLD PLC	12,409	16,759	18,894
AOI ELECTRONICS CO LTD	3,500	51,388	53,791
AON PLC CLASS A	2,680	815,033	945,718
AP MEMORY TECHNOLOGY CORP	19,000	245,041	270,906
APACER TECHNOLOGY INC	6,000	10,832	21,578
APPLIED NUTRITION PLC	17,232	39,492	58,408
ARAD LTD	1,054	16,960	16,979
ARCADYAN TECHNOLOGY CORP	11,000	54,056	60,916
ARCTIC PAPER SA	6,197	34,987	14,100
ARGO GRAPHICS INC	32,800	143,890	339,206
ARGOSY RESEARCH INC	17,000	82,439	86,027
ARITZIA INC SUBORDINATE VOTI	4,800	162,398	410,928
AROA BIOSURGERY LTD	47,099	21,869	23,242
ASAHI DIAMOND INDUSTRIAL CO	2,800	16,109	14,862
ASCENCIO	299	16,435	18,752
ASCOM HOLDING AG REG	1,448	18,585	6,982
ASCOPIAVE SPA	23,591	84,607	91,431
ASIA CEMENT CHINA HOLDINGS	168,000	53,046	50,723
ASIA HOLDINGS CO LTD	659	53,525	149,362
ASIA TECH IMAGE INC	5,000	11,550	11,076
ASIAN ALLIANCE INTERNAT NVDR	672,600	108,565	87,958
ASIAN SEA CORP PCL NVDR	334,100	92,326	76,354
ASKA PHARMACEUTICAL HOLDINGS	1,100	18,615	14,302
ASROCK INC	27,805	237,208	219,463
ASSECO SOUTH EASTERN EUROPE	1,440	17,291	25,234
ASTRA OTOPARTS TBK PT	94,700	15,257	15,277
ASURANSI TUGU PRATAMA INDONE	233,300	20,880	16,300
ATRENEW INC	53,207	140,020	281,997
ATRESMEDIA CORP DE MEDIOS DE	293	1,213	1,679
ATRIA OYJ	999	10,971	17,951
AUCNET INC	5,200	39,037	68,705
AUDIOCODES LTD	1,166	12,108	10,179
AURUBIS AG	2,475	331,177	361,020
AUSTRALIAN ETHICAL INVT LTD	4,979	22,590	16,767
AUTOCOUNT DOTCOM BHD	332,100	83,516	58,924
AUTOSPORTS GROUP LTD	11,749	19,486	30,556
AUTOWALLIS PLC	74,539	33,250	34,202
AVACO CO LTD	6,766	75,358	64,159
AVANT GROUP CORP	6,200	61,961	69,221

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

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(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
AVANZA BANK HOLDING AB	3,921	91,169	150,183
AVEX INC	16,400	150,667	132,669
AVIO SPA	34	1,232	1,172
AVOLTA AG	14,265	812,566	848,788
AXALTA COATING SYSTEMS LTD	14,623	438,805	472,469
AXIOMTEK CO LTD	10,993	24,765	26,765
AZIMUT HOLDING SPA	26,066	867,176	1,094,117
AZUREWAVE TECHNOLOGIES INC	12,000	11,293	23,030
B COMMUNICATIONS LTD	17,954	80,438	148,945
B2GOLD CORP	10,400	55,624	46,888
BAE SYSTEMS PLC	43,184	306,605	995,570
BANCO DEL BAJIO SA	39,231	91,107	99,237
BANCO MERCANTIL DO BRASIL PR	1,900	14,297	25,096
BANGKOK AIRWAYS PCL NVDR	207,400	93,344	97,430
BANGKOK LIFE ASSURANCE NVDR	137,800	72,724	87,916
BANK OCBC NISP TBK PT	268,021	21,691	22,020
BANK OF NEW YORK MELLON CORP	34,070	1,248,200	3,955,186
BANK OF SAGA LTD/THE	3,600	52,368	93,017
BANK TABUNGAN NEGARA PERSERO	774,400	56,354	54,568
BANKINTER SA	61,598	908,343	1,024,027
BASE CO LTD	800	18,734	16,358
BASILEA PHARMACEUTICA REG	912	37,084	62,968
BASLER AG	1,772	23,538	31,841
BATHURST RESOURCES LTD	17,718	14,877	8,093
BATU KAWAN BHD	2,800	13,115	13,455
BAUSCH HEALTH COS INC	19,800	141,616	137,657
BAVARIAN NORDIC A/S	776	22,950	23,288
BEACH ENERGY LTD	1,854	1,657	1,453
BEAUTY FARM MEDICAL AND HEAL	5,243	18,675	18,322
BEC WORLD PUBLIC CO LTD NVDR	263,000	17,377	15,778
BEIJING CHUNLIZHENGDA MEDI H	64,250	133,820	122,664
BELIMO HOLDING AG REG	19	16,534	18,730
BERKSHIRE HATHAWAY INC CL B	5,692	1,138,634	2,861,084
BEST PACIFIC INTERNATIONAL H	54,000	22,298	22,617
BHIRAJ OFFICE LEASEHOLD FOR	82,900	11,478	13,288
BICYCLE THERAPEUTICS PLC ADR	13,180	109,544	93,314
BIJOU BRIGITTE MODI ACCESS	570	20,953	27,648
BIOGAIA AB B SHS	7,191	74,643	82,840
BIONOTE INC	6,792	23,579	25,790
BLACK DIAMOND GROUP LTD	52	278	556
BML INC	900	27,927	22,163
BONDUELLE SCA	48	491	592
BORUSSIA DORTMUND GMBH + CO	11,971	54,306	46,396
BOUSTEAD SINGAPORE LTD	20,100	12,706	27,196
BP PLASTICS HOLDING BHD	52,250	21,644	8,047
BRAINSWAY LTD ADR	6,881	41,628	130,877
BRC ASIA LTD	26,200	29,795	85,364
BRP INC/CA SUB VOTING	2,200	166,083	155,761
BUKIT SEMBAWANG ESTATES LTD	21,700	58,045	80,658
BUMA INTERNASIONAL GRUP TBK	730,900	19,064	13,851
BUMI ARMADA BERHAD	313,700	37,836	22,805
BUSINESS BRAIN SHOWA OTA INC	2,200	28,120	49,967
BUSINESS ENGINEERING CORP	6,000	11,173	65,265
BW ENERGY LTD	200	693	933
BW OFFSHORE LTD	28,398	108,093	127,254
BYGGMAX GROUP AB	10,006	46,847	59,588

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CI HOLDINGS BERHAD	13,900	13,257	9,180
C+A MODAS LTDA	70,300	123,851	163,699
CA NORD DE FRANCE CCI	666	8,981	22,018
CABBEEN FASHION LTD	147,811	51,426	27,916
CAIRO COMMUNICATIONS SPA	7,554	17,355	24,974
CALTAGIRONE SPA	2,126	13,780	23,221
CANACCORD GENUITY GROUP INC	8,639	63,736	69,704
CAPRICORN METALS LTD	40,533	150,899	388,683
CARINDALE PROPERTY TRUST	3,707	12,902	13,967
CARNARVON ENERGY LTD	191,926	12,409	11,007
CB INDUSTRIAL PRODUCT HLDG	83,000	26,745	25,567
CBO TERRITORIA	4,055	17,026	17,335
CEMENTIR HOLDING NV	37	407	816
CENTERRA GOLD INC	22,403	153,368	322,950
CENTRAL AUTOMOTIVE PRODUCTS	1,700	22,281	20,433
CENTRAL SECURITY PATROLS CO	1,100	17,327	21,369
CES ENERGY SOLUTIONS CORP	24,800	109,514	221,992
CEWE STIFTUNG + CO KGAA	649	67,341	79,118
CFE	107	912	1,076
CHALLENGER LTD	3,135	13,604	19,672
CHANGAN MINSHENG APLL LOGI H	32,000	21,735	15,828
CHANNEL WELL TECHNOLOGY CO	69,000	202,873	153,282
CHAOWEI POWER HOLDINGS LTD	233,000	58,682	41,310
CHARACTER GROUP PLC	7,129	50,717	23,301
CHEN HSONG HOLDINGS	56,000	19,683	11,296
CHERVON HOLDINGS LTD	3,805	8,895	9,592
CHEVALIER INTERNATIONAL NEW	6,000	9,663	3,199
CHIA CHANG CO LTD	20,000	20,568	24,888
CHIEN KUO CONSTRUCTION CO	87,800	67,964	100,597
CHINA BLUECHEMICAL LTD H	412,000	127,768	128,097
CHINA DONGXIANG GROUP CO	1,224,000	135,154	69,193
CHINA FOODS LTD	58,000	21,754	32,340
CHINA MERCHANTS CHINA DIRECT	48,000	78,831	94,662
CHINA NEW HIGHER EDUCATION G	554,193	65,182	67,641
CHINA RENEWABLE ENERGY INVES	179,138	8,073	3,038
CHINA STARCH HOLDINGS LTD	730,000	22,941	16,882
CHINA SUNSINE CHEMICAL HLDGS	42,400	7,532	26,376
CHINA XINHUA EDUCATION GROUP	199,000	17,495	14,317
CHINA YONGDA AUTOMOBILES SER	56,500	19,652	12,776
CHIYODA CORP	38,900	89,395	182,408
CHORUS AVIATION INC	6,200	102,987	97,020
CHUBU NIPPON BROADCASTING CO	1,000	5,840	5,959
CHUNGHWA PRECISION TEST TECH	4,000	85,117	290,893
CHURCHILL CHINA PLC	1,654	24,420	7,564
CIA DE MINAS BUENAVENTUR ADR	9,803	225,478	272,817
CIA SANEAMENTO DO PARANA PRF	100,200	119,311	143,176
CIA SUD AMERICANA DE VAPORES	1,404,785	69,031	72,890
CICOR TECHNOLOGIES REG	346	19,591	55,465
CIE FINANCIERE RICHEMO A REG	9,627	765,478	2,090,660
CIMC ENRIC HOLDINGS LTD	92,000	87,438	111,698
CIR SPA COMPAGNIE INDUSTRIAL	68,643	41,904	56,674
CISADANE SAWIT RAYA TBK PT	348,900	17,756	19,564
CITIGROUP INC	26,688	1,460,328	3,114,223
CIVMEC LTD	28,300	15,026	25,087
CLAS OHLSON AB B SHS	1,991	20,776	65,526
CLIPAN FINANCE INDONESIA PT	501,600	15,012	9,746

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CMC MARKETS PLC	4,057	15,768	16,316
CML MICROSYSTEMS PLC	639	6,149	2,578
COGECO INC	3,002	128,958	140,141
COGNA EDUCACAO	304,370	107,330	175,521
COGNYTE SOFTWARE LTD	14,150	97,359	133,010
COLLIERS INTL GR SUBORD VOT	1,877	307,361	275,938
COLOPL INC	11,300	35,019	30,927
COM2US CORP	2,406	70,649	48,519
COMBINED MOTOR HOLDINGS LTD	3,046	6,382	6,783
COMER INDUSTRIES SPA	422	17,737	22,501
COMPAGNIE FINANCIERE TRAD BR	322	43,868	116,648
COMPASS GROUP PLC	80,852	1,295,006	2,570,849
COMPUTACENTER PLC	123	1,384	4,847
COMPUTER ENGINEER + CONSULT	7,600	82,424	118,404
COMTURE CORP	6,000	69,184	65,457
CONSORCIO ARA SAB SER	20,894	2,502	4,346
CONSTELLIUM SE	21,942	302,302	413,607
CONSTRUCC Y AUX DE FERROCARR	4,020	178,061	278,084
CORE CORP	900	11,037	11,886
CORONATION FUND MANAGERS LTD	19,177	42,244	54,117
COSMO NV	703	51,463	93,349
COSTAIN GROUP PLC	59,192	60,601	127,067
COSTAMARE INC	25,895	296,120	408,882
COVEO SOLUTIONS INC SUB VTG	2,900	13,912	14,005
CRCC HIGH TECH EQUIPMENT C H	146,000	32,506	16,882
CREEK + RIVER CO LTD	1,600	16,882	15,465
CRESCENDO CORPORATION BHD	123,000	31,809	39,707
CRITEO SA SPON ADR	2,091	49,937	43,096
CTI ENGINEERING CO LTD	1,600	7,994	30,337
CTS CO LTD	4,200	22,541	28,081
CTT CORREIOS DE PORTUGAL	28,640	105,733	249,917
CURVES HOLDINGS CO LTD	19,500	97,177	99,649
CUSTODIAN PROPERTY INCOME RE	66,471	75,163	77,337
CVILUX CORP	23,800	47,802	64,991
CYBERFLKS SA	615	22,092	35,239
CYBERLINK CORP	37,000	117,640	105,157
CYBERTRUST JAPAN CO LTD	2,200	18,989	19,046
CYBOZU INC	1,500	21,243	26,939
CYMECHS INC/KOREA	2,335	21,559	23,665
D AMICO INTERNATIONAL SHIPPI	6,550	39,894	38,186
D LINK CORP	196,000	131,780	93,881
D+C MEDIA CO LTD	1,834	22,856	15,659
DAE HYUN CO LTD	13,692	32,951	16,158
DAEDUCK ELECTRONICS CO LTD	1,320	44,565	43,159
DAEWON SAN UP CO LTD	17,555	116,008	172,558
DAH SING FINANCIAL HOLDINGS	5,093	18,779	23,137
DAI ICHI CUTTER KOGYO KK	3,800	33,369	33,989
DAI NIPPON TORYO CO LTD	3,700	29,301	31,796
DAIHATSU INFINEARTH MFG CO L	1,700	7,556	27,494
DAIMLER TRUCK HOLDING AG	15,779	457,950	691,601
DAITRON CO LTD	1,600	11,456	24,774
DANAOS CORP	1,612	141,440	151,818
DANIELI + CO RSP	738	13,622	31,896
DANONE	34,837	2,300,866	3,141,403
DAOU DATA CORP	6,594	51,483	84,225
DAQO NEW ENERGY CORP ADR	2,567	79,300	75,727

