

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>UNITED ASSOCIATION NATIONAL PENSION FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/23/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/23/1968</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/23/1968</u>					
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) <u>B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>103 ORONOCO STREET</u> <u>ALEXANDRIA, VA 22314-2015</u> </div> <div style="width: 45%;"> <u>103 ORONOCO STREET</u> <u>ALEXANDRIA, VA 22314</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-6152779</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>703-739-9020</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238220</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-6152779</u>	2c Plan Sponsor's telephone number <u>703-739-9020</u>	2d Business code (see instructions) <u>238220</u>	
2b Employer Identification Number (EIN) <u>52-6152779</u>					
2c Plan Sponsor's telephone number <u>703-739-9020</u>					
2d Business code (see instructions) <u>238220</u>					

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.	02/25/2023	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/25/2023	SMITTY G. BELCHER
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	174555
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)	79779
a(2) Total number of active participants at the end of the plan year		6a(2)	81342
b Retired or separated participants receiving benefits.....		6b	45230
c Other retired or separated participants entitled to future benefits		6c	43814
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	170386
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	7651
f Total. Add lines 6d and 6e		6f	178037
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
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	4464
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779

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.
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1 Coverage Information:

(a) Name of insurance carrier
BRIGHTHOUSE 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
43-1912740	87726	919453	178307	07/01/2021	06/30/2022

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

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

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

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

(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
NA

(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

NA

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4		
5	Current value of plan's interest under this contract in separate accounts at year end.....	5		
6	Contracts With Allocated Funds:			
a	State the basis of premium rates ▶			
b	Premiums paid to carrier	6b		
c	Premiums due but unpaid at the end of the year	6c		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d		
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶			
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐			
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)			
a	Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶			
b	Balance at the end of the previous year	7b	2068576	
c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		72400
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			
	(6) Total additions	7c(6)	72400	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	2140976	
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		
	▶			
	(5) Total deductions	7e(5)	0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2140976	

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779

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.
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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	GA02083	178307	07/01/2021	06/30/2022

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid ULLICO INVESTMENT COMPANY 8402 COLESVILLE ROAD SILVER SPRING, MD 20910
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(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	

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	(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
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(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	115063274

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

▶ **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 <u>UNITED ASSOCIATION NATIONAL PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND</u>	D Employer Identification Number (EIN) <u>52-6152779</u>

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

1a Enter the valuation date: Month 07 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	<u>7506245545</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>7506245545</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>8702781499</u>
(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)	<u>8702781499</u>
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)	<u>18006849813</u>
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	<u>452903809</u>
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	<u>653236890</u>
(3) Expected plan disbursements for the plan year.....	1d(3)	<u>691022829</u>

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	<u>03/29/2023</u>
Signature of actuary	Date
<u>KEVIN WOODRICH, FSA, EA</u>	<u>20-07086</u>
Type or print name of actuary	Most recent enrollment number
<u>CHEIRON, INC</u>	<u>703-893-1456</u>
Firm name	Telephone number (including area code)
<u>9115 HARRIS CORNERS PARKWAY, CHARLOTTE, NC 28269</u>	
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 ☐

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	7506245545
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	52809	8493097503
(2) For terminated vested participants	29196	2525726319
(3) For active participants:		
(a) Non-vested benefits.....		408825356
(b) Vested benefits.....		6579200635
(c) Total active	75290	6988025991
(4) Total	157295	18006849813
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	41.69 %

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
01/01/2022	411187898				
			Totals ▶	3(b)	411187898
				3(c)	
				3(d)	592040

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	86.3 %
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, were any benefits reduced (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 rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	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	2.33 %
b Rates specified in insurance or annuity contracts.....	<div>Pre-retirement</div> ☐ Yes ☐ No ☒ N/A		<div>Post-retirement</div> ☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.25 %	7.25 %	
e Expense loading	6e	19.8 %	☐ N/A	☒ N/A
f Salary scale	6f	%	☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	11.1 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	29.3 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	208320161	21664258
5	-745756976	-100148586
1	-252064775	-26213479

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the 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 line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(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	164017695
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)	3325036647
(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	57799792
e Total charges. Add lines 9a through 9d.....	9e	855038307

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	921402774
g Employer contributions. Total from column (b) of line 3.....	9g	411187898
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	1207097919
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	92923426
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	2447398264
(2) "RPA '94" override (90% current liability FFL)	9j(2)	9064453499
(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	1583816944
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	728778637
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
RBC GLOBAL ASSET MGMT	50 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402
41-1460668	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HAMILTON LANE	ONE PRESIDENTIAL BLVD BALA CYNWYD, PA 19004
23-2962336	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MESIROW FINANCIAL	353 NORTH CLARK ST CHICAGO, IL 60654
36-3741067	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NEW TOWER TRUST COMPANY	3 BETHESDA METRO CENTER BETHESDA, MD 20814
20-1641876	

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

AFL CIO BUILDING INVESTMENT TRUST

815 CONNECTICUT AVE, NW
WASHINGTON, DC 20006

52-6328901

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

LANDMARK EQUITY PARTNERS

265 FRANKLIN STREET
BOSTON, MA 02110

81-4187171

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

GERDING EDLEN

1477 NW EVERETT ST
PORTLAND, OR 97209**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHEVY CHASE TRUST COMPANY

7501 WISCONSIN AVENUE
BETHESDA, MD 20814**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NATIONAL INVESTMENT SERVICES

777 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARRISON STREET REAL ESTATE

71 SOUTH WACKER DR
CHICAGO, IL 60606**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BOYD WATTERSON ASSET MGMT

1801 E 9TH STREET
CLEVELAND, OH 44114**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLUEBAY ASSET MGMT

107 ELM STREET
STAMFORD, CT 06902

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

FRONTIER PARTNERS INC

400 SKOKIE BLVD
NORTHBROOK, IL 60062

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

GCM GROSVENOR

767 FIFTH AVENUE
NEW YORK, NY 10153

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

CORBIN PRIVATE CREDIT MANAGER FUND

1095 MORRIS AVENUE
UNION, NJ 07083

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

50 SOUTH CAPITAL ADVISORS LLC

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

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

GLOBAL ALPHA CAPITAL MANAGEMENT

1800 AVENUE MCGILL COLLEGE
MONTREAL H3A 3J6 CA

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

MC CREDIT PARTNERS LP

2200 ATLANTIC STREET
STAMFORD, CT 06902

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

SIGULER GUFF & COMPANY LP

200 PARK AVENUE
NEW YORK, NY 10166

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

TA REALTY

ONE FEDERAL STREET, 17TH FLOOR
BOSTON, MA 02110

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

ENTRUST CAPITAL

375 PARK AVE, 24TH FLOOR
NEW YORK, NY 10152

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

AMERICAN REALTY ADVISORS

515 S. FLOWER ST
LOS ANGELES, CA 90071

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

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

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

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

PENSION BENEFIT GUARANTY CORP

PO BOX 77000
DETROIT, MI 48277

52-6152779

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	5184519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BELL ASSET MGMT

101 COLLINS STREET
MELBOURNE AU

04-3412674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	2776036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNISON ASSOCIATES LLC

1000 WINTER STREET
WALTHAM, MA 02351

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	2343752	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

T ROWE PRICE

PO BOX 64043
BALTIMORE, MD 21264

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	2081513	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CHLIC

PO BOX 644546
PITTSBURGH, PA 15264

06-1059331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	2061077	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE BANK NA

PO BOX 974958
DALLAS, TX 75397

13-2624428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1360762	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)

SCHRODER INVESTMENT MGMT

875 THIRD AVENUE
NEW YORK, NY 10022

13-4064414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1305216	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO

1625 I ST, NW
WASHINGTON, DC 20006

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 72	NONE	1214424	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

O'DONOGHUE & O'DONOGHUE

5301 WISCONSIN AVE, NW
WASHINGTON, DC 20015

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1207716	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)

WELLINGTON MANAGEMENT

75 STATE STREET
BOSTON, MA 02109

04-2683227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 28	NONE	1190066	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NEUBERGER BERMAN

190 S LASALLE ST
CHICAGO, IL 60603

02-0654486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1091848	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

INVESCO INC

1555 PEACHTREE NE, STREET
ATLANTA, GA 30309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	781669	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)

LOOMIS SAYLES & COMPANY

ONE FINANCIAL CENTER
BOSTON, MA 02111

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 68	NONE	736036	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BASYS, INC

3700 KOPPERS STREET
HALETHORPE, MD 21227

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?
15 50	NONE	658380	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARISTOTLE CAPITAL MANAGEMENT

ONE FEDERAL STREET, 36TH FLOOR
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	556159	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)

VOYA INVESTMENT

230 PARK AVENUE
NEW YORK, NY 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	528420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY PRESS, INC.

1701 CABIN BRANCH RD.
CHEVERLY, MD 20785

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	483694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP LLC

7501 WISCONSIN AVENUE
BETHESDA, MD 20814

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	400799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PC CONNECTION SALES CORP

PO BOX 536472
PITTSBURGH, PA 15253

02-0497006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	365829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK

PO BOX 856177
LOUISVILLE, KY 40285

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 62 68	NONE	348542	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BRANDYWINE GLOBAL

2929 ARCH STREET
PHILADELPHIA, PA 19104

51-0294065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	345290	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

SEGAL MARCO ADVISORS

333 WEST 34TH STREET
NEW YORK, NY 10001

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	307033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSCOE, TONI C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	303351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON, INC.

PO BOX 37117
BALTIMORE, MD 21297

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	256530	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)

RAMLOCHAN, NAFEEZA S

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	209120	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANKE, BENJAMIN C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	208441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TK ELEVATOR

PO BOX 3796
CAROL STREAM, IL 60132

62-1211267

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	186411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEAHEY, DONALD M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	184764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KUKKALA, VENKATESWARARAO E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	183879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEUJA, JUMAR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	172071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XEROX CORPORATION

PO BOX 827181
PHILADELPHIA, PA 19182

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	170511	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENEBE, IYOB

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	162910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUGO, CURTIS A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	158211	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DUGAN, CHARLOTTE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	154855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARDS, PERPETUA E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	152835	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RECOVERY POINT SYSTEMS

75 W WATKINS MILL RD
GAITHERSBURG, MD 20878

52-2212966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	149719	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAGHAN MECHANICAL, INC.

5649D GENERAL WASHINGTON DR
ALEXANDRIA, VA 22312

54-1789937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	148171	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEVORE, KAREN A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	144133	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'REILLY-WALKER, ARLETTE M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	138687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEOHAGAN, WAYNE S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	131200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	131028	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RASHEED, SUSAN B.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	125187	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALBREATH-HALL, KIM M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	124566	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MENGESHA, TINSAE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	123397	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYCE, ERIC

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	122179	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)

INGE, MAURICE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	121038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEFFERNAN, KEVIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	120131	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRON MOUNTAIN

PO BOX 27128
NEW YORK, NY 10087

04-3038590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	116733	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN, LEWIS & BOCKIUS, LLP

PO BOX 8500 S-6050
PHILADELPHIA, PA 19178

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	116193	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YOUHOUSE, JOSEPH D.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	114524	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FENDERSON, MELISSA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	110645	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD, CHANTELE Y.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	104716	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUZA, CHERYL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	104218	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERIZON

PO BOX 660720
DALLAS, TX 75266

23-2259884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	101965	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)

NOACK, LADONNA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	101133	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REVEL, DONNA L.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	100411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEKOE, KOFI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	99677	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAMS, RENEE A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	98844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUERRA, MARY M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	98726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL, GERALD A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	97440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XIOLOGIX, LLC

PO BOX 1880
TUALATIN, OR 97062

93-1297700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	96876	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YIMER, TSEDAY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	95503	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHESNICK, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	95495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON, DAVID A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	95305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITE, AYEISHA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	94985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBINSON, KIVEN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	92238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOMINION ENERGY VIRGINIA

PO BOX 26543
RICHMOND, VA 23290

54-1836683

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	90368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SINCLAIR, NEICOLE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	88973	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHIFER, LINDA S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	88430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOGGS, SHARON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	87771	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KARAWA, CAROLYNE SANARE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	87591	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETERS, MICHAEL JR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	86972	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FITAW, SOLOMON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	86585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVIA, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	86435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATON-WALLIS, TRACY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	86350	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)

WILLIAMS, YURI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	85564	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLIS, ROBIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	85534	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILEY, ALEXANDER

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	85510	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)

ANDREWS, JUDY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	84932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSLEY, NAKETA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	84605	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH, TORIA S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	84088	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)

RICKENBAKER, PAUL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	83845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROCTOR, CHRISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	83501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN CALIFORNIA PIPETRADES

501 SHATTO PL 5TH FL
LOS ANGELES, CA 90020

95-4557526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	83193	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)

FULTZ, RUTH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	83128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLAASSEN, GREGORY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	83126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONGOLD, GARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	83076	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)

MORRISON, RYAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	82443	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEWIS, WILLIAM

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	82306	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONLON, DENNIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	81890	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JONES, NIKKI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	81765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOODMAN LAUREN A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	81140	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMB, DARLENE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	81112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAYSON, MARIBEL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	80809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KNIGHT, SHENIKA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	80228	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERTSON, JAMES A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	79965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCLEOD, JOANNE

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	79734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DICKENSON, MARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	79470	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POWELL, PENNY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	79021	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)

ST. REMY, CHRIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	78579	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KOPP III, ROBERT

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	77365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YOUHOUSE, MARIANELLA A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	75354	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREEN, TOLEATHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	75176	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERTSON, BEVERLY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	75028	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELiance STANDARD LIFE INSURANCE

1100 E WOODFIELD ROAD
SCHAUMBURG, IL 60173

36-0883760

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	75004	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)

GAILLARD, KIANA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	74753	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FENTY, CRYSTAL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	74443	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'CONNOR, KRISTINA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	74415	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)

WARD, STACY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	73834	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN VIRGINIA STAFFING, INC.

7115 LEESBURG PIKE 314
FALLS CHURCH, VA 22043

54-1549320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	73660	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATKINS, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	73073	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)

BUTCHEE, TONIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	72800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRANFORD, CYNTHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	72760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EWELL, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	72193	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)

SHAMLEY, BARBARA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	71653	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARITY, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	71482	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

P & R ENTERPRISE, INC

5681 COLUMBIA PIKE STE 101
FALLS CHURCH, VA 22041

52-0886864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	71374	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)

HUNT, JASON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	69538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRIKRYL, ANDREW G.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	68208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MURPHY, KAREN M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	67915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARK-WATSON, ANTONIE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	65213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FULLER, TAMARA S

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	65205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONGRESS ASSET MGMT

2 SEAPORT LANE
BOSTON, MA 02210

94-3362212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	65029	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)

SPENCER, MARIAH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	64761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRUMLEY, JOHN M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	64745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER, BRIANNA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	64570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACKSON, LILIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	64555	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COOPER, KEYONA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	64463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAYLOR, ANGELINE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	64344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REID, LARRY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	64305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIRSCHBERG, HEATHER

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	64139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AT&T

PO BOX 5094
CAROL STREAM, IL 60197

13-4924710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	63772	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)

DANIELS BARBOUR, JANICE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	63725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANK PARSONS PAPER CO INC.

PO BOX 791416
BALTIMORE, MD 21279

53-0179108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	62766	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANARE, ANDREW

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	62326	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)

ROMERO, LUZ A

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	61545	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BASCOPE, CHRISTINA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	61421	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTOMATIC DATA PROCESSING

11411 RED RUN BLVD
OWINGS MILLS, MD 21117

13-3036741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	60620	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)

RAMOS, YENY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	60201	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOODS, BRITTANY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	58832	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONCEPCION, ANA C

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	55794	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)

KRAMER WARNER ASSOCIATES, INC.

3545 RHODES AVENUE
NEWTOWN SQUARE, PA 19073

23-1742926

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	49038	Yes ☒ No ☐	Yes ☒ No ☐	6652	Yes ☐ No ☒

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

PAGE, STEPHANIE L

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	53048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSCOE, BRIANNA N.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	51329	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)

PKHAKADZE, LEKSO

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	48377	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUGO, DENNIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	47885	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PINO, MARK

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	46947	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)

BMA MEDIA GROUP, INC.

4091 ERIE STREET
WILLOUGHBY, OH 44094

34-1674265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	44855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AFLAC

1932 WYNNTON RD
COLUMBUS, GA 31999

58-0663085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	44334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUMAN CAPITAL CONSULTANTS, LLC.

PO BOX 787
ALEXANDRIA, VA 22313

92-0195679

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	43500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONVERGEONE INC

PO BOX 1450
MINNEAPOLIS, MN 55485

41-1763228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	43013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSIGHT DIRECT USA INC

PO BOX 731069
DALLAS, TX 75373

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	40580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RECIPROCITY ADMINISTRATION SVCS, IN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

20-1717978

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	39720	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

40 BROAD STREET
NEW YORK, NY 10004

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	35925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SWEENEY JR, WILLIAM

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	35718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE

333 WEST 34TH STREET
NEW YORK, NY 10087

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?
49 50	NONE	34936	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

DALTON WHARF ASSOCIATION INC

2112 GALLOWS RD STE C2
VIENNA, VA 22182

54-1182576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	30075	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION BENEFIT INFORMATION

900 LARKSPUR LANDING CIRCLE
LARKSPUR, CA 94939

82-2042737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	29036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AVAYA COMMUNICATIONS, INC.

PO BOX 5332
NEW YORK, NY 10087

22-3713430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	28052	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CULTURE AMP INC

13949 VENTURA BLVD
SHERMAN OAKS, CA 91423

43-3135453

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	27270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPEIU

8555 16TH STREET
SILVER SPRING, MD 20910

53-9120575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	26668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALL STATE COURIER INC

801 N PITT STREET
ALEXANDRIA, VA 22314

27-0742550

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	25991	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)

OLIVER, CHRIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	EMPLOYEE	25582	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELL MARKETING LLP

PO BOX 643561
PITTSBURGH, PA 15264

74-2616805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	24307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPEN TEXT, INC.

951 MARINERS ISLAND BLVD
SAN MATEO, CA 94404

46-0525483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	21636	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)

ROMOLO & ASSOCIATES

1700 W LUTHY DRIVE
PEORIA, IL 61615

37-1077733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	21230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRED PRYOR SEMINARS

PO BOX 219468
KANSAS CITY, MO 64121-9468

43-1830400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	18974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY GENERATOR & EQUIPMENT INC

1955 DALE LN
OWINGS, MD 20736

52-1250908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	17424	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)

METRO MAIL SERVICES, INC.

7942 P CLUNY COURT
SPRINGFIELD, VA 22153

54-1988261

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	17007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

APTEAN ADAPTABLE SOLUTIONS, INC.

4301 DEAN LAKES BLVD
SHAKOPEE, MN 55379

41-1688659

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	15327	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANASTASI MOORE & MARTIN PLLC

9 S WASHINGTON ST
SPOKANE, WA 99202

20-8149084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15286	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)

SCHULTHEIS & PANETTIERI, LLP

450 WIRELESS BLVD
HAUPAUGUE, NY 11788

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	14403	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON GAS

PO BOX 37747
PHILADELPHIA, PA 19101

53-0162882

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13991	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EPICORE SOFTWARE CORP

DEPT 1547
LOS ANGELES, CA 90084

45-1478440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13785	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)

MURRAY & HEISTER, INC.

10101 H BACON DR
BELTSVILLE, MD 20705

53-0177727

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	13702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROTH STAFFING COMPANIES, LP

450 N. STATE COLLEGE BLVD
ORANGE, CA 92868

33-0633164

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXANDRIA RENEW ENTERPRISES

1800 LIMERICK STREET
ALEXANDRIA, VA 22314

54-6002976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10880	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)

CONNER AND WINTERS LLP

4000 ONE WILLIAMS CTR
TULSA, OK 74172

73-1388566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10639	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEAM B MARKETING INC

102 E WALNUT STREET
ALEXANDRIA, VA 22314

90-0660392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60062

76-0702630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70 50	NONE	10000	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)

ALLIANCE TECHNOLOGY GROUP

7010 HI TECH DRIVE
HANOVER, MD 21076

52-2060067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAKOW SOURIS & LANDRY

225 FRIEND STREET
BOSTON, MA 02114

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	9954	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROLLING GREENS, INC

7155 OLD ALEXANDRIA FERRY RD
CLINTON, MD 20735

54-1087867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL VISION ADMINISTRATORS

PO BOX 28144
NEW YORK, NY 10087

74-3033381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9086	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NCCMP

815 16TH STREET
WASHINGTON, DC 20006

52-1041104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	9000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLACK TECHNOLOGIES, INC.

500 HOWARD ST
SAN FRANCISCO, CA 94105

26-4400325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLANK ROME, LLP

ONE LOGAN SQUARE, 130 N 18TH STREET
PHILADELPHIA, PA 19103

23-1311874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIGICERT, INC

2801 NORTH
LEHI, UT 84043

41-2089542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7703	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COUNCIL OF INSTITUTIONAL INVESTORS

1717 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20006

52-1380217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7283	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)

GM FINANCIAL LEASING

75 REMITTANCE DRIVE, SUITE 1738
CHICAGO, IL 60675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POWER SOLUTIONS LLC

17201 MELFORD BLVD
BOWIE, MD 20715

52-2100793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARBEE ASSOCIATES, INC.

9300 GAITHER RD
GAITHERSBURG, MD 07101

22-2002596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6200	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)

INDOFF, INC.

PO BOX 842808
KANSAS CITY, MO 64184

43-0964848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6185	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEEDLES & ASSOCIATES

350 INTERLOCKEN BLVD
BROOMFIELD, CO 80021

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5778	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAVANAUGH & O'HARA LLP

2319 W JEFFERSON STREET
SPRINGFIELD, IL 62702

37-1259635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5723	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)

SPENCER FANE BRITT & BROWN LLP

PO BOX 872037
KANSAS CITY, MO 64187

44-0561981

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EASTERN FIRE PROTECTION

2135 ESPEY COURT STE 6
CROFTON, MD 21114

52-1796004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINTECH GLOBAL SECURE PAYMENT SOL.

3541 NW 115TH AVE
DORAL, FL 33178

27-3572498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5046	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	53	1313
(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.	
AM WINS PO BOX 603094 CHARLOTTE, NC 28260 13-4279678	SOCIAL ENGINEERING	
(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	53	1564
(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 300 ARBORETUM PLACE RICHMOND, VA 23236 06-0566090	EMPLOYMENT PRACTICES LIABILITY INSURANCE	
(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	53	57158
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 13-2988846	FIDUCIARY LIABILITY	

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	53	10432
(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 COMP 277 PARK AVENUE NEW YORK, NY 10172 06-0383750	FIDUCIARY LIABILITY	
(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	53	6288
(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 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	CYBER LIABILITY	
(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	53	27027
(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 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	FIDUCIARY LIABILITY	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>UNITED ASSOCIATION NATIONAL PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND</u>	D Employer Identification Number (EIN) <u>52-6152779</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>PNC BANK, NATIONAL ASSOCIATION</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>187353169</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEWTOWER TRUST COMPANY MEPT</u>		
b Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>226844442</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO SL STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>755106533</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO BALANCED-RISK ALLOCATION TR</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO</u>		
c EIN-PN <u>26-6399613-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>208888889</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMINGLED PENSION TRUST FUND</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, NA</u>		
c EIN-PN <u>13-4169575-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>91109737</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT WORLD BOND TRUST</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>20-8080381-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63057500</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS PREFERRED STOCK FUND II, LLC</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
c EIN-PN <u>16-1626084-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54491144</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND INDEX		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC		
c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 467061289
a Name of MTIA, CCT, PSA, or 103-12 IE: NIT COLLECTIVE RUSSELL 1000 VALUE		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC		
c EIN-PN 45-6138589-098	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86419130
a Name of MTIA, CCT, PSA, or 103-12 IE: NIT COLLECTIVE RUSSELL 2000 GROWTH		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC		
c EIN-PN 45-6138589-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66823403
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER COLLECTIVE INVESTMENT TRUS		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 46-4679164-072	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 204769931
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SENIOR LOAN TRUST FUND		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO		
c EIN-PN 06-1440627-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115026856
a Name of MTIA, CCT, PSA, or 103-12 IE: BELL AUSTRALIA TRUST		
b Name of sponsor of entity listed in (a): BELL ASSET MANAGEMENT LTD		
c EIN-PN 04-3412674-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 204717815
a Name of MTIA, CCT, PSA, or 103-12 IE: BELL GLOBAL TRUST		
b Name of sponsor of entity listed in (a): BELL ASSET MANAGEMENT LTD		
c EIN-PN 26-0733642-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93248122
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY SERIES		
b Name of sponsor of entity listed in (a): RBC GLOBAL ASSET MANAGEMENT (US) INC		
c EIN-PN 47-4883422-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106816985
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT J		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-201	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115063274
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)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div> This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	65109869	64918653
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	37448912	27267210
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	35041984	22994401
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	80833359	54448986
(2) U.S. Government securities	1c(2)	138794280	151810210
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	411051757	348567208
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1861347954	1272263915
(5) Partnership/joint venture interests	1c(5)	1076454599	1190934441
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	2801748029	2526952023
(10) Value of interest in pooled separate accounts	1c(10)	113584342	115063274
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	497595737	404782922
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	427469699	350042766
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2058616	2130667
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	4854328	4301378
f Total assets (add all amounts in lines 1a through 1e)	1f	7553393465	6536478054

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	46569433	36203867
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	46569433	36203867

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7506824032	6500274187
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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)	411274392	
(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)		411274392
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	87307	
(B) U.S. Government securities	2b(1)(B)	2250180	
(C) Corporate debt instruments	2b(1)(C)	19191261	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	54639761	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		76168509
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	20105850	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4213747	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		24319597
(3) Rents	2b(3)		75301
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2750693254	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2553956484	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		196736770
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-487824860	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-487824860

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-377719829
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		2111037
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-65045780
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-58638109
c Other income.....	2c		387464
d Total income. Add all income amounts in column (b) and enter total.....	2d		-278155508
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	686308396	
(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)		686308396
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	2231659	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	16378171	
(4) Other.....	2i(4)	23476111	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		42085941
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		728394337
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1006549845
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
4g		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 458212 _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779

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	1171

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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

0.98

b The corresponding number for the second preceding plan year

15b

1.14

- 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

9

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

739993

- 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) through (c)

a Enter the percentage of plan assets held as:

Stock: 58.0 % Investment-Grade Debt: 11.0 % High-Yield Debt: 6.0 % Real Estate: 10.0 % Other: 15.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 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 _____



UNITED ASSOCIATION NATIONAL PENSION FUND

FINANCIAL STATEMENTS

JUNE 30, 2022





UNITED ASSOCIATION NATIONAL PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
United Association National Pension Fund
Alexandria, Virginia

Opinion

We have audited the accompanying financial statements of United Association National 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 June 30, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of June 30, 2022 and changes therein for the year then ended and its financial status as of June 30, 2021 and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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

Plan management is responsible for the preparation and fair presentation of these 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 within one year after the date that the financial statements are available to be issued.

Auditor's Responsibility 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 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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess that 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 judgement, 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 schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Other Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses 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.