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DARFON ELECTRONICS CORP	21,000	33,006	20,017
DARWIN PRECISIONS CORP	48,600	20,818	18,793
DAYANG ENTERPRISE HLDGS BHD	69,100	32,533	28,777
DB HITEK CO LTD	2,907	104,073	136,415
DB SECURITIES CO LTD	4,986	15,350	37,554
DE LONGHI SPA	26	843	1,114
DELEUM BERHAD	31,700	8,507	9,452
DENTSU SOKEN INC	7,800	111,940	136,249
DEUTSCHE LUFTHANSA REG	85,003	702,711	839,186
DEUTZ AG	16,832	168,578	168,031
DEXTERRA GROUP INC	4,300	29,340	36,514
DFI INC	10,000	23,768	19,350
DIAGEO PLC	82,002	2,392,799	1,768,609
DIANA SHIPPING INC	10,239	16,705	16,997
DIGITAL HEARTS HOLDINGS CO L	3,700	24,209	21,457
DIGITAL INFORMATION TECHNOLO	4,600	31,502	38,386
DING SHENG XIN FINANCE CO LT	8,269	4,418	-
DINGDONG CAYMAN LTD SPN ADR	2,493	4,302	6,208
DOGU ARAS ENERJI YATIRIMLARI	58,060	76,102	101,217
DON MUANG TOLLWAY PCL NVDR	70,100	22,639	23,140
DONGKUK HOLDINGS CO LTD	825	4,221	4,267
DOOSAN SKODA POWER AS	3,616	78,905	73,175
DORMAKABA HOLDING AG	1,302	70,833	105,836
DOSHISHA CO LTD	3,000	46,912	63,160
DOTDIGITAL GROUP PLC	2,224	2,763	2,022
DOUBLE STANDARD INC	1,500	14,889	16,603
DOUBLEDOWN INTERACTIVE ADR	2,328	22,356	20,091
DOUBLEUGAMES CO LTD	1,103	41,894	41,040
DOUTOR NICHIRES HOLDINGS CO	800	12,642	13,260
DOUYU INTERNATIONAL HOLD ADR	2,021	21,816	13,743
DPM METALS INC	25,400	193,084	786,043
DRAEGERWERK AG	269	19,333	17,818
DRAYTEK CORP	15,000	21,809	12,675
DRDGOLD LTD SPONSORED ADR	4,731	132,715	146,708
DRI HEALTHCARE TRUST	3,721	35,567	43,623
DUERR AG	1,220	24,911	32,310
DWS GROUP GMBH + CO KGAA	4,637	254,992	307,695
DYNACOR GROUP INC	82	242	352
DYNAVOX GROUP AB	5,164	26,489	57,136
E CREDIBLE CO LTD	3,438	47,669	39,999
E MART INC	324	20,157	18,286
E STAR COMMERCIAL MANAGEMENT	55,000	9,168	9,681
E1 CORP	1,380	73,974	79,799
EAGLE EYE SOLUTIONS GROUP PL	2,953	19,240	11,201
EASTERN POLYMER GROUP NVDR	111,100	14,048	10,015
EASY HOLDINGS CO LTD	7,323	17,904	22,749
EBASE CO LTD	10,200	44,857	28,763
ECO WORLD DEVELOPMENT GROUP	156,500	21,282	80,603
EDVANTAGE GROUP HOLDINGS LTD	144,000	26,011	26,271
EHIME BANK LTD/THE	7,800	55,644	74,146
EIFFAGE	345	47,398	49,595
EINHELL GERMANY AG VORZUG	225	11,482	22,250
EIZO CORP	2,600	36,047	37,106
ELAN MICROELECTRONICS CORP	35,000	182,383	132,000
ELDORADO GOLD CORP	8,200	235,277	295,098
ELEVANCE HEALTH INC	10,225	3,552,202	3,584,374

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ELVALHALCOR SA	13,479	30,675	59,522
EMECO HOLDINGS LTD	46,184	21,999	38,035
EMPEROR CAPITAL GROUP LTD	1,188,000	17,641	14,195
EMPEROR WATCH + JEWELLERY	335,401	9,402	9,868
EN INC/JAPAN	6,100	104,105	59,971
ENDAVA PLC SPON ADR	17,390	157,098	109,905
ENDEAVOUR MINING PLC	1,169	54,121	60,882
ENDO LIGHTING CORP	7,500	68,137	116,702
ENEA AB	6,806	39,960	51,901
ENEA SA	8,934	21,652	48,407
ENERFLEX LTD	31,100	232,711	480,085
ENGHOUSE SYSTEMS LTD	10,100	179,080	150,017
ENNOCONN CORP	25,000	250,523	227,956
ENSIGN ENERGY SERVICES INC	47,095	95,206	87,267
ENTRUST INC	3,800	18,314	28,728
ENTRUSTPERMAL SOE FUND LTD	20,139	22,610,131	22,863,680
EO TECHNICS CO LTD	294	47,596	55,512
ERBUD SA	1,145	11,849	8,981
ERI HOLDINGS CO LTD	1,800	23,770	54,719
ESON PRECISION IND CO LTD	37,000	80,885	90,909
EUGENE INVESTMENT + SECURITI	53,559	136,666	127,898
EUROAPI SASU	8,758	33,841	23,349
EUROEYES INTERNATIONAL EYE C	20,000	17,524	7,811
EUROFINS SCIENTIFIC	3,181	235,599	233,122
EUSU HOLDINGS CO LTD	11,533	56,708	46,595
EVA PRECISION INDUSTRIAL HLD	1,002,000	114,763	106,849
EVERLIGHT ELECTRONICS CO LTD	19,000	30,699	33,379
EVERTZ TECHNOLOGIES LTD	6,800	52,992	68,657
EVS	1,898	62,774	82,143
EXCELLIANCE MOS CORP	5,000	14,070	11,267
EXCO TECHNOLOGIES LTD	5,600	32,611	28,066
EXILLON ENERGY PLC	2,097	3,273	-
F SECURE CORP	7,572	14,931	17,199
FABASOFT AG	1,663	30,292	31,054
FAGERHULT GROUP AB	5,963	26,713	26,876
FAISAL ISLAMIC BANK OF EGYPT	23,198	12,533	15,597
FALCO HOLDINGS CO LTD	2,100	25,709	35,919
FDM GROUP HOLDINGS PLC	2,880	29,943	5,191
FIBERGATE INC/JAPAN	2,400	16,466	10,397
FIBRA SHOP PORTAFOLIOS INMOB	13,803	7,360	7,055
FIDEA HOLDINGS CO LTD	2,700	29,213	32,763
FIDUCIAN GROUP LTD	2,862	17,065	22,864
FIH MOBILE LTD	26,000	33,706	65,104
FINNING INTERNATIONAL INC	6,300	181,595	341,806
FIRST REAL ESTATE INVT TRUST	118,800	22,768	25,404
FIRSTGROUP PLC	5,988	11,303	15,351
FITIPOWER INTEGRATED TECH	27,000	165,647	123,311
FIVERR INTERNATIONAL LTD	11,714	308,934	231,469
FLATEXDEGIRO SE	10,175	279,016	439,044
FLEETWOOD LTD	12,456	22,318	22,095
FLOW TRADERS LTD	1,732	46,804	51,098
FM MATTSSON AB	2,484	16,892	17,784
FOCALTECH SYSTEMS CO LTD	27,000	110,530	44,426
FOCUS SYSTEMS CORP	2,000	14,671	23,159
FONG CHIEN CONSTRUCTION CO	23,000	20,712	22,216
FOOD MOMENTS PCL	160,300	20,973	18,215

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FORESIGHT GROUP HOLDINGS LTD	32	178	185
FORTUNA MINING CORP	35,100	196,319	344,406
FORVIA	18,558	232,171	296,854
FOUNDING CONSTRUCTION + DEV	23,000	15,924	10,614
FOXSEMICON INTEGRATED TECH	26,000	247,065	229,627
FOXTONS GROUP PLC	95,424	71,471	76,368
FRONTIER DEVELOPMENTS PLC	12,308	39,265	73,338
FTGROUP CO LTD	1,900	15,459	15,576
FUCHS SE PREF	3,266	162,574	146,296
FUJI PHARMA CO LTD	2,200	20,438	26,499
FUJII SANGYO CORP	1,500	18,703	41,389
FUJIKURA KASEI CO LTD	16,700	63,057	66,056
FUJIMAK CORP	1,000	7,318	6,807
FUJISHOJI CO LTD	2,700	22,363	18,552
FUKUDA DENSHI CO LTD	700	30,480	33,762
FUKUI COMPUTER HOLDINGS INC	1,400	29,716	28,001
FULLCAST HOLDINGS CO LTD	1,600	30,196	17,026
FULLER SMITH + TURNER A	3,056	21,733	29,595
FUMAKILLA LTD	2,200	15,536	16,351
FURYU CORP	3,700	23,541	25,210
FUSO PHARMACEUTICAL INDUST	2,500	47,664	36,923
GAEASOFT	3,307	26,277	18,113
GAJAH TUNGGAL TBK PT	211,200	10,258	13,236
GALIANO GOLD INC	42,100	100,405	107,189
GALILEI HOLDINGS CO LTD	1,400	22,974	33,940
GALLIFORD TRY HOLDINGS PLC	31,862	78,342	222,851
GAMANIA DIGITAL ENTERTAINMEN	6,000	13,879	9,987
GAMECARD HOLDINGS INC	2,100	33,775	39,054
GAMING REALMS PLC	57,164	24,619	30,525
GAOTU TECHEDU INC	16,313	61,823	37,846
GATTACA PLC	11,783	42,423	14,264
GAVAZZI CARLO HOLDING AG RG	126	30,438	25,765
GDH GUANGNAN HOLDINGS LTD	61,171	8,397	6,680
GEA GROUP AG	13,926	1,035,444	945,342
GECOSS CORP	2,200	14,247	20,366
GEM DIAMONDS LTD	12,725	19,632	509
GEMTEK TECHNOLOGY CORP	301,000	356,974	257,216
GENERAL INTERFACE SOLUTION	181,000	359,520	246,264
GENERAL PLASTIC INDUSTRIAL	31,000	33,631	22,396
GENERALPLUS TECHNOLOGY INC	37,000	63,033	41,568
GENESIS MINERALS LTD	4,177	15,998	20,194
GENIUS ELECTRONIC OPTICAL CO	6,000	83,130	85,836
GENOMMA LAB INTERNACIONAL B	27,547	31,599	27,410
GESCO SE NA ON	1,675	29,747	28,033
GFPT PUBLIC CO LTD NVDR	169,000	53,907	56,861
GINEBRA SAN MIGUEL INC	10,550	13,202	52,900
GLOBAL GREEN CHEMICALS NVDR	85,800	36,909	9,205
GLOBAL LIGHTING TECHNOLO	17,000	33,875	22,129
GLOBE UNION INDUSTRIAL CORP	52,000	28,559	16,632
GLORY LTD	2,600	50,821	65,703
GMO GLOBALSIGN HOLDINGS KK	4,100	61,318	61,600
GOLDEN VENTURES LEASEHOLD RE	80,600	15,457	17,269
GOLDPAC GROUP LTD	127,000	33,975	13,706
GOLDTEK TECHNOLOGY CO LTD	9,933	55,685	9,800
GOLUB BDC 4 LP	58,320,000	60,000,000	72,016,598
GOOD WILL INSTRUMENT CO LTD	30,000	30,280	52,513

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(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
GR ENGINEERING SERVICES LTD	8,132	10,462	24,132
GRANGE RESOURCES LTD	143,863	25,894	27,342
GRAVITY CO LTD SPONSORED ADR	1,826	121,419	105,671
GREE HOLDINGS INC	8,300	27,351	21,181
GRK INFRA OYJ	4,381	67,442	73,783
GROUPE BRUXELLES LAMBERT NV	8,836	694,713	788,167
GROUPE DYNAMITE INC	1,600	68,354	96,496
GROUPE GUILLIN	482	10,967	15,143
GROUPE SFPI	7,375	21,205	15,591
GRUPA PRACUJ SA	969	12,930	12,479
GRUPO GICSA SA DE CV	175	86	28
GUDANG GARAM TBK PT	30,300	31,318	25,439
GUNGHO ONLINE ENTERTAINMENT	6,800	115,584	109,194
HAEMATO AG	647	19,647	6,763
HANA MICROELECTRONICS NVDR	207,700	147,949	107,459
HANDSOME CO LTD	329	11,302	3,654
HANNSTAR BOARD CORP	57,800	153,145	169,792
HANWHA GENERAL INSURANCE CO	22,915	83,042	88,444
HANWHA LIFE INSURANCE CO LTD	7,118	14,494	16,084
HANYANG SECURITIES CO LTD	2,080	18,598	27,549
HAP SENG PLANTATIONS HLDGS	183,300	78,924	98,019
HARBIN ELECTRIC CO LTD H	154,000	73,144	329,032
HARGREAVES SERVICES PLC	4,362	26,646	38,371
HARMONY ELECTRONICS CORP	13,000	13,507	10,778
HAVAS NV	11,699	202,062	233,578
HAW PAR CORP LTD	2,200	26,769	26,824
HDCLABS CO LTD	2,392	16,665	14,014
HECTO INNOVATION CO LTD	2,277	25,885	25,480
HEIDELBERG MATERIALS AG	15,410	1,077,235	4,035,917
HEINEKEN NV	22,414	2,121,699	1,835,845
HELIA GROUP LTD	21,356	47,532	78,327
HELICAL PLC	6,680	20,051	16,946
HEMISPHERE ENERGY CORP	12,500	17,564	17,965
HENAN JINMA ENERGY CO LTD H	24,000	12,474	2,991
HENRY SCHEIN INC	14,372	1,060,094	1,086,236
HIAB OYJ	1,813	62,435	105,442
HIBISCUS PETROLEUM BHD	253,500	114,329	93,704
HIGH TEMPLAR TECH LIMITED	8,763	30,124	31,109
HIMACS LTD	1,080	7,441	9,047
HIMAX TECHNOLOGIES INC ADR	29,082	172,051	238,182
HIOKI E E CORP	1,200	47,674	46,700
HISAMITSU PHARMACEUTICAL CO	6,300	184,077	176,526
HO BEE LAND LTD	37,100	57,937	63,757
HOCHIKI CORP	1,700	24,423	48,155
HOCHTIEF AG	2,456	316,809	972,060
HOKKAIDO GAS CO LTD	4,000	18,444	19,395
HOKURIKU GAS CO LTD	500	12,749	11,882
HOLTEK SEMICONDUCTOR INC	15,000	24,157	17,735
HOME INVEST BELGIUM	1,416	28,890	30,566
HONG LEONG FINANCE LTD	10,658	21,243	21,714
HONG LEONG INDUSTRIES BHD	13,400	18,962	55,410
HONGKONG CHINESE LTD	9,815	1,251	378
HORIZON OIL LTD	105,913	12,094	14,479
HOTUNG INVESTMENT HOLDINGS	28,366	35,249	31,322
HS AD	2,735	23,387	16,632
HSING TA CEMENT CO LTD	93,100	49,527	45,927