CaliberCPAGroup, PLLC

Bethesda, MD
February 9, 2023



UNITED ASSOCIATION NATIONAL PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2022 AND 2021

	2022	2021
Assets		
Investments		
Investments, at fair value	\$ 6,416,996,412	\$ 7,410,938,372
Investments on loan	<u>(86,832,715)</u>	<u>(157,209,039)</u>
Investments on hand	<u>6,330,163,697</u>	<u>7,253,729,333</u>
Securities lending		
Investments on loan	86,832,715	157,209,039
Cash collateral held for securities on loan	88,884,881	160,738,611
Obligations to refund collateral	<u>(88,884,881)</u>	<u>(160,738,611)</u>
Net securities lending	<u>86,832,715</u>	<u>157,209,039</u>
Receivables		
Employer contributions and reciprocals	26,927,221	36,870,425
Withdrawal liability (net)	339,989	578,487
Interest and dividends	7,201,629	6,828,283
Due from broker for securities sold	15,387,133	27,786,087
Other	<u>405,639</u>	<u>427,614</u>
Total receivables	<u>50,261,611</u>	<u>72,490,896</u>
Prepaid expenses and deposits	<u>100,175</u>	<u>694,838</u>
Property and equipment (net of depreciation and amortization)	<u>4,201,203</u>	<u>4,159,490</u>
Cash, noninterest bearing	<u>64,918,653</u>	<u>65,109,869</u>
Total assets	<u>6,536,478,054</u>	<u>7,553,393,465</u>
Liabilities		
Due to broker for securities purchased	24,201,734	33,138,130
Trade creditors	2,531,363	2,933,115
Others	<u>9,470,770</u>	<u>10,498,188</u>
Total liabilities	<u>36,203,867</u>	<u>46,569,433</u>
Net assets available for benefits	<u>\$ 6,500,274,187</u>	<u>\$ 7,506,824,032</u>

See accompanying notes to financial statements.



UNITED ASSOCIATION NATIONAL PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2022 AND 2021

	2022	2021
Additions		
Investment income		
Net appreciation (depreciation) in fair value		
of investments and foreign currency translation	\$ (790,380,771)	\$ 1,663,252,814
Interest and dividends	100,488,106	92,174,636
Commissions recovered	12,648	32,713
Rental income (net of expenses)	75,301	75,608
	<u>(689,804,716)</u>	<u>1,755,535,771</u>
Less: investment expenses	16,378,171	18,487,031
Net investment income (loss)	<u>(706,182,887)</u>	<u>1,737,048,740</u>
Contributions		
Employer contributions and reciprocals (net)	410,595,858	390,382,533
Withdrawal liability	678,534	14,963
Total contributions	<u>411,274,392</u>	<u>390,397,496</u>
Other income	374,816	336,232
Total additions	<u>(294,533,679)</u>	<u>2,127,782,468</u>
Deductions		
Benefits paid directly to participants	686,308,396	677,535,524
Administrative expenses	25,707,770	28,619,180
Total deductions	<u>712,016,166</u>	<u>706,154,704</u>
Net change	(1,006,549,845)	1,421,627,764
Net assets available for benefits		
Beginning of year	7,506,824,032	6,085,196,268
End of year	<u>\$ 6,500,274,187</u>	<u>\$ 7,506,824,032</u>

See accompanying notes to financial statements.



UNITED ASSOCIATION NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of United Association National Pension Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan Booklet for more complete information.

The Board of Trustees voted to amend the Plan name from Plumbers and Pipefitters National Pension Fund to United Association National Pension Fund effective July 1, 2021

General - The Plan is a defined benefit pension plan. It is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is funded by participating employers' contributions to the Plan in accordance with collective bargaining agreements.

Pension Benefits - Benefit payments to participants are based upon type of pension, age, and pension credits earned. The Plan provides normal, reduced, early retirement, disability, deferred, vesting, severance, disability severance benefit, spouse's pre-retirement, and pre-retirement lump sum death benefits.

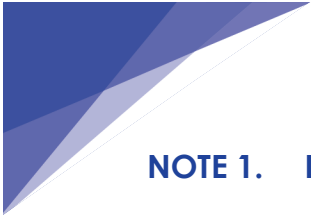
Normal Pension - Participants qualify for a normal pension benefit at age 65 or, if later, the fifth anniversary of participation. A participant receives one full year of pension credit, for each year of 1,500 hours which is prorated for each 150 hours less than 1,500 for service following the contribution date (first date a contributing employer makes contributions to the Plan under a collective bargaining agreement). Benefit accrual rates vary based on the year of service and the number of hours worked.

Reduced Pension - Participants qualify for a reduced pension at age 65, with a credited service requirement of at least 1,500 hours of service after the contribution date.

Early Pension - Participants qualify for an early pension at age 55, with a credited service requirement of five years of pension credit, including 1,500 hours after the contribution date.

Disability Pension - Participants qualify for a disability pension at any age, with a credited service requirement of five years of pension credit, including 1,500 hours after the contribution date, 500 hours in the 24-month period preceding disability and a social security disability award.

Deferred Pension - Participants qualify for a deferred pension at age 40, with a credited service requirement of 15 years of pension credit, including five years of future service credit.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Vesting - Participants qualify for a vesting at any age, with a credited service requirement of five years of vesting credit.

Severance Benefit - Participants qualify for a severance benefit at any age, with a credited service requirement of five years of future service credit as of June 30, 1982, but before eligibility for vesting.

Disability Severance Benefit - Participants qualify for a disability severance benefit, with a credited service requirement of less than five years of pension credit, but at least 1,500 hours after the contribution date, 500 hours in the 24-month period preceding disability and a social security disability award.

Spouse's Pre-Retirement Death Benefit - Participants qualify for a spouse's pre-retirement death benefit at any age and are eligible for an immediate or deferred pension.

Pre-Retirement Lump Sum Death Benefit - Participants qualify for a pre-retirement lump sum death benefit at any age if not eligible for a pre-retirement spouse pension.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred, except for the payment of benefits.

Investment Valuation and Income Recognition - Investments are recorded at fair value. The fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 10 for a discussion of fair value measurements.

Purchases and sales of investments are reported on a trade-date basis. Interest income is reported on the accrual basis. Dividends are reported on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Contributions and Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Contributions due the Plan as a result of audits of contributing employers are accrued at year end as plan assets and additions to plan assets only when collection in the subsequent period can be observed. Allowance for uncollectible accounts is considered unnecessary and not provided.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Withdrawal Liability Receivable and Income - The Plan assesses withdrawal liability to employers who have withdrawn from the Plan in accordance with plan provisions and related regulations. Amounts assessed as withdrawal liability contributions are recorded as receivable when collection of the assessment appears reasonably certain. An allowance for doubtful accounts is established based on estimates of the respective employer's ability to pay the amount owed.

The Plan had \$339,989 and \$923,363 recorded as withdrawal liability contributions receivable at June 30, 2022 and 2021, respectively. An allowance for doubtful collections of \$-0- and \$344,876 has been recorded as of June 30, 2022 and 2021, respectively.

Property and Equipment - Property and equipment are stated at cost, less accumulated depreciation or amortization computed on the straight-line method.

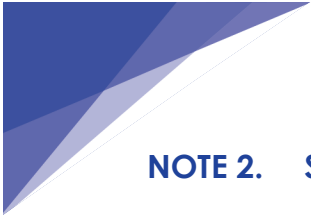
The following is a summary of net property and equipment:

	2022	2021
Land, building and improvements	\$ 12,017,204	\$ 11,826,332
Office furniture and furnishings	1,339,533	1,332,220
Data processing equipment	9,151,149	11,889,449
Office equipment	-	859,742
	<u>22,507,886</u>	<u>25,907,743</u>
Less: accumulated depreciation and amortization	<u>(18,306,683)</u>	<u>(21,748,253)</u>
Net property and equipment	<u>\$ 4,201,203</u>	<u>\$ 4,159,490</u>

Depreciation and amortization expense totaled \$297,443 and \$2,710,899 for the years ended June 30, 2022 and 2021, respectively.

Foreign Currency Translation - The accounting records of the Plan are maintained in U.S. dollars. The market value of foreign securities, currency holdings, and other assets and liabilities are recorded in the books and records of the Plan after translation to U.S. dollars based on the exchange rates on that day. The cost of each security is determined using historical exchange rates. Income and withholding taxes are translated at prevailing exchange rates when accrued or incurred. The Plan does not isolate that portion of realized or unrealized gains or losses resulting from changes in the foreign exchange rate on investments from fluctuations arising from changes in the market prices of the securities. Such gains and losses are included with the net realized and unrealized gain or loss on investments.

Net realized gains and losses of foreign currency transactions represent net realized exchange gains or losses on closed foreign currency contracts and disposition of foreign currencies.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Employer Contributions and Reciprocals (Net) - Contributions paid from employers under union agreements and reciprocals received, less reciprocals paid (net) for the fiscal years ended June 30, 2022 and 2021, is comprised of the following:

	2022	2021
Contributions from employers	\$ 391,761,108	\$ 368,093,340
Reciprocal receipts	<u>46,856,774</u>	<u>36,418,294</u>
	438,617,882	404,511,634
Deduct: reciprocal payments	<u>28,022,024</u>	<u>14,129,101</u>
Employer contributions and reciprocals (net)	<u>\$ 410,595,858</u>	<u>\$ 390,382,533</u>

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

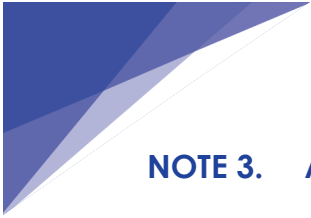
Estimates - The preparation of financial statements in accordance with the accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Administrative Expenses - The Plan's expenses are paid by the Plan, as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered.

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.



NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT (CONTINUED)

Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

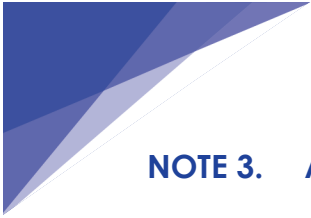
The actuarial present value of accumulated plan benefits is determined by an actuary from Cheiron and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments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

The actuarial present value of accumulated plan benefits as of July 1, 2021 (most recent valuation date) is as follows:

Vested benefits	
Participants currently receiving benefits	\$ 4,997,757,153
Terminated vested	1,052,631,802
Active participants	<u>2,466,815,370</u>
	8,517,204,325
Non-vested benefits	<u>185,577,174</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 8,702,781,499</u>

The factors that affected the change in actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

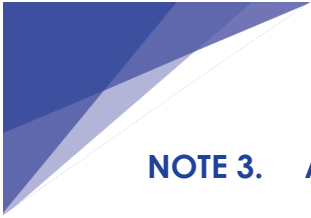
Actuarial present value of accumulated plan benefits at July 1, 2020	<u>\$ 8,446,874,688</u>
Change during the year attributed to	
Benefit accruals	134,808,648
Benefits paid	(677,535,524)
Interest	618,677,990
Experience gains	(28,364,464)
Changes in assumptions	<u>208,320,161</u>
Net change	<u>255,906,811</u>
Actuarial present value of accumulated plan benefits at July 1, 2021	<u>\$ 8,702,781,499</u>



NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT (CONTINUED)

The significant actuarial assumptions used in the valuations as of July 1, 2021 were:

Healthy life mortality rates:	RP-2000 Combined Mortality (Blue Collar) with ages set forward two years and generational mortality improvements using 75% of Scale AA.
Disabled life mortality rates:	RP-2000 Disabled Mortality with ages set forward two years and generational mortality improvements using 75% of Scale AA.
Disability rates:	Starting at age 25 with a .026% disability probability moving in increments up to age 65 which has a 0.00% disability probability.
Rate of turnover:	Starting at 1 year of service with a 15% rate of turnover moving in increments up to 39 & greater years of service at a 2.5% rate of turnover.
Rate of retirement:	Starting at age 55 with a 10% retirement probability moving in increments up to age 70 which has a 100% retirement probability.
Percent married:	Social Security awards in 1972.
Spouse's age:	Assumed that husbands are three years older than their spouses.
Net investment return:	7.25% for current valuation; 7.50% for prior valuation.
Interest assumption for current liability:	2.33% for current valuation; 2.68% for prior valuation.
Annual service credits:	Assumed actives will earn 1.02 years of service per year based on the average annual hours of service.
Administrative expenses:	\$ 27,153,000 for current valuation; \$24,720,000 for prior valuation.
Actuarial value of assets:	The Actuarial asset value was reset to the market value this Plan year. Starting next Plan year, the actuarial asset value will be based on the market value of assets less a phased in portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. The 25% differences will be phased in



NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT (CONTINUED)

over the next four years. The actuarial value is further adjusted to be within 20% of the market value. If such an adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

Actuarial cost method: Unit Credit Method.

PRA 2010 Funding Relief: The Plan's Board of Trustees elected funding relief under 431 (b)(8) of the Code and 304(b)(8) of ERISA, specifically:

The "special amortization rule," which allowed the Plan's investment losses for the Plan's year ended June 30, 2009 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

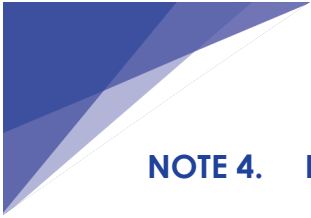
Since information on the accumulated plan benefits at June 30, 2022, and the changes therein for the year then ended are not included, the financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2022, and the changes therein for the year then ended, but a presentation of only the net assets available for benefits and the changes therein as of and for the year ended June 30, 2022. The complete financial status of the Plan is presented as of June 30, 2021.

NOTE 4. RETIREMENT PLANS

The Plan has a non-contributory defined benefit pension plan for employees. Actuarial valuations prepared by an actuary from Cheiron as of June 30, 2022 and 2021 presented the following:

	<u>2022</u>	<u>2021</u>
Actuarial present value of		
accumulated plan benefits		
Vested	\$ 43,232,565	\$ 41,172,605
Non-vested	<u>1,436,488</u>	<u>1,358,864</u>
	<u>\$ 44,669,053</u>	<u>\$ 42,531,469</u>

Pension expense totaled \$-0- and \$1,710,091 for the years ended June 30, 2022 and 2021, respectively.

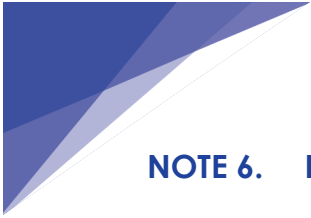


NOTE 4. RETIREMENT PLANS (CONTINUED)

The Plan has also established an employee savings plan under which employees may defer a portion of their annual compensation, pursuant to Section 401(k) of the Internal Revenue Code (IRC). All employees are eligible to participate and may contribute a percentage of their income on a pretax basis up to the dollar limits set by law. There is no matching employer contribution.

NOTE 5. PLAN TERMINATION

1. Right to Terminate - The Trustees shall have the right to discontinue or terminate the Plan in whole or in part. The rights of all affected participants to benefits accrued to the date of termination, partial termination, or discontinuance to the extent funded as of such date shall be nonforfeitable.
2. Priorities of Allocation - In the event of termination, assets then remaining in the Plan after providing for any administrative expenses, shall be allocated among the pensioners, beneficiaries, and participants, in the following order:
 - (a) First, in the case of benefits payable as a pension:
 - (i) In the case of the pension of a participant or beneficiary which was in pay status as of the beginning of the 3-year period ending on the termination date of the Plan, to each such pension, based on the provisions of the Plan (as in effect during the 5-year period ending on such date) under which such pension would be the least. The lowest pension in pay status during the 3-year period shall be considered the pension in pay for such period.
 - (ii) In the case of a pension of a participant or beneficiary which would have been in pay status as of the beginning of such 3-year period if the participant had retired if his pension has commenced (in the standard form) as of the beginning of such period, to each such pension based on the provisions of the Plan (as in effect during the 5-year period ending on such date) under which the pension would be the least.
 - (b) Second, to all other benefits (if any) of the individuals under the Plan guaranteed under Title IV of ERISA.
 - (c) Third, to all other vested benefits under this Plan.
 - (d) Fourth, to all other benefits under this Plan.



NOTE 6. FUNDING POLICY

The Plan is financed by employer contributions in accordance with the formulas set forth in the collective bargaining agreements. The Plan met the minimum funding requirements of ERISA as of June 30, 2022 and 2021.

NOTE 7. INCOME TAX STATUS

The Plan obtained its latest determination letter on May 11, 2015, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

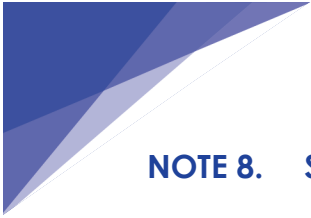
Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan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

NOTE 8. SECURITIES LENDING PROGRAM

The Trustees of the Plan have entered into an agreement with the bank that acts as custodian for the Plan's investments, which authorized the bank to lend securities held in the Plan's accounts 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 more than fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Plan's accounts with cash equal to the fair value of the loaned securities.

The Plan receives 80% of the net revenue derived from all securities lending activities, and the bank receives the remainder of the net revenue. Interest income reported in the statements of changes in net assets available for benefits includes \$270,949 and \$265,301 earned by the Plan during the years ended June 30, 2022 and 2021, respectively, in connection with the securities lending program.

Although the Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the borrower of securities will be unable to collateralize their loan upon a sudden material change in the fair value of the loaned



NOTE 8. SECURITIES LENDING PROGRAM (CONTINUED)

securities or the collateral, or that the bank's investment of cash collateral received from the borrowers of the Plan's securities may be subject to unfavorable market fluctuations. 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.

At June 30, 2022 and 2021, the fair value of securities loaned was \$86,832,715 and \$157,209,039, respectively, while the cash collateral held was \$88,884,881 and \$160,738,611, respectively. In accordance with Statement of Financial Accounting Standards No. 140, the value of the cash collateral held and a corresponding liability to return the collateral have been reported on the accompanying statements of net assets available for benefits.

NOTE 9. OTHER RISKS AND UNCERTAINTIES

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

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 would-be material to the financial statements.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include other significant observable inputs including:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;



NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following are the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2022 and 2021.

Short-term investments: Short-term investments are valued at amortized cost, which approximates fair value.

U.S. Government and agency obligations: 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 and foreign bonds and notes: 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.

Common and preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual and real estate funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Guaranteed investment contract with insurance company: The Plan's investment in the guaranteed investment contract is valued at fair value by the insurance company determining the payout based upon the current average credited rate and by calculating the present value of payouts based upon the credited rate available for new deposits into the fixed account of the investment.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2022 and 2021:

Description	Assets at Fair Value as of June 30, 2022			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 54,448,986	\$ 54,448,986	\$ -	\$ -
U.S. Government and agency obligations	151,810,210	100,730,204	51,080,006	-
Corporate bonds and notes	320,305,547	-	311,520,163	8,785,384
Foreign bonds	28,261,661	-	28,261,661	-
Common and preferred stocks	1,272,263,915	1,218,801,147	-	53,462,768
Mutual funds	275,946,977	275,946,977	-	-
Guaranteed investment contract with insurance company	2,130,667	-	-	2,130,667
Total assets in the fair value hierarchy	2,105,167,963	\$ 1,649,927,314	\$ 390,861,830	\$ 64,378,819
Investment measured at NAV*	4,311,828,449			
Total investments at fair value	\$ 6,416,996,412			

Description	Assets at Fair Value as of June 30, 2021			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 80,833,359	\$ 80,833,359	\$ -	\$ -
U.S. Government and agency obligations	138,794,280	116,255,326	22,538,954	-
Corporate bonds and notes	389,516,906	-	379,949,154	9,567,752
Foreign bonds	21,534,851	-	21,534,851	-
Common and preferred stocks	1,861,347,954	1,806,206,404	-	55,141,550
Mutual funds	335,260,463	335,260,463	-	-
Guaranteed investment contract with insurance company	2,058,616	-	-	2,058,616
Total assets in the fair value hierarchy	2,829,346,429	\$ 2,338,555,552	\$ 424,022,959	\$ 66,767,918
Investment measured at NAV*	4,581,591,943			
Total investments at fair value	\$ 7,410,938,372			

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

Sales of investments, whose fair value has been determined using significant unobservable inputs (Level 3), were \$-0- and \$2,385,352 for the years ended June 30, 2022 and 2021, respectively.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on NAV per share as of June 30, 2022 and 2021.

Description	June 30, 2022 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual funds	\$ 74,095,789	\$ -	Daily, monthly	30 Days
Common collective trusts	2,931,734,945	-	Daily, monthly	30 Days
Pooled separate account	115,063,274	-	Monthly	30 Days
Limited partnerships	1,190,934,441	289,990,347	N/A	N/A
	<u>\$ 4,311,828,449</u>	<u>\$ 289,990,347</u>		
Description	June 30, 2021 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual funds	\$ 92,209,236	\$ -	Daily, monthly	30 Days
Common collective trusts	3,299,343,766	-	Daily, monthly	30 Days
Pooled separate account	113,584,342	-	Monthly	30 Days
Limited partnerships	1,076,454,599	358,974,349	N/A	N/A
	<u>\$ 4,581,591,943</u>	<u>\$ 358,974,349</u>		

The Plan's investment in the mutual funds and common collective trusts are valued at the NAV of units of a collective trust or fund. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the Plan less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the trust or fund, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. Underlying assets in these funds primarily include publicly traded equity securities and fixed income securities.

The Plan's investment in the pooled separate account category is estimated fair values reported by the insurance company and is comprised of a single investment. The account's investment strategy aims to capitalize on opportunities in the U.S. commercial real estate market by making loans to borrowers in connection with the acquisition, development or refinancing related to multi-family (rental and for sale), multi-tenanted, single-tenanted and owner-occupied properties, including, but not limited to, office, medical office, anchored retail, industrial, and business-oriented hotels with major chains. The assets allocated to the account shall primarily consist of mortgage investments collateralized by first mortgages on real property. This investment is valued based on the underlying portfolio of investments valued primarily through cash flow models and appraisals.



NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investment in the limited partnerships category consists of numerous individual investments. These investments seek to achieve long term-growth of capital consistent with risk reduction through diversification. These investments are subject to various restrictions on redemption and frequency.

The fair values of limited partnerships recorded by the Plan are determined from financial statements received by the Plan from the limited partnerships or other entities in which the Plan has invested. Some of these financial statements are financial statements audited by independent accountants other than the Plan's independent auditors and some are unaudited financial statements. In addition, most of these investment vehicles operate as "fund of funds" which invest in limited partnerships and other nonmarketable investments. The entities in which the Plan invests prepare their financial statements stating their investments at fair value as determined in good faith by the general partner or by a third-party valuator based on the best information available, in the absence of readily ascertainable market values.

NOTE 11. PENSION PROTECTION ACT OF 2006

Under ERISA, as amended by the Pension Protection Act of 2006 (PPA) the actuary of the Plan certified that the Plan was in endangered (Yellow Zone) status for the Plan's year beginning July 1, 2009.

The Plan is no longer in endangered status for the Plan year beginning July 1, 2021 because its funded percentage is greater than 80 percent. In an effort to improve the Plan's funding status, on April 5, 2010, the Trustees adopted a "Funding Improvement Plan" (FIP), which is no longer in effect now that the Fund is no longer in endangered status. The FIP provided bargaining parties with the option of either increasing their contribution rate while maintaining the current level of benefits or lowering the benefit accrual level. These two alternative approaches satisfied the criteria for a funding improvement plan in accordance with IRC Section 432(c). The requirements of the funding improvement plan have been fully implemented.

NOTE 12. GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a guaranteed investment contract with Brighthouse Financial Life Insurance Company (the Company). The Company maintains the contributions in an unallocated general account fund to which it adds interest at a rate of 3.50% per annum.

The contracts are credited an interest rate, which generally varies with each deposit. There is no specific formula used to credit interest rates, and the interest rates are not tied to the performance of a set of assets. The interest rates are credited based upon a number of factors, including, but not limited to, the level of net investment income that the company can earn on its newly purchased general account assets, the absolute level of interest rates, the shape of the yield curve, how interest rates have moved since the



NOTE 12. GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

inception of the contract, the minimum guaranteed interest rate, and interest rates on alternative investments. The contract has a minimum guaranteed interest rate of 3.50%. Interest received by the Plan were \$72,400 and \$69,574 for the years ended June 30, 2022 and 2021, respectively.

NOTE 13. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As disclosed in Note 2, the Plan pays certain administrative, investment and professional fees to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA. In addition, as disclosed in Note 4, the Plan contributes to the United Association National Pension Fund Staff Retirement Plan, a separate defined benefit plan, related through common Trustees.

NOTE 14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through February 9, 2023, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION





UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2022 AND 2021

	2022	2021
Audit and Accounting fees and expenses	\$ 500,349	\$ 520,741
Actuarial services and expenses	312,172	225,293
Contribution-staff retirement plan	-	1,710,091
Depreciation and amortization	297,443	2,710,899
Dues and subscriptions	23,566	21,303
Employees' benefits	2,988,969	2,754,259
Equipment, rent, maintenance and repairs	394,565	435,095
Insurance expense	686,710	663,006
Legal fees and expenses	1,419,138	1,356,261
Other expenses	49,659	15,725
Outside services	721,799	503,007
Payroll expenses	9,687,044	9,850,205
Pension Benefit Guaranty Corporation premiums	5,184,519	4,966,734
Postage, freight and express	367,170	228,044
Printing, stationery, and office supplies	292,616	247,511
Records storage expenses	166,388	157,075
Software expenses	852,584	616,846
Taxes		
Payroll	728,807	718,249
Other	194,838	189,737
Telephone and communications	231,226	232,203
Travel	142,047	21,312
Virginia property expense	466,161	475,584
Total administrative expenses	<u>\$ 25,707,770</u>	<u>\$ 28,619,180</u>

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

1. Normal Pension

Age Requirement	65 or, if later, the fifth anniversary of participation.
Commencement of Credited Service	A participant receives one full year of Pension Credit, for each year of 1,500 which is prorated for each 150 hours less than 1,500 for service following the Contribution Date.
Benefit	The monthly Normal Pension amount is equal to the benefit accrued under the Plan in effect December 31, 2004 under Schedule A plus accrual of benefits under Schedule B for service in 2005 plus benefits accrual under Schedule B or C, depending on whether a 25% increase in the current contribution rate was adopted as of July 1, 2006 for 2006, plus Schedule D thereafter, based on the contribution rate and prorated for less than 35 years of credited service as follows:

Schedule A – benefit rates prior to January 1, 2005

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$140	\$2.10	\$2,333
0.20	281	2.20	2,418
0.30	420	2.30	2,495
0.40	559	2.40	2,570
0.50	699	2.50	2,647
0.60	825	2.60	2,722
0.70	937	2.70	2,800
0.80	1,054	2.80	2,876
0.90	1,167	2.90	2,951
1.00	1,280	3.00	3,027
1.10	1,394	3.10	3,104
1.20	1,494	3.20	3,181
1.30	1,593	3.30	3,256
1.40	1,692	3.40	3,325
1.50	1,793	3.50	3,396
1.60	1,893	3.60	3,460
1.70	1,987	3.70	3,536
1.80	2,071	3.80	3,606
1.90	2,158	3.90	3,676
2.00	2,245	4.00	3,746

For contribution rates over \$4.00 per hour, 2.25% of the additional contribution is added to the monthly normal pension, or if greater, the pension determined from the \$1.10 contribution rate plus 2.25% of the contribution rate in excess of \$1.10.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

Schedule B – for benefits earned in 2005 and for 2006 and later under agreements if the 25% contribution increase is not adopted as of July 1, 2006.