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

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EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
HUDACO INDUSTRIES LTD	5,474	45,181	67,723
HUDBAY MINERALS INC	47,100	554,450	936,330
HUMANA AB	537	3,265	2,936
HURON CONSULTING GROUP INC	115	-	19,885
HURXLEY HOLDINGS CORP	14,200	74,426	58,976
HUYA INC ADR	60,316	184,031	173,710
HY LOK CORP	1,595	27,658	34,047
HYAKUGO BANK LTD/THE	8,500	57,570	62,146
HYAKUJUSHI BANK LTD/THE	1,500	34,273	63,734
I MOBILE CO LTD	7,600	24,397	24,389
ID HOLDINGS CORP	1,600	12,126	22,283
IDEA CONSULTANTS INC	700	11,249	17,752
IDEC CORP	1,600	26,496	29,806
IDORSIA LTD	16,242	63,353	87,232
IFAST CORP LTD	23,500	170,501	173,966
IGG INC	453,119	498,678	221,800
ILKKA OYJ	2,550	15,685	11,500
ILL INC	3,800	65,011	61,699
IM FINANCIAL GROUP CO LTD	32,260	301,784	348,230
IMPERIAL METALS CORP	8,353	27,248	60,937
INDIVIOR PLC	9,194	214,805	329,881
INDONESIA KENDARAAN TERMINAL	274,800	19,144	22,824
INDUSTRI JAMU DAN FARMASI SI	1,634,000	51,212	52,915
INFORMATION SERVICES CORP	900	15,518	30,531
INFOTEL	996	47,194	49,481
INIT INNOVATION IN TRAFFIC S	697	34,837	38,228
INKEVERSE GROUP LTD	189,952	25,354	26,845
INNOTEK LTD	97,400	64,357	49,230
INTERCORP FINANCIAL SERVICES	7,114	271,487	301,349
INTERNATIONAL HOUSEWARES RET	72,000	20,386	6,938
INTERNATIONAL PERSONAL FINAN	1,119	1,527	3,522
INTRON TECHNOLOGY HOLDINGS L	85,000	16,346	21,623
INVESTEC LTD	15,511	115,510	114,371
INVESTEC PLC	29,117	204,871	215,988
INVESTIS HOLDING SA	4	624	729
INVESTORE PROPERTY LTD	24,088	16,419	15,860
ION BEAM APPLICATIONS	2,263	29,364	34,339
IPSEN	2,087	210,596	291,678
IPSOS	393	25,703	15,813
IQVIA HOLDINGS INC	7,489	1,155,245	1,688,095
IR JAPAN HOLDINGS LTD	3,300	18,245	16,632
IRCE SPA	4,869	18,258	11,494
IREN SPA	43,482	101,934	130,528
IRISO ELECTRONICS CO LTD	1,500	31,222	30,767
IRPC PCL NVDR	1,980,200	62,432	62,225
ISS A/S	1,468	34,121	50,137
ISUPETASYS CO LTD	440	43,937	36,408
ITE TECHNOLOGY INC	42,000	200,319	153,721
ITM SEMICONDUCTOR CO LTD	2,231	19,315	15,146
ITURAN LOCATION AND CONTROL	911	23,346	39,182
IVECO GROUP NV	28,112	334,855	619,878
J LEASE CO LTD	2,000	22,311	18,476
J TRUST CO LTD	18,700	55,206	56,907
JAC RECRUITMENT CO LTD	6,800	26,369	46,202
JAHWA ELECTRONICS CO LTD	2,805	38,419	50,042
JAPAN AVIATION ELECTRONICS	6,200	98,013	99,520

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JAPAN PROPERTY MANAGEMENT CE	3,500	29,039	28,805
JAPAN TRANSCITY CORP	4,000	17,726	28,990
JAPFA COMFEED INDONES TBK PT	681,000	100,504	107,000
JAYA REAL PROPERTY PT	373,700	11,626	24,204
JBCC HOLDINGS INC	12,000	40,108	122,262
JET2 PLC	6,105	89,964	115,290
JFE SYSTEMS INC	6,000	44,052	91,907
JH EDUCATIONAL TECHNOLOGY IN	54,000	18,427	6,175
JIN AIR CO LTD	3,567	25,052	17,160
JINHUI SHIPPING + TRANSPORTA	24,521	37,692	14,246
JINKOSOLAR HOLDING CO ADR	10,927	276,989	282,026
JK HOLDINGS CO LTD	13,600	93,421	117,306
JMS CO LTD	6,300	25,409	17,765
JOHNSON ELECTRIC HOLDINGS	116,000	177,743	442,927
JOHOR PLANTATIONS GROUP BHD	443,500	179,711	173,772
JOURNEY ENERGY INC	10,000	23,568	23,199
JS GLOBAL LIFESTYLE CO LTD	441,000	113,936	109,351
JUPITER FUND MANAGEMENT	25,407	45,730	54,199
JUSTSYSTEMS CORP	1,100	25,321	35,510
JUTAL OFFSHORE OIL SERVICES	330,000	39,868	21,623
JYSKE BANK REG	955	106,467	131,020
KA SHUI INTL HLDG LTD	116,000	17,560	5,738
KAKEN PHARMACEUTICAL CO LTD	2,100	55,827	53,791
KALMAR OYJ B SHARE	1,527	32,154	72,704
KAMAKURA SHINSHO LTD	7,900	30,392	31,702
KAMEI CORP	6,000	43,682	115,602
KANEFUSA CORP	1,300	12,889	5,855
KARDEX HOLDING AG REG	89	18,397	31,062
KAROOOOO LTD	312	14,497	14,196
KAWADA TECHNOLOGIES INC	2,400	27,000	66,988
KAWASAN INDUSTRI JABABEKA TB	2,580,500	31,011	32,498
KC CO LTD	1,536	25,026	27,190
KC TECH CO LTD	5,357	141,314	147,447
KCC CORP	477	129,408	139,237
KCE ELECTRONICS NVDR	182,900	142,030	105,659
KEC CORP	97,502	56,945	47,108
KECK SENG (MALAYSIA) BHD	19,700	24,098	26,749
KENKO MAYONNAISE CO LTD	1,100	13,444	13,243
KERUR HOLDINGS LTD	1,148	22,541	32,343
KEYSTONE LAW GROUP PLC	1,607	8,282	13,531
KHONBURI SUGAR PCL NVDR	79,000	13,265	14,418
KIATNAKIN PHATRA BANK P NVDR	30,600	53,998	66,047
KIKUSUI HOLDINGS CORP	1,500	17,197	17,838
KIMLY LTD	58,900	15,560	17,862
KIMURA UNITY CO LTD	6,400	16,595	36,421
KINA SECURITIES LTD	42,537	24,795	35,741
KINAXIS INC	2,900	350,092	366,173
KINGFISHER PLC	48,501	200,180	203,994
KINSUS INTERCONNECT TECH	61,000	225,443	308,684
KISSEI PHARMACEUTICAL CO LTD	1,600	32,207	47,466
KITA NIPPON BANK LTD/THE	700	16,751	20,186
KITANO CONSTRUCTION CORP	8,800	46,313	81,294
KLEPIERRE	37,250	1,205,255	1,476,067
KLINGELNBERG AG	1,015	22,694	14,157
KNIGHT THERAPEUTICS INC	20,200	77,889	89,156
KNT CT HOLDINGS CO LTD	3,100	22,158	32,395

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KOA CORP	2,900	22,926	25,384
KOGENERACJA	2,277	28,024	40,281
KOH YOUNG TECHNOLOGY INC	6,942	77,933	110,355
KOIKE SANSO KOGYO CO LTD	2,100	9,846	21,463
KOMICO LTD	764	41,623	46,883
KONECRANES OYJ	1,543	118,337	170,163
KONGSBERG AUTOMOTIVE ASA	158,748	34,322	32,657
KONINKLIJKE BAM GROEP NV	5,980	16,692	65,316
KONINKLIJKE PHILIPS NV	98,151	3,044,722	2,678,956
KONISHI CO LTD	2,800	24,861	23,758
KOREAN REINSURANCE CO	4,417	24,156	35,384
KORNIT DIGITAL LTD	1,738	25,894	24,992
KT NASMEDIA CO LTD	3,113	32,299	28,071
KU HOLDINGS CO LTD	1,900	14,292	14,764
KUKBO DESIGN CO LTD	769	11,673	12,491
KUMPULAN FIMA BHD	88,950	41,749	55,895
KUNIMINE INDUSTRIES CO LTD	1,900	13,468	14,400
KURIYAMA HOLDINGS CORP	7,900	50,135	83,564
KYOWA LEATHER CLOTH CO LTD	4,500	26,563	30,087
L+K ENGINEERING CO LTD	6,000	84,505	105,409
LADPRAO GENERAL HOSPTAL NVDR	71,500	12,294	8,442
LAKEFRONT BIOTHERAPEUTIC ADR	1,171	37,654	38,292
LAM RESEARCH CORP	11,132	564,745	1,905,576
LAMDA DEVELOPMENT SA	14,115	123,200	118,031
LANNER ELECTRONICS INC	27,000	91,141	58,863
LASTMINUTE COM NV	575	11,624	9,435
LAURENT PERRIER	246	28,142	25,771
LBS BINA GROUP BHD	582,900	78,336	54,584
LE SAUNDA HOLDINGS LTD	52,000	9,192	1,603
LEBLEDOR F+B CO LTD	2,000	9,398	7,511
LEE S PHARMACEUTICAL HLDGS	46,000	18,966	8,983
LEENO INDUSTRIAL INC	5,980	238,788	250,317
LEFT FIELD PRINTING GROUP LT	1,500	117	84
LEXINFINTECH HOLDINGS L ADR	17,175	65,959	56,162
LG HELLOVISION CO LTD	24,005	46,312	39,077
LIDA HOLDINGS LTD	52,000	51,493	39,968
LIFULL CO LTD	12,100	15,384	13,741
LINAMAR CORP	1,700	93,825	102,887
LINEA DIRECTA ASEGURADORA SA	23,715	31,972	31,139
LINGKARAN TRANS KOTA HLDGS	40,300	43,473	-
LINKLOGIS INC CLASS B	2,575	558	741
LION TRAVEL SERVICE CO LTD	14,000	76,220	72,851
LIPPO CIKARANG PT	321,300	28,657	11,079
LIU CHONG HING INVESTMENT	18,000	28,652	10,314
LLOYDS BANKING GROUP PLC	1,475,335	1,066,418	1,949,473
LOGISTA INTEGRAL SA	1,368	36,966	48,392
LOGO YAZILIM SANAYI VE TICAR	8,406	30,053	29,446
LONG BON INTERNATIONAL CO LT	105,000	82,982	50,628
LONKING HOLDINGS LTD	80,000	23,216	30,423
LOPEZ HOLDINGS CORP	360,900	53,320	22,820
LOT VACUUM CO LTD	9,813	87,648	84,469
LOTTE HIMART CO LTD	1,478	11,239	7,746
LOUIS HACHETTE GROUP	107,349	170,328	197,057
LPI CAPITAL BERHAD	13,600	35,523	50,070
LS SECURITIES CO LTD	4,021	14,159	13,398
LUBELSKI WEGIEL BOGDANKA SA	3,681	26,483	18,511

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LUMAX INTERNATIONAL CORP LTD	8,100	19,119	27,713
LUNG KEE GROUP HOLDINGS LTD	84,000	27,044	18,454
LUYE PHARMA GROUP LTD	2,450	1,144	862
LX HAUSYS LTD PFD	476	7,289	5,611
LX HOLDINGS CORP	19,507	101,072	108,602
LX SEMICON CO LTD	2,690	151,177	91,780
M1 KLINIKEN AG	1,800	27,499	40,166
MACAUTO INDUSTRIAL CO LTD	5,000	16,029	8,832
MACROBLOCK INC	4,000	16,014	7,435
MAEIL DAIRIES CO LTD	1,593	48,172	38,925
MAEIL HOLDINGS CO LTD	4,440	47,819	34,119
MAEZAWA INDUSTRIES INC	1,900	12,493	24,510
MAGIC SOFTWARE ENTERPRISES	4,494	48,556	115,721
MAGNACHIP SEMICONDUCTOR CORP	5,340	23,471	13,617
MAGNUM BHD	52,000	14,963	16,530
MAIRE SPA	18,514	240,964	283,756
MAJOR CINEPLEX GROUP NVDR	115,800	48,604	26,097
MAKIYA CO LTD	800	9,763	6,171
MAKUS INC	1,632	19,790	24,867
MALINDO FEEDMILL TBK PT	5,800	385	301
MANITOU BF	863	21,279	19,562
MAPFRE SA	185,800	744,949	934,388
MARKLINES CO LTD	4,100	59,500	39,419
MARSH + MCLENNAN COS	7,935	397,768	1,472,101
MARTINREA INTERNATIONAL INC	4,567	36,170	34,517
MARUZEN CO LTD	1,957	15,830	46,195
MASI AGRICOLA SPA	4,092	18,968	20,040
MASISA SA	515,595	9,773	9,722
MATSUDA SANGYO CO LTD	3,600	112,374	121,267
MATSUI CONSTRUCTION CO LTD	8,491	53,990	81,527
MAXELL LTD	7,800	109,549	119,430
MC GROUP PCL NVDR	92,500	31,770	33,177
MCBRIDE PLC	12,167	19,916	23,991
MCJ CO LTD	5,600	51,511	57,592
MEARS GROUP PLC	6,434	30,214	30,982
MEDIA DO CO LTD	6,400	78,206	73,658
MEDIA NUSANTARA CITRA TBK PT	2,480,200	43,761	38,969
MEDINCELL SA	2,015	64,012	59,636
MEDISTIM ASA	3,128	75,981	80,318
MEGAWORLD CORP	1,650,000	57,898	58,335
MEIJI ELECTRIC INDUSTRIES CO	1,200	11,785	18,129
MEIRAGTX HOLDINGS PLC	8,289	83,802	65,898
MEIWA CORP	4,800	26,853	28,969
MELCOR DEVELOPMENTS LTD	4,400	43,612	48,919
META PLATFORMS INC CLASS A	5,248	1,378,519	3,464,152
MFE MEDIAFOREUROPE NV CL A	36,377	127,158	131,843
MGAME CORP	3,006	19,969	13,271
MI CHANG OIL INDUSTRIAL CO	449	34,611	37,932
MI TECHNOVATION BHD	81,500	60,349	57,841
MICHAEL HILL INTERNATIONAL L	8,612	8,310	1,982
MIDLAND HOLDINGS LTD	266,000	53,571	78,602
MIKRON HOLDING AG REG NEW	3,121	37,334	80,364
MIMAKI ENGINEERING CO LTD	2,800	13,547	29,242
MINEROS SA	15,555	13,219	63,000
MIROKU JYOHO SERVICE CO LTD	1,600	16,121	20,303
MITO SECURITIES CO LTD	1,100	4,667	3,888