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$ 0.10	\$ 35	\$ 2.10	\$ 583
0.20	70	2.20	604
0.30	105	2.30	624
0.40	140	2.40	643
0.50	175	2.50	662
0.60	206	2.60	680
0.70	234	2.70	700
0.80	264	2.80	719
0.90	292	2.90	738
1.00	320	3.00	757
1.10	349	3.10	776
1.20	373	3.20	795
1.30	398	3.30	814
1.40	423	3.40	831
1.50	448	3.50	849
1.60	473	3.60	867
1.70	497	3.70	884
1.80	518	3.80	902
1.90	540	3.90	919
2.00	561	4.00	937

On and after January 1, 2005, contribution rates at \$4.01 and above provide additional monthly benefits of 0.375% of all contributions above \$4.00 per hour under Schedule B.

Schedule C – for benefits earned in 2006 under agreements if the 25% increase in contributions is adopted as of July 1, 2006

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$73	\$2.60	\$1,157
0.20	112	2.70	1,191
0.30	169	2.80	1,225
0.40	224	2.90	1,255
0.50	280	3.00	1,285
0.60	336	3.10	1,316
0.70	386	3.20	1,345
0.80	431	3.30	1,376
0.90	476	3.40	1,407
1.00	527	3.50	1,438
1.10	572	3.60	1,468
1.20	617	3.70	1,498
1.30	664	3.80	1,528
1.40	706	3.90	1,559
1.50	747	4.00	1,590
1.60	786	4.10	1,621
1.70	826	4.20	1,649
1.80	867	4.30	1,676
1.90	907	4.40	1,705
2.00	946	4.50	1,733
2.10	985	4.60	1,761
2.20	1,019	4.70	1,789
2.30	1,054	4.80	1,817
2.40	1,088	4.90	1,845
2.50	1,122	5.00	1,873

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

On and after January 1, 2006, contribution rates at \$5.01 and above provide additional monthly benefits of 0.75% of all contributions above \$5.00 per hour under Schedule C.

Schedule D – for benefits earned in 2007 and later under agreements if the 25% increase in contributions is adopted as of January 1, 2007.

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$109	\$2.60	\$1,736
0.20	169	2.70	1,787
0.30	254	2.80	1,837
0.40	337	2.90	1,882
0.50	420	3.00	1,927
0.60	504	3.10	1,974
0.70	579	3.20	2,018
0.80	647	3.30	2,064
0.90	714	3.40	2,111
1.00	791	3.50	2,157
1.10	859	3.60	2,202
1.20	926	3.70	2,247
1.30	995	3.80	2,293
1.40	1,059	3.90	2,339
1.50	1,120	4.00	2,386
1.60	1,180	4.10	2,431
1.70	1,240	4.20	2,473
1.80	1,301	4.30	2,514
1.90	1,360	4.40	2,557
2.00	1,420	4.50	2,599
2.10	1,477	4.60	2,641
2.20	1,528	4.70	2,683
2.30	1,581	4.80	2,725
2.40	1,632	4.90	2,767
2.50	1,684	5.00	2,809

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

On and after January 1, 2007, contribution rates at \$5.01 and above provide additional monthly benefits of 1.125% of all contributions above \$5.00 per hour under Schedule D.

The benefits valued in this report do not reflect any other benefits structure adopted that may be contingent on accrual rates based on the adoption of higher contributions subsequent to July 1, 2007.

For contracts bargained in accordance with Option 2 of the Funding Improvement Plan (Reduction in Future Accruals), the accrual schedules above are reduced by 75% for benefits earned on or after July 1, 2012 (referred to as Schedule G).

2. Reduced Pension

Age Requirement	65
Credited Service Requirement	Pension Credit, including 1,500 hours after the Contribution Date.
Benefit	Normal Pension proportionately reduced for service less than 35 years. Reduction does not apply to the portion of the benefit, if any, based on 2.25% of contributions.

3. Early Pension



Age Requirement	55
Credited Service Requirement	Five years of Pension Credit, including 1,500 hours after the Contribution Date.
Benefit	Normal or Reduced Pension (based on number of Pension Credits at retirement) reduced by 1.5% for each year of age less than 62 (to age 60) and by 6% for each year less than age 60. For certain groups making supplemental contributions, unreduced early retirement benefits are payable at ages 55 – 61, if age plus years of service totals at least 85.

4. Disability Pension

Age Requirement	None
Credited Service Requirement	Five years of Pension Credit, including 1,500 hours after the Contribution Date, 500 hours in the 24 month period preceding disability and a Social Security Disability Award.
Benefit	Normal or Reduced Pension based on number of Pension Credits at disability.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

5. Deferred Pension

Age Requirement	40
Credited Service Requirement	15 years of Pension Credit, including five years of Future Service Credit.
Benefit	Normal or Reduced Pension (based on Pension Credits at termination). Payable on or after age 55, reduced by 1.5% for each year of age less than 62 (to age 60) and by 6% for each year less than age 60.

6. Vesting

Age Requirement	None
Credited Service Requirement	Five years of Vesting Credit
Benefit	Normal or Reduced Pension based on Future Service only payable at Normal Retirement Age.
Normal Retirement Age	Later of age 65 or age on fifth anniversary of participation.

7. Severance Benefit

Age Requirement	None
Credited Service Requirement	Five years of Future Service Credit as of June 30, 1982, but before eligibility for vesting.
Benefit	50% of contributions made on the employee's behalf through June 30, 1982.

8. Disability Severance Benefit

Credited Service Requirement	Less than five years of Pension Credit by 1,500 hours after the Contribution Date, 500 hours in the 24 month period preceding disability and a Social Security Disability Award.
Benefit	100% of contributions made on the employee's behalf. If vested, the greater of 100% of contributions or the present value of the accrued benefit.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

9. Spouse's Pre-Retirement Death Benefit

Age Requirement	None
Credited Service Requirement	Eligible for an immediate or deferred pension.
Benefit	100% of the benefit the employee would have received had he retired the day before he died and elected the Husband and Wife option. If the employee dies before age 55, then the benefit is computed as if he died on his 55 th birthday and payments will be made commencing on the first of the month following the date he would have attained age 55.

10. Pre-Retirement Lump Sum Death Benefit

Age Requirement	None
Credited Service Requirement	None. Not eligible for a Pre-retirement Spouse Pension.
Benefit	100% of contributions made on the employee's behalf.

11. Post-Retirement Death Benefit(s)

Five Year Certain Guarantee if Husband and Wife coverage is rejected.

Husband and Wife – If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. In the event that the spouse predeceases the pensioner, the benefit shall be increased by the percentage reduction previously applied. If rejected or not married, benefits are payable for the life of the employee with five years of payment guaranteed to all pensioners without reduction or in any other available option form elected by the employee in an actuarially equivalent amount.

12. Past Service Credit

Years of Service after the Contribution Date:

Contribution Date	Maximum Years of Past Service Credit
Prior to January 1, 1980	24
January 1, 1980 through December 31, 1982	20
January 1, 1983 through December 31, 1985	15
January 1, 1986 through December 31, 1999	10
On or after January 1, 2000	5

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

13. Future Service Credit

Years of Service after the Contribution Date:

Hours Worked in the Calendar Year	Future Service Credit
2,100 or more	1-2/10
1,800 – 2,099	1-1/10
1,500 – 1,799	1
1,350 – 1,499	9/10
1,200 – 1,349	8/10
1,050 – 1,199	7/10
900 – 1,049	6/10
750 – 899	5/10
600 – 749	4/10
450 – 599	3/10
300 – 449	2/10
150 – 299	1/10
Less than 150	0

14. Pension Credit

Sum of Past Service Credit and Future Service Credit.

Participation	Effective upon working in Covered Employment for at least 870 hours in a period of 12 consecutive months.
Vesting Service	870 hours = 1 year

15. Contribution Date

First date a contributing employer makes contributions to the Plan under a Collective Bargaining Agreement.

16. Changes in Benefits Since Last Year

None.

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
	(b) Identity of issuer, borrower, lessor or similar party					(d)	(e)	
(a)		Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value	
<u>Short-term investments</u>								
	CLIENT CASH COLLATERAL WITH HSBC	MONEY MARKET	N/A	N/A	730,000	\$ 6	\$ 729,999	
	DREYFUS TREASURY PRIME CASH	MONEY MARKET	N/A	N/A	8,151,921	8,151,921	8,151,921	
	FEDERATED HERMES GOVERNMENT	MONEY MARKET	N/A	N/A	34,173,858	34,173,858	34,173,858	
	RESERVE INVT FDS INC #25	MONEY MARKET	N/A	N/A	860,898	860,898	860,898	
	USA TREASURY BILLS	TREASURY BILL	07/28/2022	N/A	4,632,000	4,619,391	4,628,248	
	USA TREASURY BILLS	TREASURY BILL	11/03/2022	N/A	5,594,000	5,560,418	5,555,513	
	USA TREASURY BILLS	TREASURY BILL	11/25/2022	N/A	175,000	173,690	173,549	
	USA TREASURY BILLS	TREASURY BILL	06/30/2022	N/A	175,000	174,768	175,000	
	Total short-term investments					53,714,950	54,448,986	
<u>U.S. Government and agency obligations</u>								
	FEDERAL HOME LN MTG CORP	U.S. GOV/AGENCY OBL.	07/01/2032	7.00%	8,079	8,363	8,836	
	FEDERAL HOME LN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2032	7.00%	23,987	24,830	25,735	
	FEDERAL HOME LOAN MTG	U.S. GOV/AGENCY OBL.	03/01/2048	4.50%	28,294	30,116	28,731	
	FEDERAL HOME LOAN MTG	U.S. GOV/AGENCY OBL.	05/01/2049	4.00%	10,550	11,053	10,523	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2032	7.00%	21,164	21,908	23,266	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2032	7.00%	19,700	20,392	21,267	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2049	4.50%	53,001	55,842	53,516	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	07/15/2031	0.00%	70,000	60,006	52,444	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2050	3.00%	130,929	138,232	122,211	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2049	4.00%	61,979	66,405	61,834	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2049	4.00%	9,506	9,885	9,515	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	07/01/2049	4.50%	58,436	62,910	58,870	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2049	4.50%	136,676	148,272	137,476	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2049	3.00%	21,454	22,496	20,037	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2049	3.00%	57,338	60,125	53,552	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2050	4.50%	120,732	131,220	121,609	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	03/01/2050	3.00%	85,712	91,069	80,444	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	04/01/2050	3.50%	342,073	364,698	334,955	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2050	3.00%	77,067	80,836	71,936	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2050	3.00%	92,192	96,917	86,102	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2051	3.00%	93,127	97,667	86,954	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	3.00%	163,041	170,913	152,340	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	3.00%	479,793	502,921	448,113	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	3.00%	243,872	255,647	227,864	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	3.00%	204,995	215,437	191,793	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	4.00%	178,291	191,384	176,242	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	3.50%	269,979	288,286	260,208	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2051	3.00%	399,777	419,141	374,659	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	158,526	164,471	148,121	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	141,431	146,138	132,592	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	218,609	220,556	204,014	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	166,398	167,776	155,294	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	256,000	242,720	238,654	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	03/01/2052	3.00%	196,147	196,944	183,052	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	237,792	238,981	221,919	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2052	4.00%	315,000	316,969	311,428	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2052	5.50%	170,000	177,464	176,919	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2051	4.00%	205,195	222,348	202,901	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2052	4.00%	193,240	203,083	191,572	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	04/01/2042	2.50%	961,508	898,273	884,934	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2042	2.50%	208,500	193,710	191,708	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2050	3.00%	145,031	148,022	135,459	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	591,912	598,849	552,396	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	07/01/2050	4.00%	134,027	139,975	133,791	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	344,754	337,104	334,001	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	194,157	188,726	186,946	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2050	1.50%	1,252,873	1,061,418	1,041,488	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2050	1.50%	1,574,297	1,324,746	1,308,682	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2052	5.00%	310,000	318,622	316,743	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2047	3.50%	67,665	72,592	66,334	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2051	2.50%	172,428	179,083	155,356	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	2.00%	1,875,467	1,872,217	1,633,213	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	2.50%	1,801,851	1,850,084	1,623,450	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2052	3.50%	2,269,218	2,232,275	2,185,007	
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2052	4.00%	1,102,342	1,091,836	1,088,310	
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/25/2042	3.00%	3,265,000	2,953,156	3,040,270	
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/13/2007	5.00%	2,420,000	2,437,371	2,457,099	
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/31/2049	5.50%	1,055,000	1,076,924	1,088,296	
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2029	7.00%	175	209	186	
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2032	7.00%	19,186	19,933	20,531	
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2029	7.00%	7,835	8,140	8,319	