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MITRABARA ADIPERDANA TBK PT	49,881	12,158	4,741
MITSUBA CORP	4,100	25,382	27,360
MITSUBISHI PENCIL CO LTD	1,400	16,580	19,444
MITSUBISHI RESEARCH INSTITUT	800	32,163	25,468
MITSUUROKO HOLDINGS CO LTD	1,200	18,264	16,858
MIXI INC	800	29,908	13,918
MK RESTAURANTS GROUP NVDR	39,900	42,113	23,050
MKH BHD	47,556	15,656	11,953
MKH OIL PALM EAST KALIMANTAN	6,793	1,027	1,030
MOCHIDA PHARMACEUTICAL CO	400	17,709	9,021
MOLSON COORS CANADA INC B	300	17,459	14,099
MOMENTUM GROUP LIMITED	178,379	285,743	411,660
MONETA MONEY BANK AS	2,246	15,368	21,105
MORE PROVIDENT FUNDS AND PEN	24,463	47,832	114,367
MORESCO CORP	1,200	12,757	11,729
MORGAN SINDALL GROUP PLC	614	6,289	38,403
MORITO CO LTD	3,900	33,202	42,049
MORY INDUSTRIES INC	3,500	19,996	22,821
MOTA ENGIL SGPS SA	858	5,840	4,986
MUDA HOLDINGS BERHAD	41,300	27,618	7,328
MUHIBBAH ENGINEERING (M) BHD	179,700	38,608	22,584
MULTICAMPUS CO LTD	616	15,532	13,256
MUSASHI CO LTD	4,600	68,967	68,760
MYCRONIC AB	779	15,630	18,865
NACHI FUJIKOSHI CORP	3,200	86,051	88,807
NAFCO CO LTD	2,700	47,182	38,292
NAKAMURAYA CO LTD	900	17,618	17,656
NAKANO CORP	14,600	81,679	112,333
NAMUGA CO LTD	6,291	80,404	76,206
NAMYONG TERMINAL PCL NVDR	366,300	45,195	35,345
NANYO CORP	3,400	26,992	31,192
NAPIER PORT HOLDINGS LTD	10,806	22,340	23,240
NATURE HOLDINGS CO LTD/THE	5,026	33,629	30,773
NATURHOUSE HEALTH SAU	7,763	17,821	20,058
NCC AB B SHS	10,552	239,495	252,045
NEDAP NV	218	9,565	23,017
NEMETSCHEK SE	6,511	646,948	709,627
NEOJAPAN INC	7,200	75,530	83,371
NEOPHARM CO LTD	1,692	11,819	21,577
NEOWIZ	6,924	123,744	116,798
NEOWIZ HOLDINGS CORP	5,148	83,490	89,520
NETBAY PCL NVDR	78,100	48,445	52,802
NETCARE LTD	150,129	132,984	143,424
NETDRAGON WEBSOFT HOLDINGS L	65,500	169,229	87,939
NEWBORN TOWN INC	111,801	102,653	160,731
NEWRON PHARMACEUTICALS SPA	1,328	32,663	39,978
NEXEN CORP	4,362	14,233	18,350
NHN CORP	1,778	23,158	35,855
NICCA CHEMICAL CO LTD	3,700	28,423	36,659
NICE HOLDINGS CO LTD	4,671	42,121	42,120
NICE INFORMATION + TELECOM	3,480	72,764	61,239
NICHICON CORP	9,100	84,273	94,980
NICHIREKI GROUP CO LTD	16,145	118,948	251,736
NIKO SEMICONDUCTOR CO LTD	13,333	17,804	18,947
NINETY ONE LTD	71,545	157,729	206,431
NINETY ONE PLC	65,227	165,112	190,052

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DECEMBER 31, 2025

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FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
NIPPON DRY CHEMICAL CO LTD	1,100	17,765	64,563
NIPPON SHINYAKU CO LTD	5,000	112,209	180,229
NIPPON THOMPSON CO LTD	11,900	47,168	62,026
NIRAKU GC HOLDINGS INC	55,813	7,349	1,506
NISHIO HOLDINGS CO LTD	2,400	68,422	72,500
NISHOKU TECHNOLOGY INC	7,000	20,995	25,286
NISSHIN GROUP HOLDINGS CO LT	17,600	70,036	83,989
NISSO HOLDINGS CO LTD	6,300	33,043	28,657
NITTA CORP	700	18,280	18,824
NITTO KOGYO CORP	3,100	82,079	81,384
NITTO KOHKI CO LTD	2,100	29,008	24,665
NITTOC CONSTRUCTION CO LTD	3,100	19,920	25,651
NIU TECHNOLOGIES SPONS ADR	6,172	19,980	18,701
NKT A/S	494	55,759	62,026
NODA CORP	1,800	13,040	7,706
NOMURA CO LTD	4,800	29,532	40,698
NORAM DRILLING AS	13,079	37,465	42,789
NORDEX SE	10,606	312,084	362,725
NORDREST HOLDING AB	923	17,620	24,830
NORION BANK AB	7,181	43,653	53,670
NOROO HOLDINGS CO LTD	6,128	78,084	89,545
NORWEGIAN AIR SHUTTLE AS	228,799	398,312	395,817
NOVARTIS AG REG	27,146	2,247,170	3,755,382
NS TOOL CO LTD	1,800	12,690	10,025
NUVOTON TECHNOLOGY CORP	38,000	96,893	61,679
NZME LTD	27,931	19,097	18,440
OBRASCON HUARTE LAIN SA	42,763	22,365	17,955
OCEANAGOLD CORP	11,133	98,492	315,939
OCHI HOLDINGS CO LTD	3,500	36,487	32,377
ODFJELL TECHNOLOGY LTD	2,317	10,603	12,978
OFX GROUP LTD	57,054	29,961	18,453
OIE SANGYO CO LTD	1,200	15,165	17,692
OILES CORP	2,600	39,025	38,997
OKINAWA FINANCIAL GROUP INC	900	14,174	27,360
OM HOLDINGS LTD	29,031	20,121	5,130
ONE SOFTWARE TECHNOLOGIES LT	3,628	71,532	100,185
OPTIM CORP	19,100	75,168	61,414
OPTORUN CO LTD	7,500	84,291	91,390
OPUS GLOBAL NYILVANOSAN MU	9,903	13,206	16,631
ORASCOM CONSTRUCTION PLC	8,566	55,817	77,220
ORASCOM DEVELOPMENT EGYPT	67,157	30,681	35,761
ORBIA ADVANCE CORP SAB DE CV	2,201	1,994	1,910
OREXO AB	205	818	669
ORIENTAL WATCH HOLDINGS	46,000	8,617	21,630
ORIOLA CORP B	6,613	17,609	8,932
ORO CO LTD	2,100	34,286	28,068
ORSERO SPA	3,374	47,890	73,467
OTELLO CORP ASA	26,354	47,762	47,421
OTSUKA INFORMATION TECHNOLOG	5,000	37,847	26,336
PACIFIC ANDES RESOURCES DEVE	49,000	7,110	-
PACIFIC ONLINE	52,000	11,410	2,104
PALFINGER AG	2,497	67,475	97,802
PAN AFRICAN RESOURCES PLC	52,393	12,064	85,270
PAN HONG PROPERTY GROUP LTD	30,500	2,155	1,494
PANIN FINANCIAL TBK PT	495,300	15,687	7,663
PANORA GAYRIMENKUL YATIRIM O	15,925	18,935	30,524

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

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PANTECH GROUP HOLDINGS BHD	93,500	14,048	13,825
PARAGON BANKING GROUP PLC	5,277	35,442	60,651
PARAMOUNT RESOURCES LTD A	10,800	137,125	190,591
PARKER CORP	5,000	26,340	50,687
PATRANGSIT HEALTHCARE G NVDR	57,500	26,464	23,179
PAX GLOBAL TECHNOLOGY LTD	421,000	197,926	273,148
PAYPAL HOLDINGS INC	13,159	1,074,647	768,222
PBA HOLDINGS BHD	53,500	30,902	24,917
PBS BHD	188,900	31,889	7,215
PC PARTNER GROUP LTD	68,000	56,634	45,604
PCA CORP	4,100	41,021	50,169
PCC EXOL SA	10,049	9,084	6,177
PEGASUS CO LTD	10,700	51,058	53,041
PELAYARAN NASIONAL EKALYA PU	1,001,400	19,201	48,043
PEOPLE DREAMS + TECHNOLOGIES	1,400	17,448	14,425
PER AARSLEFF HOLDING A/S	1,426	115,840	195,975
PERENNIAL ENERGY HOLDINGS LT	255,000	37,214	37,676
PERENTI LTD	41,684	25,131	77,554
PERFOMANCE TECHNOLOGIES IT	6,171	51,899	63,416
PERION NETWORK LTD	24,751	248,661	237,115
PERSEUS MINING LTD	28,416	36,794	107,631
PETRONOR E+P ASA	25,947	28,604	27,267
PHARMA FOODS INTERNATIONAL	2,300	14,560	9,963
PHARMA MAR SA	2,515	134,279	221,235
PHARMING GROUP NV	161,884	250,149	271,118
PHAROS ENERGY PLC	93,922	34,955	26,656
PHILCOMSAT HOLDINGS CORP	1,172	-	832
PHILIP MORRIS CR AS	23	15,548	20,696
PHILOGEN SPA	1,157	30,730	31,661
PHX ENERGY SERVICES CORP	166	590	908
PICO FAR EAST HOLDINGS LTD	260,000	51,150	89,523
PIRAEUS PORT AUTHORITY SA	1,538	30,663	73,697
PIXART IMAGING INC	3,000	10,931	19,335
PLAYMATES HOLDINGS LTD	354,000	40,904	22,513
POH KONG HOLDINGS BHD	90,000	23,362	25,283
POLAR CAPITAL HOLDINGS PLC	13,487	87,408	96,508
POLARIS RENEWABLE ENERGY INC	2,500	23,798	21,521
PONSSE OYJ	497	16,969	15,118
POONGSAN HOLDINGS CORP	4,357	65,672	113,420
POPPINS CORP	1,400	14,320	12,629
PORR AG	1,628	20,585	61,471
POSIFLEX TECHNOLOGY INC	19,000	91,026	107,032
POZNANSKA KORPORACJA BUDOWLA	2,382	13,941	7,553
PR TIMES CORP	1,100	14,084	19,495
PRECISE CORP PCL NVDR	201,700	18,148	16,902
PRECISION DRILLING CORP	4,000	180,819	287,405
PREMIER GROUP (THE) LIMITED	2,463	12,277	24,921
PREMIER MARKETING PCL NVDR	59,500	15,097	22,474
PRESTIGE INTERNATIONAL INC	6,400	29,942	29,725
PRIMA ANDALAN MANDIRI TBK PT	124,972	38,746	27,805
PRIMAX ELECTRONICS LTD	218,000	433,933	532,850
PRINX CHENGSHAN HOLDINGS LTD	40,000	39,045	40,085
PROACT IT GROUP AB	14,979	85,625	183,931
PROCREA HOLDINGS INC	6,200	71,325	86,190
PROFARMA DISTRIBUIDORA	83,000	102,382	138,289
PROGRESSIVE CORP	10,715	898,460	2,440,020

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

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PROSEGUR CASH SA	60,692	38,111	45,191
PRUKSA HOLDING PCL NVDR	63,700	26,147	7,238
PSK INC	2,213	57,003	56,686
PT STEEL PIPE INDUSTRY OF IN	1,031,100	19,345	26,094
QILU EXPRESSWAY CO LTD H	44,000	13,144	10,175
QUEBECOR INC CL B	14,000	436,165	528,032
RADCOM LTD	4,144	52,338	54,204
RADWARE LTD	9,544	227,113	229,915
RAKON LTD	24,987	19,533	11,854
RASA CORPORATION	2,700	28,715	31,368
RATCHAPHRUEK HOSPITAL NVDR	90,800	19,815	14,295
RAVEN PROPERTY GROUP LTD	11,476	4,664	-
RAYDIUM SEMICONDUCTOR CORP	34,505	259,742	250,382
RCS MEDIAGROUP SPA	15,578	14,072	18,021
RECKITT BENCKISER GROUP PLC	17,093	1,199,814	1,379,916
REGIONAL CONTAINER LINE NVDR	114,400	92,947	98,949
REGIS HEALTHCARE LTD	4,580	19,161	21,227
REGIS RESOURCES LTD	38,352	61,843	193,091
RENTA 4 BANCO SA	2,136	19,265	50,674
REPARE THERAPEUTICS INC	29,312	100,226	76,211
RESOLUTE MINING LTD	54,873	24,401	44,825
RESOURCE ALAM INDONESIA TBK	265,892	10,664	5,326
REXEL SA	562	10,450	22,171
RICH HONOUR INTERNATIONAL DE	28,000	51,106	42,908
RICHWAVE TECHNOLOGY CORP	18,000	85,320	72,182
RIKEN TECHNOS CORP	5,700	23,341	55,820
RION CO LTD	1,100	17,639	18,422
RISKIFIED LTD A	70,902	362,536	352,383
RISO KAGAKU CORP	5,900	48,466	46,976
ROBINSONS RETAIL HOLDINGS IN	72,800	48,241	40,896
ROCKWOOL A/S B SHS	694	17,247	24,597
ROGALAND SPAREBANK	2,222	16,598	31,721
ROOTS CORP	8,200	23,628	18,664
RUGVISTA GROUP AB	5,125	32,834	39,916
RUSSEL METALS INC	8,000	206,106	255,626
RYANAIR HOLDINGS PLC	94	2,420	3,262
RYANAIR HOLDINGS PLC	26,204	660,684	852,809
S+C ENGINE GROUP LTD	10,085	13,398	-
SABINA PCL NVDR	24,300	11,463	12,649
SAC S BAR HOLDINGS INC	2,700	14,075	13,246
SAERON AUTOMOTIVE CORP	9,808	57,191	22,945
SAHA UNION CORP PCL NVDR	16,400	14,832	14,185
SAKAI HEAVY INDUSTRIES LTD	2,000	40,665	26,731
SALIM IVOMAS PRATAMA TBK PT	499,900	17,091	17,088
SALZGITTER AG	1,589	75,041	74,909
SAM JUNG PULP CO LTD	220	8,956	4,750
SAM YOUNG ELECTRONICS CO LTD	2,981	33,683	21,811
SAMSUNG ELECTRONICS CO LTD	60,620	2,312,649	5,045,530
SAMUDERA SHIPPING LINE LTD	200,400	126,525	186,998
SANKO METAL INDUSTRIAL CO	3,500	21,162	32,824
SANSAN INC	3,400	47,053	37,613
SANYO DENKI CO LTD	2,400	54,337	64,232
SARAMIN CO LTD	1,412	18,199	13,232
SARAWAK OIL PALMS BERHAD	31,700	19,428	29,372
SASSEUR REAL ESTATE INVESTME	133,600	70,330	70,644
SATO CORP	1,800	24,973	27,572