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2037	VAR	139	\$	140	\$ 138
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2022	6.00%	7		8	7
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2024	3.02%	250,000		253,525	249,860
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2047	5.00%	46,851		49,615	48,359
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2047	3.50%	83,141		88,065	81,304
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2048	3.50%	63,189		67,129	61,687
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2049	3.00%	104,120		108,545	97,141
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2048	4.50%	128,166		139,100	129,133
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2033	3.50%	10,320		10,666	10,318
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2048	4.50%	8,971		9,466	9,028
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2048	4.00%	63,829		68,177	63,799
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2048	4.00%	35,963		37,098	35,995
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2027	3.82%	29,339		32,042	28,954
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2025	3.79%	370,000		394,825	370,241
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2029	4.20%	200,000		225,031	206,316
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2026	3.02%	240,000		252,000	238,183
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2049	5.00%	12,820		13,678	13,206
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2049	4.00%	14,430		15,017	14,467
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2049	4.00%	67,725		70,530	67,838
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2049	5.00%	76,501		83,924	78,546
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2049	3.50%	65,393		69,031	63,505
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2049	3.00%	71,586		75,064	66,884
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2050	4.00%	216,872		231,510	214,588
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2049	3.50%	42,783		44,304	41,854
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2050	3.00%	47,832		48,609	44,616
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2050	3.00%	31,109		32,645	29,058
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2050	3.50%	74,955		78,469	72,467
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2050	3.50%	31,232		33,267	30,333
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2050	3.50%	92,065		96,380	88,708
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2051	3.00%	132,528		135,282	123,667
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2051	3.00%	204,603		215,920	191,040
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2051	1.50%	211,204		178,402	175,661
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2051	3.00%	185,534		193,738	173,248
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2051	3.50%	223,192		237,071	215,090
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2051	3.00%	206,049		216,810	192,524
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	106,383		107,131	99,943
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.00%	442,687		418,546	414,187
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.00%	278,634		263,396	260,762
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.50%	54,693		56,120	52,760
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2052	5.00%	125,000		128,584	127,731
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2048	4.50%	114,025		123,272	114,896
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2049	4.50%	119,248		129,217	121,377
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2050	4.00%	170,550		180,676	169,835
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2050	3.00%	285,909		300,294	267,425
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	3.00%	198,364		201,897	185,236
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	4.50%	53,907		59,222	54,328
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2051	3.00%	370,121		358,901	345,201
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2051	4.00%	175,835		191,949	173,899
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2051	4.00%	387,586		418,957	383,133
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2051	3.00%	484,397		474,028	452,059
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2052	3.50%	462,963		477,431	445,931
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2049	4.50%	95,465		103,595	96,184
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2049	4.00%	19,469		20,254	19,460
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2050	4.00%	20,191		21,238	20,064
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2049	4.00%	125,292		134,122	125,304
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2050	4.50%	110,461		119,937	111,112
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2050	3.00%	80,429		84,438	75,082
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2050	4.50%	172,964		187,071	174,266
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	3.00%	245,563		257,303	229,333
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2050	3.50%	267,140		283,586	260,430
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2050	4.50%	118,618		129,442	119,567
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2051	3.50%	-		126,150	118,981
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2051	3.00%	167,939		173,423	159,043
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2051	4.00%	312,200		325,224	308,981
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2051	3.00%	199,802		205,890	188,462
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2051	3.50%	-		327,357	307,601
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	248,285		250,031	232,805
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	-		159,175	147,902
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	192,134		198,048	180,089
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	-		280,020	258,778
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	500,635		508,849	470,462
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	87,769		88,990	82,037
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	152,921		154,809	142,955

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(b) Identity of issuer, borrower, lessor or similar party							(d) Cost	(e) Current value
(a)		Description	Maturity date	Rate of interest	Par/Maturity value or shares			
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	454,287	\$	456,612	\$ 425,744
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.50%	484,365		496,625	467,964
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2052	3.00%	1,082,558		1,050,335	1,010,286
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2052	3.00%	251,260		256,364	235,265
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2052	3.00%	176,561		178,465	165,576
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	350,278		349,129	338,400
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	587,715		571,645	566,005
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	162,638		159,182	156,885
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2041	2.50%	385,914		358,116	355,237
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2050	1.50%	623,971		525,062	519,225
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2051	1.50%	2,926,629		2,452,057	2,434,779
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2051	4.00%	48,710		52,256	48,107
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2051	4.00%	276,051		298,307	272,539
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2051	4.00%	98,604		106,523	97,459
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2042	2.50%	506,772		470,823	466,108
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2052	5.00%	215,000		218,628	219,698
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2051	2.50%	661,437		688,050	597,298
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2051	2.00%	1,116,311		1,134,757	971,939
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2051	2.00%	1,879,452		1,876,334	1,635,743
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2051	2.50%	1,798,825		1,846,977	1,620,777
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	2,269,897		2,232,409	2,185,661
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2052	4.00%	1,104,076		1,093,553	1,090,021
	GOVT NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/15/2028	7.50%	272		685	287
	GOVT NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/15/2043	3.00%	42,900		44,437	40,940
	GOVT NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/15/2046	3.00%	34,198		35,443	32,465
	GOVT NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/15/2046	3.00%	36,290		37,611	34,457
	GOVT NATL MTG ASSN I	U.S. GOV/AGENCY OBL.	10/15/2029	7.50%	155		173	164
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	09/20/2046	3.00%	23,616		24,431	22,655
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	11/20/2050	4.00%	60,605		65,558	61,050
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	07/20/2048	5.00%	7,652		8,068	7,952
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	07/20/2048	5.00%	3,257		3,430	3,346
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	08/20/2049	3.50%	51,778		54,059	50,596
	RESOLUTION FUNDING STRIP	U.S. GOV/AGENCY OBL.	01/15/2030	N/A	240,000		210,842	185,676
	RFCSP STRIP PRINCIPAL	U.S. GOV/AGENCY OBL.	04/15/2030	0.00%	310,000		272,577	236,387
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	10/15/2024	0.63%	627,000		593,152	594,057
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2051	1.88%	1,815,000		1,801,651	1,361,813
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2032	1.88%	1,930,000		1,766,950	1,748,464
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2052	2.25%	7,980,000		7,156,480	6,567,301
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	01/31/2023	VAR%	13,870,000		13,874,452	13,892,469
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	04/30/2024	VAR%	12,410,000		12,414,741	12,400,444
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	07/31/2023	VAR%	1,685,000		1,685,406	1,688,791
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	10/31/2022	VAR%	1,780,000		1,780,531	1,781,798
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	10/31/2023	VAR%	1,155,000		1,155,830	1,157,830
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	10/31/2028	1.50%	1,190,000		1,156,416	1,072,904
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2041	1.75%	870,000		854,801	661,774
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2051	1.88%	915,000		795,091	686,534
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2041	2.00%	7,880,000		7,631,115	6,258,454
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2052	2.25%	2,875,000		2,470,088	2,366,039
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	04/30/2027	2.75%	1,370,000		1,361,094	1,351,478
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/31/2029	2.75%	1,110,000		1,105,078	1,088,144
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	06/15/2025	2.75%	7,670,000		7,671,532	7,639,473
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2052	2.88%	360,000		339,975	340,031
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	06/30/2024	3.00%	75,000		75,040	75,038
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2042	3.25%	860,000		850,643	839,308
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	06/30/2027	3.25%	2,210,000		2,226,266	2,231,592
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	06/30/2029	3.25%	7,450,000		7,536,836	7,538,503
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/31/2023	0.13%	753,000		750,559	728,497
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	12/15/2023	0.13%	1,410,600		1,407,566	1,353,513
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	09/30/2023	0.25%	1,128,000		1,091,516	1,090,641
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	09/15/2024	0.38%	61,000		60,643	57,574
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/30/2023	0.50%	1,242,000		1,241,515	1,199,797
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2024	0.75%	221,300		220,911	209,837
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	09/30/2026	0.88%	60,300		59,421	55,071
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2041	1.75%	4,474,000		4,371,348	3,403,193
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2051	2.00%	1,346,000		1,351,238	1,040,256
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2041	2.00%	511,000		512,597	405,846
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2052	2.25%	386,000		380,632	317,666
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2051	2.25%	4,202,000		4,436,869	3,547,244
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2042	2.38%	3,367,000		3,126,308	2,855,115
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/31/2027	2.63%	2,398,000		2,338,463	2,352,654
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/31/2029	2.75%	236,500		229,388	231,843

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2032	2.88%	7,099,900	\$ 7,043,260	\$ 7,020,026
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2042	3.25%	1,124,000	1,113,926	1,097,126
	Total U.S. Government and agency obligations					160,450,193	151,810,210
<u>Corporate bonds and notes</u>							
	1011778 BC / NEW RED FIN	CORPORATE DEBT	01/15/2028	3.88%	265,000	247,272	229,999
	1778 BC / NEW RED FIN	CORPORATE DEBT	10/15/2030	4.00%	610,000	610,836	489,525
	ABBVIE INC	CORPORATE DEBT	11/14/2028	4.25%	95,000	94,188	94,087
	ABBVIE INC	CORPORATE DEBT	11/21/2029	3.20%	40,000	43,207	36,798
	ABBVIE INC	CORPORATE DEBT	11/21/2049	4.25%	335,000	334,670	297,390
	ABBVIE INC	CORPORATE DEBT	11/21/2029	3.20%	842,000	841,790	774,589
	ADIENT GLOBAL HOLDINGS	CORPORATE DEBT	08/15/2026	4.88%	265,000	246,681	232,580
	ADT SEC CORP	CORPORATE DEBT	08/01/2029	4.13%	795,000	795,000	645,198
	ADVANCED DRAINAGE SYSTEM	CORPORATE DEBT	06/15/2030	6.38%	530,000	530,000	517,582
	AERCAP IRELAND CAP/GLOBA	CORPORATE DEBT	10/29/2024	1.65%	365,000	364,555	337,015
	AERCAP IRELAND CAP/GLOBA	CORPORATE DEBT	01/30/2032	3.30%	634,000	631,616	507,511
	AETNA INC	CORPORATE DEBT	06/15/2023	2.80%	375,000	374,453	370,350
	AHEAD DB HOLDINGS LLC	CORPORATE DEBT	05/01/2028	6.63%	490,000	451,702	406,210
	ALABAMA POWER CO	CORPORATE DEBT	12/01/2047	3.70%	155,000	154,800	129,206
	ALEXANDRIA REAL ESTATE E	CORPORATE DEBT	05/18/2032	2.00%	335,000	333,965	264,580
	ALLEGHENY TECHNOLOGIES	CORPORATE DEBT	10/01/2029	4.88%	380,000	383,949	303,046
	ALLIANT HOLD / CO-ISSUER	CORPORATE DEBT	10/15/2027	6.75%	1,725,000	1,783,193	1,530,731
	ALLIANT HOLD / CO-ISSUER	CORPORATE DEBT	11/01/2029	5.88%	355,000	355,000	294,583
	ALLIED UNI HLD / ALL FIN	CORPORATE DEBT	06/01/2028	4.63%	535,000	535,000	441,215
	ALLIED UNIVERSAL	CORPORATE DEBT	06/01/2029	6.00%	530,000	533,502	384,870
	ALLY FINANCIAL INC	CORPORATE DEBT	11/02/2028	2.20%	528,000	520,830	429,977
	ALTICE FRANCE HLDG SA SER 144A	CORPORATE DEBT	02/15/2028	6.00%	1,935,000	1,928,641	1,373,444
	ALTICE FRANCE SA	CORPORATE DEBT	01/15/2028	5.50%	995,000	1,006,719	801,831
	ALTRIA GROUP INC	CORPORATE DEBT	02/04/2032	2.45%	261,000	256,339	196,567
	AMAZON.COM INC	CORPORATE DEBT	08/22/2037	3.88%	265,000	305,962	251,199
	AMC NETWORKS INC	CORPORATE DEBT	04/01/2024	5.00%	365,000	365,000	353,561
	AMC NETWORKS INC	CORPORATE DEBT	02/15/2029	4.25%	410,000	406,873	332,178
	AMERICAN AIRLINES INC	CORPORATE DEBT	07/15/2025	11.75%	425,000	511,063	439,833
	AMERICAN AIRLINES/AADVAN	CORPORATE DEBT	04/20/2026	5.50%	750,000	755,388	689,093
	AMERICAN AIRLINES/AADVAN	CORPORATE DEBT	04/20/2029	5.75%	765,000	765,000	653,126
	AMERICAN EXPRESS CO	CORPORATE DEBT	05/03/2024	3.38%	555,000	554,945	551,004
	AMERICAN EXPRESS CREDIT ACCOUN	CORPORATE DEBT	05/17/2027	3.39%	860,000	859,810	858,203
	AMERICAN FIN TR/FINAN OP	CORPORATE DEBT	09/30/2028	4.50%	1,210,000	1,210,000	949,850
	AMERICAN HOMES 4 RENT	CORPORATE DEBT	04/17/2052	3.47%	459,497	475,651	449,963
	AMERICAN INTL GROUP	CORPORATE DEBT	04/01/2026	3.90%	105,000	104,948	102,878
	AMERICAN INTL GROUP	CORPORATE DEBT	01/15/2035	3.88%	40,000	37,432	36,122
	AMERICAN TOWER CORP	CORPORATE DEBT	10/15/2030	1.88%	385,000	383,283	299,515
	AMERICAN TOWER CORP	CORPORATE DEBT	03/15/2025	2.40%	312,000	311,704	294,849
	AMERICREDIT AUTOMOBILE RECEIVA	CORPORATE DEBT	01/20/2026	2.05%	450,000	449,975	445,257
	AMGEN INC	CORPORATE DEBT	02/21/2040	3.15%	105,000	108,904	83,003
	AMGEN INC	CORPORATE DEBT	01/15/2032	2.00%	480,000	476,774	390,658
	AMGEN INC	CORPORATE DEBT	11/15/2041	5.15%	53,000	52,833	52,695
	ANHEUSER-BUSCH CO/INBEV	CORPORATE DEBT	02/01/2046	4.90%	490,000	613,244	460,546
	ANHEUSER-BUSCH INBEV WOR	CORPORATE DEBT	01/23/2049	5.55%	170,000	169,434	173,624
	ANHEUSER-BUSCH INBEV WOR	CORPORATE DEBT	04/15/2048	4.60%	165,000	163,883	148,135
	ANTERO MIDSTREAM PART/FI	CORPORATE DEBT	03/01/2027	5.75%	395,000	377,938	367,350
	ANTERO MIDSTREAM PART/FI	CORPORATE DEBT	05/15/2026	7.88%	730,000	787,288	729,190
	ANTERO RESOURCES MIDSTREAM	CORPORATE DEBT	06/15/2029	5.38%	370,000	370,000	331,357
	ANTHEM INC	CORPORATE DEBT	12/01/2024	3.35%	140,000	139,955	138,068
	ANTHEM INC	CORPORATE DEBT	12/01/2027	3.65%	450,000	449,096	437,954
	API ESCROW CORP	CORPORATE DEBT	10/15/2029	4.75%	410,000	413,244	331,075
	API GROUP DE INC	CORPORATE DEBT	07/15/2029	4.13%	240,000	238,688	190,608
	APPLE INC	CORPORATE DEBT	08/05/2028	1.40%	80,000	79,819	69,999
	APPLE INC	CORPORATE DEBT	05/13/2045	4.38%	190,000	189,307	187,923
	APTIV PLC / APTIV CORP	CORPORATE DEBT	03/01/2032	3.25%	274,000	272,904	232,788
	APX GROUP INC	CORPORATE DEBT	02/15/2027	6.75%	740,000	756,310	686,276
	APX GROUP INC	CORPORATE DEBT	07/15/2029	5.75%	810,000	810,000	627,094
	ARAMARK SERVICES INC	CORPORATE DEBT	04/01/2025	5.00%	260,000	266,500	249,119
	ARAMARK SERVICES INC	CORPORATE DEBT	02/01/2028	5.00%	415,000	406,288	376,077
	ARCONIC CORP	CORPORATE DEBT	05/15/2025	6.00%	170,000	172,800	165,801
	ARDAGH PKG FIN/HLDGS USA	CORPORATE DEBT	08/15/2027	5.25%	1,170,000	976,950	834,280
	ARDAGH PKG FIN/HLDGS USA 144A	CORPORATE DEBT	08/15/2026	4.13%	940,000	907,213	796,377
	ASBURY AUTOMOTIVE GROUP	CORPORATE DEBT	03/01/2028	4.50%	645,000	661,125	559,538
	ASBURY AUTOMOTIVE GROUP	CORPORATE DEBT	11/15/2029	4.63%	270,000	270,000	223,088
	ASBURY AUTOMOTIVE GROUP	CORPORATE DEBT	02/15/2032	5.00%	180,000	180,000	147,150
	ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	11/01/2026	7.00%	240,000	213,891	223,200
	ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	11/01/2027	9.00%	295,000	585,039	370,278
	ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	12/31/2028	8.25%	410,000	421,631	390,472