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SATO SHOJI CORP	2,500	20,049	35,934
SAXA INC	700	14,994	26,750
SBM OFFSHORE NV	6,058	153,089	174,313
SCALES CORP LTD	6,801	13,600	23,309
SCANFIL OYJ	1,852	16,039	21,707
SCHAEFFLER AG	15,139	105,642	148,641
SCHWAB (CHARLES) CORP	39,718	2,387,634	3,968,225
SDS GROUP BHD	80,933	16,243	14,160
SEIKAGAKU CORP	21,700	198,808	98,432
SEKISUI KASEI CO LTD	5,700	18,370	14,546
SEMITEC CORP	3,500	49,363	51,893
SENSIRION HOLDING AG	1,201	108,186	93,382
SEOUL SEMICONDUCTOR CO LTD	18,372	82,995	79,199
SERAKU CO LTD	3,200	27,579	31,399
SERCOMM CORP	15,000	51,296	38,001
SES	8,250	43,888	53,581
SESA SPA	571	63,644	60,221
SEVERFIELD PLC	461	513	179
SHANE GLOBAL HOLDING INC	7,000	14,668	11,017
SHELL PILIPINAS CORP	47,800	17,747	5,630
SHELL PLC	76,689	2,066,036	2,826,324
SHENG SIONG GROUP LTD	19,200	38,860	39,266
SHIBAURA MACHINE CO LTD	1,300	31,198	35,539
SHIKOKU BANK LTD/THE	15,400	135,747	172,721
SHIMIZU BANK LTD/THE	3,900	40,431	60,486
SHIN YOUNG WACOAL INC	580	7,303	6,643
SHINE JUSTICE LTD	11,463	8,663	5,657
SHINKO SHOJI CO LTD	4,100	28,337	27,936
SHINNIHON CORP	2,800	24,022	36,352
SHOEI CO LTD	7,300	85,260	82,759
SHOFU INC	1,700	21,656	19,793
SHOPER SA	1,246	15,636	18,646
SIFY TECHNOLOGIES SPON ADR	130	588	1,585
SILLA CO LTD	2,881	21,192	18,399
SILVERCORP METALS INC	70	440	586
SIM TECHNOLOGY GROUP LTD TDR	334,000	40,688	29,020
SINDOH CO LTD	2,169	56,058	73,176
SING INVESTMENTS + FINANCE	9,300	6,243	11,498
SINGAPORE LAND GROUP LTD	47,100	80,091	115,003
SINKO INDUSTRIES LTD	4,200	27,107	37,942
SINOPOWER SEMICONDUCTOR	4,000	12,786	13,749
SINOSTAR PEC HOLDINGS LTD	41,700	13,296	3,599
SINTOKOGIO LTD	8,800	47,956	61,027
SITRONIX TECHNOLOGY CORP	5,000	35,534	28,564
SJF BANK A/S	754	20,880	44,223
SKJERN BANK	560	8,227	25,096
SKS TECHNOLOGIES GROUP LTD	8,503	12,631	22,851
SKY NETWORK TELEVISION LTD	65,472	84,836	128,009
SKYWORTH GROUP LTD	108,967	31,597	65,659
SMA SOLAR TECHNOLOGY AG	451	19,271	18,051
SMITHS NEWS PLC	32,670	20,606	33,309
SMK CORP	1,900	33,195	31,989
SMS CO LTD	3,600	39,032	31,006
SODEXO SA	11,822	834,887	606,746
SODICK CO LTD	5,200	30,842	31,881
SOFT WORLD INTL CORP	1,000	4,124	3,148

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SOFTCREATE HOLDINGS CORP	3,400	38,869	46,810
SOFWAVE MEDICAL LTD	4,172	39,206	35,998
SOHU.COM LTD ADR	8,208	109,032	128,373
SOKEN CHEMICAL + ENGINEERING	3,788	27,543	63,776
SOLASTO CORP	4,200	13,863	22,722
SOLID FORSAKRING AB	2,853	21,766	26,708
SOLTEAM INC	26,000	49,724	39,347
SOMBOON ADV TECH NVDR	152,800	62,901	71,295
SONAE	12,718	14,825	24,078
SONIX TECHNOLOGY CO LTD	33,000	45,105	34,501
SOOP CO LTD	595	45,086	28,004
SOURCE ENERGY SERVICES LTD	35	350	388
SOUTHERN CROSS MEDIA GROUP L	720	309	379
SP SETIA BHD	420,800	108,367	75,698
SPACE CO LTD	1,900	14,237	18,849
SPAREBANK 1 NORD NORGE	686	3,193	10,331
SPAREBANKEN OST	218	1,497	1,733
SPEED TECH CORP	30,000	58,002	38,955
SPIE SA	3,497	88,399	202,313
SPIGEN KOREA CO LTD	1,433	38,084	21,934
SRA HOLDINGS INC	1,100	34,690	36,843
ST JAMES S PLACE PLC	34,457	585,522	641,666
STALEXPORT AUTOSTRADY SA	78,184	67,073	68,502
STALPRODUKT SA	549	31,984	35,733
STAR PETROLEUM REFINING PCL	204,700	32,674	38,335
STARTIA HOLDINGS INC	1,000	15,100	18,380
STARTS CORP INC	600	15,727	18,316
STEALTHGAS INC	21,980	122,202	154,300
STHREE PLC	572	2,385	1,469
STI EDUCATION SYSTEMS	637,000	14,959	15,267
SUMBER TANI AGUNG RESOURCES	356,800	19,866	28,565
SUMITOMO PHARMA CO LTD	1,200	18,763	17,746
SUN INC	200	735	573
SUNINDO PRATAMA TBK PT	347,100	14,988	16,965
SUNJUICE HOLDINGS CO LTD	3,153	13,237	14,902
SUNNEXTA GROUP INC	4,200	38,413	28,966
SUNONWEALTH ELECTRIC MACHINE	23,000	87,592	117,487
SUNPLUS INNOVATION TECHNOLOG	4,106	17,533	14,636
SUNPLUS TECHNOLOGY CO LTD	85,000	92,995	53,834
SUNTY DEVELOPMENT CO LTD	25,000	17,567	11,298
SURIA CAPITAL HOLDINGS BHD	69,700	21,425	26,451
SVEDBERGS I DALSTORP AB	7,827	35,550	57,904
SWISSQUOTE GROUP HOLDING REG	1,227	529,709	754,243
SYNCMOLD ENTERPRISE CORP	65,000	164,191	137,363
SYNERGIE SA	704	26,194	24,970
SYSCOM COMPUTER ENGINEERING	29,000	55,000	48,917
SYSTEM SUPPORT HOLDINGS INC	12,800	83,025	118,082
SYSTENA CORP	43,100	96,422	141,334
TA ANN HOLDINGS BERHAD	23,300	20,581	23,886
TABOOLA.COM LTD	228,290	855,425	1,052,417
TACHI S CO LTD	2,400	31,934	31,894
TAIHO KOGYO CO	3,800	18,426	19,782
TAIKO BANK LTD/THE	2,000	24,145	26,400
TAIWAN PCB TECHVEST CO LTD	35,000	47,985	36,258
TAIWAN PURITIC CORP	5,831	36,844	92,419
TAIWAN SEMICONDUCTOR CO LTD	48,000	89,049	78,828

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TAIWAN SURFACE MOUNTING TECH	12,000	43,927	36,435
TAKANO CO LTD	2,700	19,110	13,556
TAKAOKA TOKO CO LTD	1,800	21,909	44,671
TANABE ENGINEERING CORP	1,100	17,190	18,387
TAOKA CHEMICAL CO LTD	2,400	18,134	18,925
TATTON ASSET MANAGEMENT PLC	5,000	40,913	44,387
TAZMO CO	100	1,599	1,316
TECHMATRIX CORPORATION	7,600	104,117	113,313
TECHNIP ENERGIES NV	4,969	184,938	189,548
TECHNO MEDICA CO LTD	7,000	108,122	100,303
TECHNOGYM SPA	5,420	94,854	102,740
TECHNOTRANS SE	679	19,579	27,353
TEIKOKU CORP	900	10,610	17,627
TEL AVIV STOCK EXCHANGE LTD	3,727	67,486	110,976
TELESTE OYJ	2,368	18,167	10,457
TELEVISION FRANCAISE (T.F.1)	48	355	470
TEMAIRAZU INC	700	14,974	13,755
TEMENOS AG REG	5,957	429,120	598,520
TEN SQUARE GAMES SA	3,364	69,641	85,148
TERASAKI ELECTRIC CO LTD	2,283	28,603	62,775
TEST RESEARCH INC	3,000	18,739	18,284
TEXHONG INTERNATIONAL GROUP	37,000	18,867	21,867
TEXWINCA HOLDINGS LTD	260,000	53,182	33,404
THAI STANLEY ELECTRIC NVDR	11,700	63,473	70,189
THAI VEGETABLE OIL PCL NVDR	27,400	18,239	19,481
THAI WAH PCL NVDR	99,500	16,482	9,159
THAIFOODS GROUP PCL NVDR	291,700	38,604	41,294
THANTAWAN INDUSTRY PU NVDR	8,300	10,107	5,954
THINKIFIC LABS INC	9,700	25,941	13,728
THORESEN THAI AGENCIES NVDR	1,264,000	239,047	170,111
THRACE PLASTICS HOLDING AND	3,138	10,342	14,889
THREE A RESOURCES BHD	64,900	16,553	11,355
THYSSENKRUPP AG	30,415	308,841	331,276
TIANJIN PORT DVLP HLDS LTD	368,000	30,767	31,677
TIGER BRANDS LTD	19,680	376,456	434,908
TIGERS POLYMER CORP	7,200	45,613	45,245
TIME WATCH INVESTMENTS LTD	90,000	12,074	3,816
TIONG WOON CORP HLDG LTD	12,000	12,279	7,185
TOBA INC	700	15,900	18,154
TOFU RESTAURANT CO LTD	2,000	12,008	13,240
TOKAI RIKA CO LTD	2,400	47,227	47,695
TOLI CORP	26,500	62,179	125,446
TOMATO BANK LTD	3,300	30,275	31,285
TOMONY HOLDINGS INC	5,900	20,092	29,510
TONGDAO LIEPIN GROUP	110,200	43,249	56,208
TOP BRIGHT HOLDING CO LTD	5,000	25,470	54,025
TOP ENGINEERING CO LTD	1,886	15,260	4,275
TOPCO TECHNOLOGIES CORP	9,333	21,838	18,268
TOPVIEW OPTRONICS CORP	6,000	21,654	13,634
TOREX GOLD RESOURCES INC	11,178	87,416	534,456
TOSHO CO LTD	8,200	33,747	40,805
TOTAL ENERGY SERVICES INC	14,229	54,946	154,669
TOTALENERGIES SE	16,958	964,010	1,107,149
TOWA BANK LTD/THE	1,300	9,177	8,932
TOWA PHARMACEUTICAL CO LTD	7,200	141,756	167,202
TOYO DENKI SEIZO TOYO ELEC	1,300	16,921	17,583

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION COMMON STOCK NO. OF SHARES	(d) COST	(e) CURRENT VALUE
TPK HOLDING CO LTD	210,000	265,407	270,015
TRADE VAN INFO SERVICES CO	9,000	20,245	27,212
TRANSCOSMOS INC	2,000	43,759	49,507
TRANSPORT INTL HLDG LTD	26,000	36,769	35,408
TRINITY INDUSTRIAL CORP	2,000	13,497	16,549
TRIVAGO NV ADR	12,828	69,737	37,201
TRUE NORTH COMMERCIAL REAL E	1,600	14,153	10,342
TS LINES LTD	86,000	72,292	91,486
TSANN KUEN ENTERPRISE CO LTD	18,606	25,759	13,531
TSH RESOURCES BHD	165,700	45,624	49,816
TSI HOLDINGS CO LTD	5,500	40,657	36,633
TSUKADA GLOBAL HOLDINGS INC	6,200	23,939	22,388
TSUMURA + CO	3,600	85,451	93,637
TSUTSUMI JEWELRY CO LTD	800	11,498	13,005
TV ASAHI HOLDINGS CORP	1,100	12,687	23,369
TV TOKYO HOLDINGS CORP	3,800	91,386	111,034
TYK CORP	6,900	17,511	25,884
UBICOM HOLDINGS INC	5,300	49,083	35,267
UBISOFT ENTERTAINMENT	19,172	254,633	145,052
UBRIGHT OPTRONICS CORP	18,000	41,995	33,742
UBS GROUP AG REG	49,312	839,687	2,300,501
UCHIDA YOKO CO LTD	1,600	108,417	109,528
UEM EDGENTA BHD	71,800	11,867	18,401
UJU ELECTRONICS CO LTD	1,422	29,452	35,685
ULLICO INC	87,698	2,192,450	4,545,388
ULTRA CHIP INC	20,000	30,793	32,208
ULTRAJAYA MILK IND + TRADING	619,000	57,773	53,455
UMICORE	11,781	218,892	247,668
UNICAJA BANCO SA	314,094	592,769	1,024,770
UNIMOT SA	934	21,388	33,773
UNIPRES CORP	17,000	141,570	139,041
UNIQUEST CORP	4,728	22,979	21,662
UNIRITA INC	1,100	17,671	13,783
UNITED HAMPSHIRE US REIT	69,400	30,857	35,741
UNIVANICH PALM OIL PCL NVDR	75,800	18,022	31,278
UNIVERSAL MUSIC GROUP NV	62,609	1,660,872	1,634,599
UNTRADE.CECEP COSTIN	150,000	22,108	-
UNTRADE.XIWANG STEEL	589,000	127,704	-
UOB KAY HIAN HOLDINGS LTD	28,600	56,093	57,156
USER LOCAL INC	2,700	32,906	33,486
USHIO INC	2,500	38,442	39,953
VAISALA OYJ A SHS	480	26,388	24,833
VALENS SEMICONDUCTOR LTD	3,291	10,238	4,673
VALEO	51,816	554,380	708,052
VALUE VALVES CO LTD	9,000	28,025	23,115
VALUECOMMERCE CO LTD	2,600	14,389	11,031
VAN LANSCHOT KEMPEN NV CVA	3,511	97,472	218,133
VAULT MINERALS LTD	87,130	243,002	317,240
VECTOR INC	12,200	88,871	93,556
VEDAN INTERNATIONAL HOLDINGS	332,000	42,117	28,578
VELESTO ENERGY BHD	888,200	52,688	60,191
VENTEC INTERNATIONAL GROUP C	14,000	39,878	41,260
VETOQUINOL SA	67	2,613	6,570
VICAT	629	35,167	56,143
VIEWORKS CO LTD	1,912	24,527	26,028
VILLEROY + BOCH AG PREF	1,404	24,887	27,125

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

DECEMBER 31, 2025

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VINCENT MEDICAL HOLDINGS LTD	67,113	19,577	7,157
VIOMI TECHNOLOGY CO LTD ADR	7,251	17,683	13,342
VIRIDIEN	1,316	85,948	152,085
VISANG EDUCATION INC	1,680	14,033	5,709
VISIONAL INC	300	19,112	19,159
VIVA LEISURE LTD	15,005	17,498	16,560
VOTUM SA	1,538	18,967	19,507
VRG SA	19,005	11,885	24,528
VSTECS HOLDINGS LTD	56,000	41,876	56,119
VTECH HOLDINGS LTD	11,100	76,141	87,491
VTEX CLASS A	4,584	29,244	17,236
WADAKOHSAN CORP	1,500	14,229	16,402
WAGNERS HOLDING CO LTD	19,758	30,622	47,300
WAH HONG INDUSTRIAL CORP	12,000	14,105	14,055
WAJAX CORP	8,300	131,148	164,940
WASION HOLDINGS LTD	34,000	35,545	75,046
WEBLINK INTERNATIONAL INC	14,195	29,771	24,260
WEBUILD SPA	39,783	101,792	159,887
WEBZEN INC	16,922	155,050	151,535
WEST AFRICAN RESOURCES LTD	50,410	42,184	100,848
WESTAIM CORP/THE	1,283	20,372	23,868
WESTWING GROUP SE	3,183	45,387	42,990
WHITEHAVEN COAL LTD	35,056	154,287	181,172
WILH WILHELMSEN HOLDING A	620	12,993	36,265
WILL GROUP INC	4,600	52,569	35,128
WIN SEMICONDUCTORS CORP	26,000	104,061	151,430
WINWAY TECHNOLOGY CO LTD	1,000	77,387	90,387
WISMILAK INTI MAKMUR TBK PT	1,063,000	126,982	105,184
WONIK IPS CO LTD	4,301	132,050	202,727
WOONGJIN THINKBIG CO LTD	17,575	25,783	15,592
WORLDEX INDUSTRY + TRADING C	2,736	41,178	40,929
X LEGEND ENTERTAINMENT CO LT	19,000	50,230	58,656
X TRADE BROKERS DOM MAKLERSK	11,887	232,120	237,462
XIAMEN JIHONG TECHNOLOGY C H	61,000	141,589	102,274
XMH HOLDINGS LTD	14,500	17,417	17,477
XPS PENSIONS GROUP PLC	51,048	178,902	232,764
YALLA GROUP LTD	57,253	289,304	397,336
YAMAICHI ELECTRONICS CO LTD	800	10,944	29,857
YAMANASHI CHUO BANK LTD/THE	1,100	27,442	28,352
YATAS YATAK VE YORGAN SAN. T	35,628	29,394	33,037
YATSEN HOLDING LTD ADR	3,539	24,033	13,767
YOKOWO CO LTD	2,300	23,213	33,118
YOUNGONE HOLDINGS CO LTD	1,116	47,912	148,356
YUANTA FUTURES CO LTD	662	1,514	2,054
YURTEC CORP	4,000	24,475	70,254
YUSHIN CO	4,800	38,405	21,773
YUSHIRO INC	1,900	23,282	34,001
ZACROS CORP	8,000	47,517	58,949
ZE PAK SA	3,593	19,114	19,288
ZEALAND PHARMA A/S	1,436	113,507	105,313
ZENGAME TECHNOLOGY HOLDING	152,000	33,816	48,626
ZERIA PHARMACEUTICAL CO LTD	7,200	95,593	96,416
ZHIHU INC	13,300	20,243	14,610
ZHONG AN GROUP LTD	1,026,000	20,070	14,104
ZHONGTAI FUTURES CO LTD H	270,000	45,987	21,854
ZIGEXN CO LTD	5,900	19,970	18,105

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF CORPORATE STOCK - COMMON

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ZUKEN INC	1,900	57,508	59,214
ZUMTOBEL GROUP AG	9,378	36,880	37,668
ZYXEL GROUP CORP	16,000	19,730	16,293
ARA CORE PROPERTY FUND - CORPORATE STOCK - COMMON	-	80,004,893	80,528,894
BRIGADE HIGH YIELD FUND LP - CORPORATE STOCK - COMMON	-	-	559,456
ENTRUST CAPITAL DIVERSIFIED FUND LTD CLASS X SERIES 12/31/2016 - CORPORATE STOCK - COMMON	-	51,821	120,249
ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A - CORPORATE STOCK - COMMON	-	1,433,966	819,990
FIRST EAGLE GLOBAL VALUE FUND LP - CORPORATE STOCK - COMMON	-	4,082,768	71,260,877
GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD - CORPORATE STOCK - COMMON	-	192,982	252,702
GROSVENOR OPPORTUNISTIC CREDIT FUND IV LTD - CORPORATE STOCK - COMMON	-	224,649	93,838
HAMILTON LANE PE OFF FUND VIII - CORPORATE STOCK - COMMON	-	32,976	48,210
SIGULER GUFF DISTRESSED RE OPPS FUND II - CORPORATE STOCK - COMMON	-	937,313	873,513
		$ 295,681,226	$ 426,500,576

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF PARTNERSHIP/JOINT VENTURE INTERESTS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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ABS EMERGING MARKETS STRATEGIC PORTFOLIO LP		$ 45,000,000	$ 73,704,338
ACCOMPLICE FORTUITY POOL LP		3,300,000	5,610,982
ACCOMPLICE FUND I		1,535,021	7,535,018
ACCOMPLICE FUND II (PE)		-	8,934,398
ACCOMPLICE FUND III LP		4,700,000	6,285,296
ACCOMPLICE FUND IV LP		9,408,000	9,611,847
ACTIS EMERGING MARKETS 3		140,082	11,347
ACTIS ENERGY 4 LP		-	854,223
ACTIS ENERGY 5		21,051,682	24,895,578
AEW PARTNERS VI LP		-	129,435
ALTARIS CONSTELLATION PARTNERS IV LP		334,057	1,780,948
ALTARIS HEALTH PARTNERS IV		120,798	4,648,719
ARA FUND II LP		39,335,290	42,411,870
ARA FUND III LP		10,987,898	9,585,813
ARES ENERGY INVESTORS FD V LP		-	7,544,200
ATLAS VENTURE FUND IX		-	8,526,588
ATLAS VENTURE FUND VIII		-	2,153,560
ATLAS VENTURE FUND X LP		-	3,463,988
ATLAS VENTURE FUND XI LP		-	3,564,747
ATLAS VENTURE FUND XII		3,303,491	5,378,857
ATLAS VENTURE FUND XIII		6,099,502	9,600,675
ATLAS VENTURE FUND XIV LP		1,280,001	1,307,939
ATLAS VENTURE OPPORTUNITY		3,692,429	2,853,329
ATLAS VENTURE OPPORTUNITY FUND II		1,046,910	6,995,109
AUDAX MEZZANINE PART III LP		-	28,059
AUDAX PRIVATE EQUITY FUND IV		-	2,247,143
AUGUST EQUITY PARTNERS V A		7,345,770	13,548,750
BASALT INFRASTRUCTURE PARTNERS IV		23,271,102	25,931,022
BASALT INFRASTRUCTURE FUND III		34,665,176	45,225,170
BASALT INFRASTRUCTURE II		2,453,430	10,120,850
BCP INFRASTRUCTURE FUND LP		33,296,975	41,360,738
BLACKSTONE INFRASTRUCTURE PARTNERS		34,725,205	64,573,882
BLACKSTONE INFRASTRUCTURE PARTNERS V FEEDER		33,567,188	76,648,990
CHARLESBANK EQUITY FUND IX		324,247	3,910,726
CHARLESBANK EQUITY FUND VII LP		-	7,149
CHARLESBANK EQUITY FUND VIII		-	1,780,867
CHARLESBANK EQUITY FUND X LP		4,944,647	8,333,321
CHARLESBANK FD IX OVERAGE PROGRAM		813,745	920,571
CHEQUERS CAPITAL XVI		-	179,866
CHEQUERS CAPITAL XVII FCPR		-	2,616,562
CITIC CAPITAL CHINA PARTNER 3 (PE)		825,629	1,516,878
CLEARWATER CAPITAL PARTNERS FUND III		29,426	85,387
CLIMATE ADAPTIVE FUND		25,837,601	38,970,740
CORTEN REAL ESTATE FUND II LP		11,855,615	11,934,548
COTTONWOOD REAL ESTATE SPECIAL SITUATIONS FUND		13,478,954	16,411,523
CUSTOM CO INVESTMENT FUND 2022		16,561,362	22,318,336
DBAG FUND VI (GUERNSEY)		53,430	626,498
DBAG FUND VII		3,702,092	6,936,450
EIF US POWER FUND IV LP		71,579	1,887,550
ENCAP ENERGY CAPITAL FD VIII		-	117,201
ENCAP ENERGY CAPITAL FUND IX		-	1,253,928
ENCAP ENERGY CAPITAL FUND X		-	4,332,202
ENCAP ENERGY CAPITAL FUND XI		-	10,824,484
ENCAP ENERGY CAPITAL FUND XII		12,853,744	16,459,014
ENERGY VENTURES IV		909,528	257,014
FELICIS VENTURES IX LP		4,175,000	5,916,488
FLAGSHIP PIONEERING FUND VIII		899,329	996,922

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF PARTNERSHIP/JOINT VENTURE INTERESTS

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FOUNDATION CAPITAL LEADERSHIP III		4,543,367	4,919,435
FOUNDATION CAPITAL X LP		7,243,771	9,208,323
FOUNDATION CAPITAL XI LP		909,056	845,243
FS EQUITY FUND VIII		6,293,632	11,335,324
GAMUT INVESTMENT FUND I		4,069,605	5,275,346
GAUGE CAPITAL PARTNERS IV LP		1,646,106	1,630,499
GEM REALTY FUND V LP		1,240,262	1,821,489
GERDING EDLEN GREEN CITIES III		6,816,601	1,218,170
GERDING EDLEN GREEN CITIES IV		14,430,662	6,301,388
GILDE BUY OUT FUND IV LP		-	66,844
GLOBAL INFRASTRUCTURE PARTNERS V		4,719,439	5,256,775
GLOBAL INFRASTRUCTURE PARTNERS IV		25,805,023	32,717,618
GLOBAL INFRASTRUCTURE PARTNERS		-	972,681
GLOBAL INFRASTRUCTURE PARTNERS III		365,309	8,830,695
GLOBAL INFRASTRUCTURE PARTNERS B		-	14,340
GLOBAL REN POW INFRA III		34,609,970	22,598,654
GLOBAL REN POW INFRA IV LP		15,501,252	12,068,831
GOLDEN TREE INSITE REAL ESTATE		-	146,218
GRAIN COMMUNICATIONS IV LP		12,306,005	11,108,125
GRAIN COMMUNICATIONS OPPORTUNITY FUND II		21,563,703	33,482,437
GRAIN COMMUNICATIONS OPPORTUNITY FUND III		37,131,972	34,986,484
GREEN CITIES V LP		21,045,855	22,603,541
GREENBRIAR EQUITY FUND VI		5,986,213	7,089,917
GTIS BRAZIL REAL ESTATE FD II		9,064,098	2,938,927
HARBOURVEST DOVER STREET IX CAYMAN FUND		-	4,008,766
HARBOURVEST DOVER STREET VIII CAYMAN FUND		-	251,484
HARBOURVEST PARTNERS 2013 FUND		-	858,025
HARBOURVEST PARTNERS VIII		-	4,623,965
HARBOURVEST PARTNERS VIII		-	20,076
HIDDEN HARBOR CAPITAL PARTNERS III LP		2,156,724	2,377,920
HIDDEN HARBOR CAPITAL PARTNERS II LP		-	5,781,974
HIG MIDDLE MARKET LBO FUND II		6,929	760,059
HITEC VISION VI		-	479,967
HITECVISION VII LP		-	608,850
HONY CAPITAL FUND V LP		567,034	280,369
IFM GLOBAL INFRASTRUCTURE (US)		63,727,169	108,156,906
INSIGHT VENTURE PARTNERS IX LP		-	7,447,681
INSTITUTIONAL VENTURE XIII		-	1,501
IRONSIDES CO INVESTMENT FUND VI LP		43,513,634	59,827,439
IRONSIDES DIRECT INVESTMENT FUND V		9,030,795	43,939,175
JLL PARTNERS VI LP		868	7,403
JMI EQUITY FUND X LP		7,894,342	13,222,247
JMI EQUITY FUND XI LP		7,640,000	9,001,723
K4 PRIVATE INVESTORS		1,510,113	7,629,441
K5 PRIVATE INVESTORS		6,040,179	9,661,700
K6 PRIVATE INVESTORS		-	(176,924)
KEROGEN ENERGY FUND II LP		3,427,975	5,390,749
KEROGEN PANDION CO INVESTMENT FUND NR		4,782,806	4,161,543
KHOSLA VENTURES III		4,051	30,543
KHOSLA VENTURES IV		-	788,375
KHOSLA VENTURES SEED B LP		-	213,291
KHOSLA VENTURES SEED C LP		1,061,738	3,818,725
KHOSLA VENTURES SEED LP		237,630	265,142
KHOSLA VENTURES V LP		-	3,862,781
KHOSLA VENTURES VI (PE)		2,419,604	10,126,328
KPS SPECIAL SITUATIONS FUND VI		1,065,492	1,131,187
KPS SPECIAL SITUATIONS FUND IV		-	1,097,195

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

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KPS SPECIAL SITUATIONS FUND V		5,767,197	8,889,287
LINDEN CAPITAL PARTNERS III LP		265,527	2,443,665
LINDEN CAPITAL PARTNERS IV L.P		-	6,657,133
LINDEN CAPITAL PARTNERS V LP		13,162,084	15,145,597
LINDEN CAPITAL PARTNERS VI LP		-	(137,679)
MAINSAIL PARTNERS VII LP		1,635,384	1,328,416
MBK PARTNERS FUND III		-	93,175
MBK PARTNERS FUND IV		1,455,903	2,770,477
MESA WEST REAL ESTATE INCOME FUND IV		6,488,944	6,417,932
MESIROW FINANCIAL REAL ESTATE VALUE V		17,011,023	17,980,777
MSOUTH EQUITY PARTNERS III LP		-	59,960
NB STRATEGIC CO INVESTMENT CAYMAN PARTNERS IV		10,636,341	16,918,230
NORMANDY REAL ESTATE FUND IV		13,117,722	420,065
OAKLEY CAPITAL FUND V LP		5,114,147	6,155,669
OAKLEY CAPITAL VI		1,334,933	1,052,509
OAKTREE OPPORTUNITIES FUND VIII B LP		-	553
OAKTREE OPPORTUNITIES FUND XB		1,455,552	4,511,953
OAKTREE REAL ESTATE DEBT FUND II		10,926,973	5,193,949
OCM OPPORTUNITIES FUND VIII		-	854
ONCAP II		-	50,851
ONCAP IV		992,010	2,434,645
ONCAP US III		9,055	106,395
ORION EUROPEAN REAL ESTATE FUND III		1,281,092	21,946
ORION MINE FINANCE FUND IV LP		4,049,577	9,268,308
OVP VENTURE PARTNERS VII LP		102,215	2,821,501
PACIFIC ROAD RESOURCES FUND II		2,713,365	565,306
PAG ASIA I FEEDER FUND LP		-	75,594
PAG ASIA II LP		-	2,361,454
PAG ASIA III LP		3,835,869	5,537,359
PAINE SCHWARTZ FOOD		16,797,590	21,766,562
PAINE SCHWARTZ FOOD CHAIN V		14,080,925	29,917,049
PATRIA PRIVATE EQUITY FUND VI LP		7,462,595	11,457,457
PATRIA BRAZILIAN PRIVATE EQUITY FUND V		3,865,913	6,553,303
PATRIA BRAZILIAN PRIVATE EQUITY FUND IV		1,001,377	532,681
PIONEER SQUARE VENTURES II		5,130,000	5,534,330
POINT 406 VENTURES IV LP		9,023,100	13,235,657
PRISA III		25,496,754	35,430,957
RELATED REAL ESTATE DEBT FUND IV		6,147,605	6,602,362
RELATED REAL ESTATE FUND III		16,265,557	22,413,473
RELATED REAL ESTATE FUND IV		6,348,812	8,206,203
RIDGEMONT EQUITY PARTNERS III LP		-	5,087,899
RIDGEMONT EQUITY PARTNERS I LP		-	12,504
RIDGEMONT EQUITY PARTNERS IV		10,571,210	12,318,440
RIDGEMONT EQUITY PARTNRS II LP		301,509	2,085,446
RIDGEWOOD ENERGY OIL + GAS		811,528	5,355,411
RIDGEWOOD ENERGY OIL + GAS V		4,386,325	4,040,468
RIDGEWOOD ENERGY OIL GAS IV		7,882,967	11,541,488
RIDGEWOOD ENERGY STINGRAY		1,920,215	4,030,790
RIVERSIDE EUROPE FUND IV		1,906	15,454
RIVERSIDE FUND V SQ A B LP		1,662,315	3,382,207
RIVERSIDE MICRO CAP FUND III		-	1,709,451
RMF NEC MA LLC		3,644,750	4,319,923
RUBENSTEIN PROPERTIES IV		11,860,531	5,791,403
SCALE VENTURE PARTNERS VI		3,006,560	5,959,016
SCALE VENTURE PARTNERS VII		3,999,451	3,676,006
SCALE VENTURE PARTNERS VIII		2,717,361	2,651,641
SEIDLER EQUITY PARTNERS VIII		5,524,451	5,486,257