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	06/30/2029	5.88%	570,000	\$ 568,488	\$	501,600
	ASGN INCORPORATED	CORPORATE DEBT	05/15/2028	4.63%	520,000	523,216		450,476
	ASSURED PARTNERS INC	CORPORATE DEBT	08/15/2025	7.00%	835,000	824,038		784,290
	ASSURED PARTNERS INC	CORPORATE DEBT	01/15/2029	5.63%	440,000	440,000		352,233
	ASURION (3/14)2ND LIEN	CORPORATE DEBT	N/A	N/A	360,000	359,100		360,000
	ASURION (5/11) 1ST LIEN	CORPORATE DEBT	N/A	N/A	822,812	819,235		810,124
	AT&T INC	CORPORATE DEBT	09/15/2053	3.50%	516,000	389,146		391,128
	AT&T INC	CORPORATE DEBT	05/15/2035	4.50%	70,000	83,350		66,519
	AT&T INC	CORPORATE DEBT	02/01/2028	1.65%	235,000	234,704		203,301
	AT&T INC	CORPORATE DEBT	02/01/2028	1.65%	305,000	304,616		263,859
	AT&T INC	CORPORATE DEBT	03/01/2029	4.35%	772,000	880,844		760,142
	AT&T INC	CORPORATE DEBT	06/01/2031	2.75%	429,000	428,309		370,446
	ATHENAHEALTH INC.	CORPORATE DEBT	N/A	N/A	623,688	623,688		623,688
	ATLAS LUXCO 4 / ALL UNI	CORPORATE DEBT	06/01/2028	4.63%	395,000	395,000		319,638
	AVALONBAY COMMUNITIES	CORPORATE DEBT	01/15/2031	2.45%	310,000	308,621		267,856
	AVANTOR FUNDING INC	CORPORATE DEBT	11/01/2029	3.88%	265,000	242,793		231,782
	AVIS BUDGET CAR/FINANCE	CORPORATE DEBT	03/01/2029	5.38%	805,000	713,825		669,607
	AXA EQUITABLE HOLDINGS I	CORPORATE DEBT	04/20/2028	4.35%	429,000	437,905		413,835
	BALL CORP	CORPORATE DEBT	08/15/2030	2.88%	375,000	321,788		301,841
	BANK	CORPORATE DEBT	06/15/2055	VAR%	175,000	180,249		177,669
	BANK OF AMERICA CORP	CORPORATE DEBT	07/23/2024	VAR%	310,000	310,000		308,639
	BANK OF AMERICA CORP	CORPORATE DEBT	03/03/2026	4.45%	275,000	276,080		273,669
	BANK OF AMERICA CORP	CORPORATE DEBT	06/14/2029	VAR%	535,000	533,871		458,163
	BANK OF AMERICA CORP	CORPORATE DEBT	10/01/2025	VAR%	200,000	200,000		193,530
	BANK OF AMERICA CORP	CORPORATE DEBT	12/20/2028	VAR%	35,000	33,219		32,594
	BANK OF AMERICA CORP	CORPORATE DEBT	03/08/2037	VAR%	502,000	502,000		433,904
	BANK OF AMERICA CORP	CORPORATE DEBT	04/02/2026	VAR%	1,160,000	1,160,000		1,124,539
	BANK OF AMERICA CORP	CORPORATE DEBT	08/26/2024	4.20%	215,000	214,843		215,411
	BANK OF AMERICA CORP	CORPORATE DEBT	08/01/2025	3.88%	310,000	320,440		308,655
	BANK OF AMERICA CORP	CORPORATE DEBT	04/24/2028	VAR%	813,000	805,268		774,992
	BANK OF AMERICA CORPORATION	CORPORATE DEBT	10/24/2026	VAR%	155,000	154,710		138,696
	BANK OF AMERICA CORPORATION	CORPORATE DEBT	03/11/2032	VAR%	310,000	280,118		260,512
	BANK OF AMERICA CORPORATION	CORPORATE DEBT	10/22/2025	VAR%	108,000	108,000		102,870
	BANK OF AMERICA CREDIT CARD TR	CORPORATE DEBT	11/15/2027	3.53%	130,000	129,992		129,761
	BANK OF AMERICA SER MTN	CORPORATE DEBT	07/23/2030	VAR%	135,000	135,000		121,021
	BANK OF IRELAND GROUP	CORPORATE DEBT	09/30/2027	VAR%	1,133,000	1,133,000		984,736
	BARCLAYS PLC	CORPORATE DEBT	09/23/2035	3.56%	897,000	897,000		739,532
	BAT CAPITAL CORP	CORPORATE DEBT	03/25/2028	2.26%	85,000	83,612		71,208
	BAT CAPITAL CORP	CORPORATE DEBT	09/25/2050	3.98%	125,000	125,000		86,119
	BAT CAPITAL CORP	CORPORATE DEBT	03/16/2052	5.65%	95,000	91,678		81,976
	BAUSCH HEALTH COS INC	CORPORATE DEBT	01/30/2028	5.00%	485,000	361,931		258,263
	BAUSCH HEALTH COS INC	CORPORATE DEBT	02/15/2031	5.25%	635,000	498,050		324,980
	BAUSCH HEALTH COS INC	CORPORATE DEBT	02/15/2029	5.00%	500,000	361,250		260,000
	BAXTER INTERNATIONAL INC	CORPORATE DEBT	02/01/2032	2.54%	326,000	325,987		275,196
	BAXTER INTL INC	CORPORATE DEBT	04/01/2030	3.95%	110,000	109,594		105,284
	BAYVIEW MSR OPPORTUNITY MASTER	CORPORATE DEBT	12/25/2051	VAR%	209,625	213,129		186,067
	BAYVIEW MSR OPPORTUNITY MASTER	CORPORATE DEBT	12/25/2051	VAR%	505,684	509,002		448,855
	BCPE EMPIRE HOLDINGS INC	CORPORATE DEBT	05/01/2027	7.63%	1,080,000	1,079,836		879,217
	BERKSHIRE HATHAWAY ENERG	CORPORATE DEBT	05/15/2051	2.85%	25,000	24,969		17,725
	BERKSHIRE HATHAWAY ENERG	CORPORATE DEBT	05/15/2031	1.65%	1,300,000	1,243,125		1,047,748
	BERKSHIRE HATHAWAY ENERG	CORPORATE DEBT	07/15/2030	3.70%	272,000	271,956		260,970
	BERRY GLOBAL ESCROW CORP	CORPORATE DEBT	07/15/2027	5.63%	365,000	367,281		349,283
	BIOGEN INC	CORPORATE DEBT	02/15/2051	3.25%	33,000	36,484		23,101
	BIOGEN INC	CORPORATE DEBT	09/15/2022	3.63%	115,000	114,908		115,016
	BMW US CAPITAL LLC	CORPORATE DEBT	04/06/2023	3.80%	185,000	184,809		185,820
	BOEING CO	CORPORATE DEBT	05/01/2027	5.04%	45,000	49,230		44,450
	BOEING CO	CORPORATE DEBT	05/01/2023	4.51%	290,000	290,000		290,684
	BOEING CO	CORPORATE DEBT	05/01/2025	4.88%	521,000	575,703		519,078
	BOMBARDIER INC	CORPORATE DEBT	04/15/2027	7.88%	390,000	380,250		324,640
	BOSTON PROPERTIES INC	CORPORATE DEBT	06/21/2029	3.40%	180,000	179,667		161,343
	BOSTON PROPERTIES INC	CORPORATE DEBT	06/21/2029	3.40%	740,000	738,631		663,299
	BOSTON PROPERTIES LP	CORPORATE DEBT	10/01/2033	2.45%	826,000	825,661		634,459
	BP CAP MARKETS AMERICA	CORPORATE DEBT	04/06/2025	3.19%	30,000	30,000		29,616
	BROADCOM INC	CORPORATE DEBT	04/15/2029	4.00%	244,000	243,880		226,090
	BROADSTREET PARTNERS INC	CORPORATE DEBT	04/15/2029	5.88%	740,000	736,525		578,983
	BUCKEYE PARTNERS LP	CORPORATE DEBT	11/15/2043	5.85%	410,000	371,656		291,100
	BUCKEYE PARTNERS LP	CORPORATE DEBT	12/01/2027	4.13%	690,000	648,397		586,500
	BUILDERS FIRSTSOURCE INC	CORPORATE DEBT	03/01/2030	5.00%	70,000	59,500		59,232
	BUILDERS FIRSTSOURCE INC	CORPORATE DEBT	06/15/2032	6.38%	575,000	575,000		513,188
	BURLINGTON NORTH SANTA FE	CORPORATE DEBT	04/01/2044	4.90%	55,000	58,585		55,255
	BWAY HOLDING CO	CORPORATE DEBT	04/15/2025	7.25%	515,000	491,975		449,338
	BX TRUST	CORPORATE DEBT	10/15/2036	VAR%	215,296	209,510		211,505
	CAESARS ENTERTAIN INC	CORPORATE DEBT	10/15/2029	4.63%	445,000	445,000		345,988