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

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SENTINEL CAPITAL PARTNERS V		-	745,882
SENTINEL CAPITAL PARTNERS VI		2,818,614	4,509,825
SENTINEL CAPITAL PARTNERS VII		4,111,571	4,185,070
SILVER LAKE PARTNERS III		-	260,305
SJC ONSHORE DIRECT LENDING III		3,488,057	12,562,488
SK CAPITAL PARTNERS V LP		6,288,201	5,529,602
SK CAPITAL PARTNERS VI LP		4,055,427	7,783,681
SOLAMERE CAPITAL AF III LP		13,581,959	28,025,365
SOUTHERN CROSS LATIN AMERICAN EXTENSION FUND IV		2,147,689	1,018,192
SOUTHERN CROSS LATIN AMERICAN FUND V		3,513,738	211,591
SSC PARTNERS III A LP		106,127	(207)
STAR AMERICA INFRASTRUCTURE LP		-	2,305,044
STELLEX CAPITAL PARTNERS II		3,550,462	5,574,494
STERLING GROUP PARTNERS IV LP		-	1,329,753
STERLING GROUP PARTNERS V		2,901,879	6,662,493
STERLING GROUP PARTNERS VI LP		524,031	529,139
STG VI LP		3,457,467	4,874,590
STG VII LP		3,190,253	2,807,254
TA REALTY CORE PROPERTY FUND		21,527,419	37,748,326
TA REALTY FUND XI		-	15,669
TA REALTY VALUE ADD XIII LP		25,979,319	28,376,715
TA XII B		-	3,041,629
TA XIII		1,952,750	9,144,649
TA XIV LP		9,858,000	12,546,051
THE FOURTH CINVEN FUND TRUST		-	1,377
THIRD ROCK VENTURES III		-	177,181
THIRD ROCK VENTURES IV LP		188,097	1,734,172
THIRD ROCK VENTURES V		5,077,484	5,963,863
THIRD ROCK VENTURES VI LP		6,900,000	7,018,309
TOWERBROOK INVESTORS III LP		-	3,564
TOWERBROOK INVESTORS IV		-	1,166,476
TRILANTIC CAPITAL PARTNERS V		-	644,046
TRILANTIC CAPITAL PARTNERS VI		4,409,429	5,635,560
UBS TRUMBULL PROPERTY FUND LP		25,179,166	25,360,934
US REAL ESTATE INVESTMENT FUND		59,124,930	57,036,960
VALHALLA PARTNERS II		21,994	82,294
VECTOR CAPITAL V LP		2,210,785	4,170,889
VERITAS CAPITAL FUND VI LP		72,018	2,106
VERITAS CAPITAL FUND V LP		-	2,729,242
VERITAS CAPITAL PARTNERS IV		-	2,659,152
VISTA EQUITY PARTNERS IV		-	1,037,029
VISTA EQUITY PARTNERS V		-	2,996,038
VISTA FOUNDATION FUND III		29,821	3,722,276
VITRUVIAN INV PARTNERSHIP II		-	865,327
VITRUVIAN INVESTMENT PARTNERSHIP III		1,130,522	11,483,314
VITRUVIAN INVESTMENT PARTNERSHIP IV		9,990,506	15,947,381
VITRUVIAN INVESTMENT PARTNERSHIP V		3,818,979	4,647,087
VITRUVIAN INVESTMENT PARTNERSHIP I CF		-	419,631
WAUD CAPITAL PARTNERS III LP		15,466	188,948
WAUD CAPITAL PARTNERS IV LP		876,264	6,062,024
WAUD CAPITAL PARTNERS V		10,774,675	16,971,255
WHITE DEER ENERGY III		10,116,759	11,142,329
WHITE DEER ENERGY II		1,588,551	379,357
WYNNCHURCH CAPITAL PARTNERS VI LP		2,715,747	3,175,900
YUCAIPA AMERICAN ALLIANCE II		8,775,034	9,503,816
YUCAIPA CORPORATE INITIATIVES FUND II		97,721	10,936

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF PARTNERSHIP/JOINT VENTURE INTERESTS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION PARTNERSHIPS	(d) COST	(e) CURRENT VALUE
ARA CORE PROPERTY FUND LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		6,232,602	6,273,423
ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A - PARTNERSHIPS/JOINT VENTURE INTERESTS		3,169,188	1,812,248
GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD - PARTNERSHIPS/JOINT VENTURE INTERESTS		18,660	24,434
GROSVENOR OPPORTUNISTIC CREDIT FUND IV LTD - PARTNERSHIPS/JOINT VENTURE INTERESTS		129,331	54,023
HAMILTON LANE PRIVATE EQUITY OFFSHORE FUND VIII LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		2,158,587	3,155,769
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND IV LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		4,151,456	2,512,913
IRONSIDES DIRECT INVESTMENT FUND IV LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		231,387	1,543,066
IRONSIDES PARTNERSHIP FUND IV LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		-	33,555,467
IRONSIDES PARTNERSHIP FUND V LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		23,210,918	42,884,580
PANTHEON EUROPE FUND V B LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		-	270,551
PANTHEON GLOBAL SECONDARY FUND III B LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		-	5,020
SIGULER GUFF DISTRESSED REAL ESTATE OPPORTUNITIES FUND II -PARTNERSHIPS/JOINT VENTURE INTERESTS		2,463,810	2,296,106
SOLAMERE CAPITAL AF III A LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		27,761,038	57,168,562
SOLAMERE CAPITAL AF IV A LP - PARTNERSHIPS/JOINT VENTURE INTERESTS		40,975,756	54,592,361
		$ 1,456,310,783	$ 2,179,895,158

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF REAL ESTATE

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REAL ESTATE	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
OFFICE BUILDING - HAMDEN, CT	-	$ 1,439,574	$ 680,000
OFFICE BUILDING - WILMINGTON, MA	-	8,058,152	7,200,000
NORTH ATLANTIC STATES CARPENTERS PENSION FUND REAL ESTATE INVESTMENT PROGRAM - REAL ESTATE	-	103,060,990	104,142,767
WCP SPECIAL CORE PLUS FUND LP - REAL ESTATE	-	3,527,581	634,252
WCP SPECIAL CORE PLUS FUND II LP - REAL ESTATE	-	17,571,488	17,147,856
		$ 133,657,785	$ 129,804,875

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF NON-PARTICIPANT LOANS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION NON-PARTICIPANT LOANS			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY / NO. OF SHARES	COST	CURRENT VALUE
ELEVANCE HEALTH INC	4.75%	02/15/2030	205,000	$ 203,193	$ 209,084
CEMEX SAB DE CV	3.88%	07/11/2031	43,000	43,161	41,175
CCO HLDGS LLC/CAP CORP	4.25%	01/15/2034	525,000	438,375	446,392
US TREASURY N/B	3.88%	08/15/2034	568,000	574,517	559,258
PETROLEOS MEXICANOS	6.38%	01/23/2045	125,000	125,794	100,676
US TREASURY N/B	4.75%	05/15/2055	1,080,000	1,061,480	1,061,273
AGF MANAGEMENT LTD CLASS B			5,390	36,563	64,015
AMARIN CORP PLC ADR			894	14,029	12,476
ATRESMEDIA CORP DE MEDIOS DE			2,633	10,896	15,091
AUTOLUS THERAPEUTICS PLC			63,966	112,750	127,292
AVIO SPA			1,655	60,005	57,048
BEACH ENERGY LTD			90,797	81,160	71,144
BEAUTY FARM MEDICAL AND HEAL			47,257	168,326	165,143
BLACK DIAMOND GROUP LTD			2,512	13,423	26,866
BONDUELLE SCA			2,351	24,031	28,992
BW ENERGY LTD			9,778	33,903	45,609
CEMENTIR HOLDING NV			1,795	19,747	39,591
CHERVON HOLDINGS LTD			72,295	169,015	182,235
CIMPRESS PLC			2,859	379,310	190,381
CONSORCIO ARA SAB SER			123,199	14,755	25,627
DE LONGHI SPA			1,269	41,140	54,399
DINGDONG CAYMAN LTD SPN ADR			31,655	54,618	78,821
DOTDIGITAL GROUP PLC			18,429	22,899	16,757
DYNACOR GROUP INC			4,018	11,847	17,206
FORESIGHT GROUP HOLDINGS LTD			1,531	8,496	8,855
GRANGE RESOURCES LTD			332,153	59,783	63,126
IMMUNOCORE HOLDINGS PLC ADR			1,064	41,519	36,931
INVESTIS HOLDING SA			160	24,992	29,183
KAROOOOO LTD			1,972	91,632	89,726
LINKLOGIS INC CLASS B			48,925	10,611	14,080
LUYE PHARMA GROUP LTD			46,550	21,727	16,387
MAGIC SOFTWARE ENTERPRISES			100	1,080	2,575
MAKEMYTRIP LTD			5,222	189,756	428,831
MICHAEL HILL INTERNATIONAL L			35,370	34,133	8,137
MOTA ENGIL SGPS SA			7,719	52,542	44,857
ORBIA ADVANCE CORP SAB DE CV			41,806	37,862	36,273
OREXO AB			5,315	21,207	17,354
PHX ENERGY SERVICES CORP			8,134	28,950	44,505
PROSEGUR CASH SA			35,000	21,978	26,061
SEVERFIELD PLC			22,568	25,112	8,773
SIFY TECHNOLOGIES SPON ADR			28,663	129,564	349,402
SILVERCORP METALS INC			3,430	21,554	28,726
SKYWORTH GROUP LTD			335,033	97,151	201,875
SOURCE ENERGY SERVICES LTD			1,682	16,843	18,639
SOUTHERN CROSS MEDIA GROUP L			35,252	15,100	18,571
SUN INC			8,600	31,618	24,635
TAZMO CO			1,700	27,188	22,375
TELEVISION FRANCAISE (TF1)			2,347	17,336	22,961
X FINANCIAL ADR			5,441	45,295	30,470
YOUDAO INC ADR			7,994	83,799	80,580
				$ 4,871,765	$ 5,310,439

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION COMMON/ COLLECTIVE TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	0-5 YR U.S. TREASURY INFLATION PROTECTED SECURITIES FUND	2,565,489	$ 30,987,439	$ 35,125,262
	1-3 YR GOVERNMENT/CREDIT BOND INDEX FUND	3,431,276	42,980,204	44,455,390
	AFL CIO BUILDING INVESTMENT TRUST	1,421	10,039,786	8,089,411
	ASB ALLEGIANCE REAL ESTATE FUND	3,643,051	3,643,051	4,057,926
	COMMINGLED PENSION TRUST FUND (CORE BOND) OF JPMCB	4,855,643	111,000,000	111,048,556
	COMMINGLED PENSION TRUST FUND (STRATEGIC PROPERTY) OF JPMCB	1,299,364	8,801,891	15,062,223
	CRESCENT CAPITAL TRUST II LEVERED	6,554,672	6,554,672	13,859,989
	EAFE EQUITY INDEX FUND	129,322	37,974,571	61,986,688
	EQUITY INDEX FUND A	9,663	22,513,049	27,051,805
	GQG PARTNERS EMERGING MARKETS EQUITY CIT	5,673,350	65,553,572	97,256,530
	MSCI EMERGING MARKETS FREE FUND	299,940	17,695,411	23,567,689
	NEUBERGER BERMAN STRATEGIC MULTI-SECTOR FIXED INCOME TRUST	12,388,060	166,000,000	166,247,762
	NEW TOWER TRUST COMPANY MULTI EMPLOYER PROPERTY TRUST	903	5,200,253	11,616,835
	RUSSELL 1000 GROWTH FUND	107,191	6,140,937	12,518,966
	RUSSELL 2000 INDEX FUND A	523,577	26,716,788	49,190,477
	SHORT TERM INVESTMENT FUND	212,769	212,741	212,769
*	STATE STREET S&P GLOBAL LARGEMIDCAP NATURAL RESOURCES INDEX NON-LENDING FUND	150	2,674,634	5,509,086
	U.S. DEBT INDEX FUND	577,632	46,645,612	46,975,601
	U.S. TREASURY INFLATION PROTECTED SECURITIES FUND	3,319,199	81,293,904	92,509,023
	UBC RUSSELL 3000 INDEX TRUST	4,280,095	715,250,209	810,307,586
			$ 1,407,878,724	$ 1,636,649,574

* PARTY-IN-INTEREST

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
HARBOURVEST PARTNERS IX LP	-	$ -	$ 3,767,003
HARBOURVEST PARTNERS VIII BUYOUT FUND LP	-	-	15,888
HARBOURVEST PARTNERS VIII CAYMAN MEZZANINE & DISTRESSED DEBT FUND LP	-	-	54,489
HARBOURVEST PARTNERS VIII MEZZANINE & DISTRESSED DEBT FUND	-	-	36,243
HARBOURVEST PARTNERS VIII VENTURE FUND LP	-	-	2,767,071
HARDMAN JOHNSTON INTERNATIONAL EQUITY GROUP TRUST	424,300	18,925,770	25,589,067
MASTER INCOME PLUS GROUP TRUST	23,341	63,526	-
MCMORGAN INFRASTRUCTURE FUND I LP	7,980,345	7,980,345	11,594,534
NCS GROUP TRUST - GLOBAL FUND	1,094,399	28,594,706	82,883,758
PROLOAN BOND FUND LLC	10,357	19,084,103	19,538,767
ULLICO INFRASTRUCTURE TAXABLE FUND LP	35,107,669	66,239,336	88,397,914
		$ 140,887,786	$ 234,644,734

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
STATE STREET GOVERNMENT SHORT TERM INVESTMENT FUND	59,181,808	$ 59,181,808	$ 59,181,808
MERGING MARKETS VALUE PORTFOLIO	3,180,523	98,900,256	118,379,076
FIMM GOVERNMENT PORTFOLIO-INSTITUTIONAL CLASS	24,131	24,131	24,131
GLOBAL X & ARTIFICIAL INTELLIGENCE ETF	785	19,252	28,441
ISHARES CORE US AGGREGATE BOND ETF	615	62,401	61,426
ISHARES US HIGH YIELD CORPORATE BOND ETF	570	21,349	21,315
ISHARES RUSSELL MID CAP ETF	175	8,776	16,847
ISHARES S&P 100 ETF	100	12,622	34,297
PIMCO INCOME FUND	14,754,098	162,000,000	162,147,541
SPDR BLOOMBERG HIGH YIELD BOND ETF	200	18,297	19,442
VANGUARD FTSE DEVELOPED MARKETS ETF	440	19,421	27,487
VANGUARD REAL ESTATE ETF	240	18,383	21,238
VANGUARD 500 INDEX FUND	100	27,066	62,713
VANGUARD TOTAL INTL BOND ETF	860	45,621	41,555
FIRST EAGLE GLOBAL VALUE FUND LP - REGISTERED INVESTMENT COMPANIES	-	3,127,051	5,458,631
		$ 323,486,434	$ 345,525,948

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF UNALLOCATED CONTRACTS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION UNALLOCATED CONTRACTS	(d) COST	(e) CURRENT VALUE
AETNA LIFE INSURANCE COMPANY		$ 1,109,421	$ 352,752
AXA EQUITABLE LIFE INSURANCE COMPANY		396,177	396,177
		$ 1,505,598	$ 748,929

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF OTHER INVESTMENTS

DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001
FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION OTHER INVESTMENTS	(d) COST	(e) CURRENT VALUE
BRIGADE HIGH YIELD FUND LP - OTHER INVESTMENTS		$ -	$ 8,478
FIRST EAGLE GLOBAL VALUE FUND LP - OTHER INVESTMENTS		6,861,164	11,976,957
		$ 6,861,164	$ 11,985,435

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NORTH ATLANTIC STATES CARPENTERS PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

EIN 51-6040899, PLAN NO. 001

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	STATE STREET GOVERNMENT SHORT TERM INVESTMENT FUND	$ 322,123,241	$ -	$ -	$ -	$ -	$ 322,123,241	$ -
*	STATE STREET GOVERNMENT SHORT TERM INVESTMENT FUND	-	337,714,580	-	-	337,714,580	337,714,580	-
*	STATE STREET INSTITUTIONAL INVESTOR TRUST	1,043,012,867	-	-	-	-	1,043,012,867	-
*	STATE STREET INSTITUTIONAL INVESTOR TRUST	-	983,831,059	-	-	983,831,059	983,831,059	-
N/A	UBC RUSSELL 3000 INDEX TRUST	495,250,209	-	-	-	-	495,250,209	-

* PARTY-IN-INTEREST

[redacted]

Certified Article Number

9414 7266 9904 2241 3956 12

SENDER'S RECORD

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Attachment to 2025 Form 5500
Schedule R, line 13d - Collective Bargaining Agreement Expiration Date

Plan Name N. ATLANTIC STATES CARP. PENSION FUND **EIN:** 51-6040899

Plan Sponsor's Name BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND **PN:** 001

Collective Bargaining Agreement	Expiration Date
CENTURY DRYWALL INC - NASRCC - BOSTON AGREEMENT	08/31/2027
CENTURY DRYWALL INC - NASRCC - EASTERN AGREEMENT	08/31/2027
CENTURY DRYWALL INC - CONNECTICUT AGC & HH AGREEMENT	04/30/2027
CENTURY DRYWALL INC - RHODE ISLAND AGC AGREEMENT	05/31/2027
RIGGS CONTRACTING INC - NASRCC - BOSTON AGREEMENT	08/31/2027
RIGGS CONTRACTING INC - NASRCC - EASTERN AGREEMENT	08/31/2027
RIGGS CONTRACTING INC - MAINE AGREEMENT	08/31/2027
RIGGS CONTRACTING INC - VERMONT AGREEMENT	08/31/2027
RIGGS CONTRACTING INC - NEW HAMPSHIRE AGREEMENT	08/31/2027
RIGGS CONTRACTING INC - WESTERN MASS AGREEMENT	08/31/2027
RIGGS CONTRACTING INC - CONNECTICUT AGC & HH AGREEMENT	04/30/2027
RIGGS CONTRACTING INC - RHODE ISALND AGC AGREEMENT	05/31/2027
TURNER CONSTRUCTION COMPANY - NASRCC - BOSTON AGREEMENT	08/31/2027
TURNER CONSTRUCTION COMPANY - NASRCC - EASTERN AGREEMENT	08/31/2027
TURNER CONSTRUCTION COMPANY - MAINE AGREEMENT	08/31/2027
TURNER CONSTRUCTION COMPANY - VERMONT AGREEMENT	08/31/2027
TURNER CONSTRUCTION COMPANY - NEW HAMPSHIRE AGREEMENT	08/31/2027
TURNER CONSTRUCTION COMPANY - CONNECTICUT AGC & HH AGREEMENT	04/30/2027
TURNER CONSTRUCTION COMPANY - WESTERN MASS AGREEMENT	08/31/2027
SWEENEY DRYWALL FINISHES - NASRCC - BOSTON AGREEMENT	08/31/2027
SWEENEY DRYWALL FINISHES - NASRCC - EASTERN AGREEMENT	08/31/2027
SWEENEY DRYWALL FINISHES - MAINE AGREEMENT	08/31/2027
SWEENEY DRYWALL FINISHES - VERMONT AGREEMENT	08/31/2027
SWEENEY DRYWALL FINISHES - NEW HAMPSHIRE AGREEMENT	08/31/2027
SWEENEY DRYWALL FINISHES - RHODE ISLAND AGC AGREEMENT	05/31/2027
SWEENEY DRYWALL FINISHES - CONNECTICUT AGC & HH AGREEMENT	04/30/2027
SWEENEY DRYWALL FINISHES - WESTERN MASS AGREEMENT	08/31/2027
MARGUERITE CONCRETE CONTRACTOR - NASRCC - BOSTON AGREEMENT	08/31/2027
MARGUERITE CONCRETE CONTRACTOR - NASRCC - EASTERN AGREEMENT	08/31/2027
MARGUERITE CONCRETE CONTRACTOR - MAINE AGREEMENT	08/31/2027
MARGUERITE CONCRETE CONTRACTOR - VERMONT AGREEMENT	08/31/2027
MARGUERITE CONCRETE CONTRACTOR - NEW HAMPSHIRE AGREEMENT	08/31/2027
MARGUERITE CONCRETE CONTRACTOR - CONNECTICUT AGC & HH AGREEMENT	04/30/2027
MARGUERITE CONCRETE CONTRACTOR - RHODE ISLAND AGC AGREEMENT	05/31/2027
MARGUERITE CONCRETE CONTRACTOR - WESTERN MASS AGREEMENT	08/31/2027
H CARR & SONS LLC - NASRCC - BOSTON AGREEMENT	08/31/2027
H CARR & SONS LLC - NASRCC - EASTERN AGREEMENT	08/31/2027
H CARR & SONS LLC - WESTERN MASS AGREEMENT	08/31/2027
H CARR & SONS LLC - CONNECTICUT AGC & HH AGREEMENT	04/30/2027
H CARR & SONS LLC - NEW HAMPSHIRE AGREEMENT	08/31/2027
H CARR & SONS LLC - RHODE ISLAND AGC AGREEMENT	05/31/2027
PROFESSIONAL DRYWALL CONST INC - CONNECTICUT AGC & HH AGREEMENT	04/30/2027
PROFESSIONAL DRYWALL CONST INC - NASRCC - EASTERN AGREEMENT	08/31/2027
PROFESSIONAL DRYWALL CONST INC - MAINE AGREEMENT	08/31/2027
PROFESSIONAL DRYWALL CONST INC - VERMONT AGREEMENT	08/31/2027
PROFESSIONAL DRYWALL CONST INC - WESTERN MASS AGREEMENT	08/31/2027
MURNANE CONSTRUCTION SERVICES - HUDSON VALLEY COMMERCIAL AGREEMENT	04/30/2027

Attachment to 2025 Form 5500
Schedule R, line 13d - Collective Bargaining Agreement Expiration Date

Plan Name N. ATLANTIC STATES CARP. PENSION FUND **EIN:** 51-6040899
Plan Sponsor's Name BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND **PN:** 001

Collective Bargaining Agreement	Expiration Date
MURNANE CONSTRUCTION SERVICES - ALBANY AREAS COMMERICIAL AGREEMENT	05/31/2029
MURNANE CONSTRUCTION SERVICES - TOMPKINS/CORTLAND COMMERCIAL AGREEMENT	05/31/2029
MURNANE CONSTRUCTION SERVICES - ONONDAGA COUNTY COMMERCIAL AGREEMENT	05/31/2029
MURNANE CONSTRUCTION SERVICES - ADIRONDACK COMMERCIAL AGREEMENT	05/31/2029
MURNANE CONSTRUCTION SERVICES - CHENAGO, DELAWARE ,OSTEGO COMM AGREE	05/31/2029
MURNANE CONSTRUCTION SERVICES - OSWEGO, LEWIS, JEFF, ST LAW COMM AGREE	05/31/2029
MURNANE CONSTRUCTION SERVICES - HERKIMER, ONEIDA, MADISON COMM AGREE	05/31/2029
MURNANE CONSTRUCTION SERVICES - STEUBEN, CHEMUNG, SCHUYLER COMM AGREE	08/31/2027
MURNANE CONSTRUCTION SERVICES - ADIRONDACK HH AGREEMENT	04/30/2028
MURNANE CONSTRUCTION SERVICES - LOCAL 277 HALF HH AGREEMENT	04/30/2028
S & F CONCRETE COMPANY - NASRCC - BOSTON AGREEMENT	08/31/2027
S & F CONCRETE COMPANY - NASRCC - EASTERN AGREEMENT	08/31/2027
S & F CONCRETE COMPANY - MAINE AGREEMENT	08/31/2027
S & F CONCRETE COMPANY - VERMONT AGREEMENT	08/31/2027
S & F CONCRETE COMPANY - CONNECTICUT AGC & HH AGREEMENT	04/30/2027
S & F CONCRETE COMPANY - WESTERN MASS AGREEMENT	08/31/2027
S & F CONCRETE COMPANY - RHODE ISLAND AFC AGREEMENT	05/31/2027

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Attachment to 2025 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name N. ATLANTIC STATES CARP. PENSION FUND **EIN:** 51-6040899
Plan Sponsor's Name BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND **PN:** 001

Contribution rate (in dollars and cents)	11.41
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.44
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.47
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	9.26
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.46
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	13.07
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.41
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.47
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	8.88
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.21
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.25
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.46
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	13.07
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.41
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.44
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.47
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	8.88
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.21
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.25
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	9.26
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.46
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Attachment to 2025 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name N. ATLANTIC STATES CARP. PENSION FUND **EIN:** 51-6040899
Plan Sponsor's Name BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND **PN:** 001

Contribution rate (in dollars and cents)	13.07				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.41				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.44				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.47				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	8.88				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	9.26				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.46				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.21				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.23				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.25				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.41				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.44				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.47				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	8.88				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	13.07				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.46				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.21				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.23				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.25				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.41				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.44				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	

Attachment to 2025 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name N. ATLANTIC STATES CARP. PENSION FUND **EIN:** 51-6040899
Plan Sponsor's Name BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND **PN:** 001

Contribution rate (in dollars and cents)	11.47				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	8.88				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.46				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	13.07				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.21				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.23				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.25				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.41				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.44				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.47				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.21				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.23				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.25				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	10.85				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.46				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	8.88				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	13.07				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	9.26				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.46				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.47				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	8.88				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	

Attachment to 2025 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name N. ATLANTIC STATES CARP. PENSION FUND **EIN:** 51-6040899
Plan Sponsor's Name BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND **PN:** 001

Contribution rate (in dollars and cents)	11.21
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.23
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.25
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.00
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.75
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.25
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	3.25
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	2.75
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	1.65
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	1.15
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	9.90
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	9.40
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	3.11
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	3.10
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	9.70
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	9.20
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	3.60
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	3.11
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	2.00
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	1.51
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):
Contribution rate (in dollars and cents)	11.75
Base unit measure:	[X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Attachment to 2025 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name N. ATLANTIC STATES CARP. PENSION FUND **EIN:** 51-6040899
Plan Sponsor's Name BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND **PN:** 001

Contribution rate (in dollars and cents)	11.25				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.00				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	3.25				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	2.75				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	1.75				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	1.65				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	1.25				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	1.15				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	10.70				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	10.20				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	3.11				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	3.10				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	1.51				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	1.50				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	9.90				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	9.40				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	3.60				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	3.11				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	2.00				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	1.51				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	9.70				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	

Attachment to 2025 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name N. ATLANTIC STATES CARP. PENSION FUND **EIN:** 51-6040899
Plan Sponsor's Name BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND **PN:** 001

Contribution rate (in dollars and cents)	9.20				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	8.50				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	3.60				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	3.11				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	2.00				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	1.51				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	9.90				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	9.40				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	3.10				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.75				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.25				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	8.81				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	8.23				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	7.88				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	7.64				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.80				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.41				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.44				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	11.47				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	8.88				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	
Contribution rate (in dollars and cents)	9.26				
Base unit measure:	[X] Hourly	[ ] Weekly	[ ] Unit of production	[ ] Other (specify):	

Attachment to 2025 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name N. ATLANTIC STATES CARP. PENSION FUND **EIN:** 51-6040899
Plan Sponsor's Name BOT OF THE NORTH ATLANTIC STATES CARPENTERS PENSION FUND **PN:** 001

Contribution rate (in dollars and cents) 11.46
Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents) 11.25
Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents) 13.07
Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

Contribution rate (in dollars and cents)
Base unit measure: [ ] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning and ending

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)

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

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

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

Type or print name of actuary

Most recent enrollment number

Firm name

Telephone number (including area code)

Address of the firm

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

2 Operational information as of beginning of this plan year:

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

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
			Totals ► **3(b)**		**3(c)**
(d) Total withdrawal liability amounts included in line 3(b) total					**3(d)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☐ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	%

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**		
(2) Females	**6c(2)**		
d Valuation liability interest rate	**6d**	%	%
e Salary scale	**6e**	% ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	%
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	%
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	**8a**	

b Demographic, benefit, and contribution information

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

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

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)			
(2) Funding waivers	9c(2)			
(3) Certain bases for which the amortization period has been extended	9c(3)			
d Interest as applicable on lines 9a, 9b, and 9c			9d	
e Total charges. Add lines 9a through 9d			9e	
Credits to funding standard account:				
f Prior year credit balance, if any			9f	
g Employer contributions. Total from column (b) of line 3			9g	
		Outstanding balance		
h Amortization credits as of valuation date	9h			
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)			
(2) "RPA '94" override (90% current liability FFL)	9j(2)			
(3) FFL credit			9j(3)	
k (1) Waived funding deficiency			9k(1)	
(2) Other credits			9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			9o(2)(b)	
(3) Total as of valuation date			9o(3)	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			10	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☐ No