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	CAESARS ENTERTAIN INC	CORPORATE DEBT	07/01/2027	8.13%	210,000	\$ 226,734	\$	202,913
	CALIFORNIA ST UNIV REVENUE	CORPORATE DEBT	11/01/2039	2.97%	210,000	210,000		169,806
	CALIFORNIA ST UNIV REVENUE	CORPORATE DEBT	11/01/2042	3.07%	180,000	180,000		141,853
	CALLON PETROLEUM	CORPORATE DEBT	08/01/2028	8.00%	245,000	258,225		235,347
	CALLON PETROLEUM CO	CORPORATE DEBT	06/15/2030	7.50%	345,000	345,000		317,448
	CALPINE CORP	CORPORATE DEBT	02/15/2028	4.50%	565,000	565,579		512,952
	CALPINE CORP	CORPORATE DEBT	03/15/2028	5.13%	80,000	80,000		70,424
	CALPINE CORP	CORPORATE DEBT	02/01/2029	4.63%	1,212,000	1,215,596		1,008,711
	CALPINE CORP	CORPORATE DEBT	02/01/2031	5.00%	694,000	695,793		561,050
	CAMDEN PROPERTY TRUST	CORPORATE DEBT	05/15/2030	2.80%	70,000	69,950		61,790
	CAMDEN PROPERTY TRUST	CORPORATE DEBT	07/01/2029	3.15%	150,000	149,627		137,052
	CANADIAN NATL RESOURCES	CORPORATE DEBT	03/15/2038	6.25%	459,000	565,066		485,314
	CAPITAL ONE FINANCIAL CO	CORPORATE DEBT	12/06/2024	VAR%	1,065,000	1,066,267		1,036,447
	CAPITAL ONE FINANCIAL CO	CORPORATE DEBT	03/01/2030	VAR%	504,000	504,000		446,020
	CAPITAL ONE FINANCIAL CO	CORPORATE DEBT	05/10/2028	VAR%	482,000	482,000		477,363
	CAPITAL ONE MULTI-ASSET EXECUT	CORPORATE DEBT	05/15/2027	3.49%	505,000	504,919		505,318
	CARNIVAL CORP	CORPORATE DEBT	08/01/2027	9.88%	835,000	927,813		814,125
	CARNIVAL CORP	CORPORATE DEBT	03/01/2026	7.63%	815,000	880,054		631,250
	CARPENTER TECHNOLOGY	CORPORATE DEBT	03/15/2030	7.63%	435,000	435,563		399,461
	CARS.COM INC	CORPORATE DEBT	11/01/2028	6.38%	480,000	496,290		404,386
	CARVANA CO	CORPORATE DEBT	04/15/2027	5.50%	485,000	488,855		312,990
	CARVANA CO	CORPORATE DEBT	09/01/2029	4.88%	1,360,000	1,337,749		773,310
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	02/01/2028	5.00%	500,000	521,250		461,350
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	03/01/2030	4.75%	715,000	745,603		611,504
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	08/15/2030	4.50%	1,760,000	1,811,687		1,461,293
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	05/01/2032	4.50%	945,000	989,835		765,167
	CEDAR FAIR/CAN/MAGNUM/MI	CORPORATE DEBT	10/01/2028	6.50%	265,000	263,013		251,519
	CENOVUS ENERGY INC	CORPORATE DEBT	11/15/2039	6.75%	166,000	230,934		177,057
	CENOVUS ENERGY INC	CORPORATE DEBT	01/15/2032	2.65%	383,000	378,285		316,741
	CENTENE CORP	CORPORATE DEBT	12/15/2027	4.25%	495,000	507,375		462,068
	CENTENE CORP	CORPORATE DEBT	12/15/2029	4.63%	600,000	648,750		559,500
	CENTENE CORP	CORPORATE DEBT	02/15/2030	3.38%	525,000	522,331		445,226
	CENTENE CORP	CORPORATE DEBT	08/01/2031	2.63%	440,000	373,164		350,020
	CENTRAL PARENT/MERGER SU	CORPORATE DEBT	06/15/2029	7.25%	640,000	640,000		616,000
	CENTURYLINK INC	CORPORATE DEBT	12/01/2023	6.75%	595,000	632,313		589,425
	CHARTER COMM OPT LLC/CAP	CORPORATE DEBT	03/01/2050	4.80%	30,000	30,160		23,771
	CHARTER COMM OPT LLC/CAP	CORPORATE DEBT	01/15/2029	2.25%	542,000	541,106		445,345
	CHARTER COMM OPT LLC/CAP	CORPORATE DEBT	06/01/2041	3.50%	936,000	931,732		655,106
	CHENIERE ENERGY PARTNERS	CORPORATE DEBT	10/01/2029	4.50%	1,010,000	822,428		901,627
	CHEVRON CORP	CORPORATE DEBT	05/11/2027	2.00%	70,000	70,000		64,341
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	12/15/2027	8.00%	460,000	502,550		417,731
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	03/15/2027	5.63%	250,000	250,000		211,593
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	01/15/2029	6.00%	270,000	270,000		223,673
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	05/15/2030	5.25%	450,000	450,000		341,955
	CIGNA CORP	CORPORATE DEBT	03/15/2050	3.40%	30,000	28,440		22,898
	CIM TRUST	CORPORATE DEBT	08/25/2048	VAR%	16,785	17,299		16,534
	CINTAS CORPORATION NO. 2	CORPORATE DEBT	05/01/2032	4.00%	315,000	314,820		309,352
	CITIBANK CREDIT CARD ISSUANCE	CORPORATE DEBT	05/14/2029	VAR%	600,000	598,846		590,880
	CITICORP INC	CORPORATE DEBT	04/24/2025	N/A	240,000	240,000		235,068
	CITIGROUP COMMERCIAL MORTGAGE	CORPORATE DEBT	05/10/2035	3.25%	260,000	266,104		254,311
	CITIGROUP INC	CORPORATE DEBT	10/21/2026	3.20%	140,000	142,776		133,216
	CITIGROUP INC	CORPORATE DEBT	06/03/2031	VAR%	160,000	145,590		134,494
	CITIGROUP INC	CORPORATE DEBT	05/24/2028	VAR%	368,000	-		99
	CITIGROUP INC	CORPORATE DEBT	10/21/2026	3.20%	1,245,000	1,189,324		1,184,667
	CITIGROUP INC	CORPORATE DEBT	05/01/2025	VAR%	446,000	446,000		417,826
	CITIGROUP INC	CORPORATE DEBT	11/20/2026	4.30%	510,000	504,625		502,656
	CITIGROUP MORTGAGE LOAN TRUST	CORPORATE DEBT	05/25/2051	2.50%	126,675	128,951		108,233
	CITIGROUP MORTGAGE LOAN TRUST	CORPORATE DEBT	05/25/2051	VAR%	139,156	142,342		118,897
	CLARIOS GLOBAL LP SER 144A	CORPORATE DEBT	05/15/2025	6.75%	330,000	341,225		326,849
	CLARIV SCI HLD CORP	CORPORATE DEBT	07/01/2029	4.88%	820,000	781,275		673,220
	CLEARWAY ENERGY OP LLC	CORPORATE DEBT	01/15/2032	3.75%	550,000	488,125		435,875
	COLGATE ENERGY	CORPORATE DEBT	07/01/2029	5.88%	605,000	612,425		530,131
	COLT MERGER SUB INC	CORPORATE DEBT	07/01/2025	5.75%	895,000	923,263		855,897
	COLT MERGER SUB INC	CORPORATE DEBT	07/01/2025	6.25%	590,000	621,703		568,601
	COMCAST CORP	CORPORATE DEBT	04/01/2030	3.40%	120,000	119,788		112,594
	COMCAST CORP	CORPORATE DEBT	08/15/2035	4.40%	405,000	404,753		392,457
	COMCAST CORP	CORPORATE DEBT	02/15/2031	1.50%	550,000	548,147		442,030
	COMM MORTGAGE TRUST	CORPORATE DEBT	02/10/2035	3.18%	155,000	158,814		147,985
	COMMONSPIRIT HEALTH	CORPORATE DEBT	10/01/2029	3.35%	657,000	683,342		606,431
	COMMONWEALTH BANK AUST SER 144A	CORPORATE DEBT	07/07/2025	VAR%	1,290,000	1,290,000		1,265,567
	COMMScope FINANCE LLC	CORPORATE DEBT	03/01/2027	8.25%	645,000	666,465		509,873
	COMMScope INC	CORPORATE DEBT	07/01/2028	7.13%	635,000	635,000		482,651
	COMMScope INC	CORPORATE DEBT	09/01/2029	4.75%	295,000	295,000		237,977

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	COMMScope TECH FINANCE L	CORPORATE DEBT	06/15/2025	6.00%	984,000	\$ 958,789	\$	851,160
	COMMScope TECH LLC	CORPORATE DEBT	03/15/2027	5.00%	1,055,000	1,018,919		779,962
	COMSTOCK RESOURCES INC	CORPORATE DEBT	03/01/2029	6.75%	614,000	617,900		549,794
	COMSTOCK RESOURCES INC	CORPORATE DEBT	01/15/2030	5.88%	1,240,000	1,267,550		1,066,400
	CONDOR MERGER SUB INC	CORPORATE DEBT	02/15/2030	7.38%	1,520,000	1,520,000		1,235,410
	CONOCOPHILLIPS COMPANY	CORPORATE DEBT	11/15/2034	4.15%	72,000	71,970		66,727
	CONS EDISON CO OF NY	CORPORATE DEBT	03/15/2044	4.45%	300,000	299,748		274,257
	CONSENSUS CLOUD SOLUTION	CORPORATE DEBT	10/15/2028	6.50%	545,000	558,700		449,734
	CONSOLIDATED COMMUNICATI	CORPORATE DEBT	10/01/2028	6.50%	480,000	526,050		408,278
	CONSOLIDATED COMMUNICATI	CORPORATE DEBT	10/01/2028	5.00%	515,000	525,669		411,676
	COREBRIDGE FINANCIAL INC	CORPORATE DEBT	04/05/2027	3.65%	392,000	391,451		368,492
	CORNERSTONE BUILDING	CORPORATE DEBT	01/15/2029	6.13%	425,000	433,542		273,037
	CORNING INC	CORPORATE DEBT	11/15/2029	5.45%	175,000	176,209		157,640
	CRED SUIS GP FUN LTD	CORPORATE DEBT	03/26/2025	3.75%	250,000	272,098		242,160
	CREDIT SUISSE GROUP AG SER 144A	CORPORATE DEBT	05/14/2032	VAR%	393,000	393,000		312,745
	CREDIT SUISSE GROUP AG SER 144A	CORPORATE DEBT	01/12/2029	VAR%	560,000	560,000		503,227
	CROCS INC	CORPORATE DEBT	08/15/2031	4.13%	295,000	295,420		208,789
	CROWN AMER/CAP CORP VI	CORPORATE DEBT	02/01/2026	4.75%	95,000	95,356		90,404
	CROWN CASTLE INTL CORP	CORPORATE DEBT	04/01/2031	2.10%	102,000	101,537		81,128
	CROWN CASTLE INTL CORP	CORPORATE DEBT	07/15/2031	2.50%	427,000	425,903		349,410
	CROWN CASTLE INTL CORP	CORPORATE DEBT	02/15/2028	3.80%	420,000	418,383		396,262
	CSC HOLDINGS LLC	CORPORATE DEBT	04/01/2028	7.50%	695,000	744,445		580,325
	CSC HOLDINGS LLC	CORPORATE DEBT	01/15/2030	5.75%	3,135,000	3,287,609		2,280,807
	CSC HOLDINGS LLC	CORPORATE DEBT	12/01/2030	4.13%	750,000	589,688		585,000
	CSC HOLDINGS LLC	CORPORATE DEBT	12/01/2030	4.63%	815,000	834,663		545,023
	CSC HOLDINGS LLC	CORPORATE DEBT	11/15/2031	5.00%	475,000	475,000		320,169
	CVS HEALTH CORP	CORPORATE DEBT	04/01/2030	3.75%	150,000	149,666		140,304
	CVS HEALTH CORP	CORPORATE DEBT	04/01/2027	3.63%	140,000	140,583		136,378
	CVS HEALTH CORP	CORPORATE DEBT	03/25/2038	4.78%	30,000	29,422		28,397
	CVS HEALTH CORP	CORPORATE DEBT	03/25/2028	4.30%	50,000	58,019		49,471
	DAIMLER FINANCE NA LLC	CORPORATE DEBT	06/14/2024	2.70%	230,000	229,602		224,965
	DAIMLER FINANCE NA LLC	CORPORATE DEBT	03/01/2024	0.75%	190,000	189,658		180,491
	DALLAS-FORT WORTH TX INTERNATI	CORPORATE DEBT	11/01/2040	3.09%	540,000	540,000		450,182
	DANA INC	CORPORATE DEBT	02/15/2032	4.50%	165,000	165,000		121,899
	DARLING INGREDIENTS INC	CORPORATE DEBT	06/15/2030	6.00%	230,000	230,000		229,230
	DCP MIDSTREAM LLC SER 144A	CORPORATE DEBT	05/21/2043	VAR	480,000	425,498		403,272
	DCP MIDSTREAM OPERATING	CORPORATE DEBT	04/01/2044	5.60%	355,000	329,633		286,883
	DCP MIDSTREAM OPERATING	CORPORATE DEBT	07/15/2027	5.63%	645,000	646,375		615,330
	DELL INT LLC / EMC CORP	CORPORATE DEBT	12/15/2041	3.38%	507,000	505,317		362,201
	DELTA AIR LINES INC	CORPORATE DEBT	01/15/2026	7.38%	450,000	490,500		449,303
	DIAMOND BC BV	CORPORATE DEBT	10/01/2029	4.63%	380,000	383,948		303,886
	DIAMOND SPORTS GR/DIAMON	CORPORATE DEBT	08/15/2026	5.38%	530,000	246,450		132,500
	DISCOVER BANK	CORPORATE DEBT	07/27/2026	3.45%	340,000	339,629		321,218
	DISH DBS CORP	CORPORATE DEBT	07/01/2028	7.38%	475,000	492,123		323,095
	DISH DBS CORP	CORPORATE DEBT	06/01/2029	5.13%	665,000	665,000		404,081
	DISH NETWORK CORPORATION CL A	CORPORATE DEBT	08/15/2026	3.38%	1,195,000	1,099,524		807,223
	DLST LLC	CORPORATE DEBT	01/21/2025	3.40%	410,000	409,940		403,973
	DOLYA HOLDCO 18 DAC	CORPORATE DEBT	07/15/2028	5.00%	635,000	633,325		525,443
	DOW CHEMICAL CO/THE	CORPORATE DEBT	05/15/2049	4.80%	85,000	84,493		77,254
	DOWDUPONT INC	CORPORATE DEBT	11/15/2025	4.49%	175,000	175,000		176,192
	DT MIDSTREAM INC	CORPORATE DEBT	06/15/2029	4.13%	260,000	239,200		220,350
	DTE ENERGY CO	CORPORATE DEBT	10/01/2024	2.53%	210,000	209,931		202,234
	DTE ENERGY CO	CORPORATE DEBT	06/01/2025	1.05%	290,000	289,649		266,733
	DUKE ENERGY CORP	CORPORATE DEBT	09/15/2025	0.90%	205,000	204,900		185,515
	DUKE ENERGY CORP	CORPORATE DEBT	06/01/2030	2.45%	651,000	648,923		548,721
	DUKE ENERGY FLORIDA LLC	CORPORATE DEBT	01/15/2027	3.20%	230,000	229,862		224,393
	DUKE ENERGY INDIANA LLC	CORPORATE DEBT	04/01/2050	2.75%	70,000	69,914		49,561
	EMERSON ELECTRIC CO	CORPORATE DEBT	12/21/2051	2.80%	75,000	74,834		54,688
	ENDURANCE ACQ MERGER	CORPORATE DEBT	02/15/2029	6.00%	1,570,000	1,559,271		1,132,928
	ENEL FINANCE INTL NV SER 144A	CORPORATE DEBT	06/15/2027	4.63%	1,109,000	1,106,649		1,090,979
	ENERGIZER HOLDINGS INC	CORPORATE DEBT	06/15/2028	4.75%	540,000	540,000		428,609
	ENTEGRIIS ESCROW CORP	CORPORATE DEBT	06/15/2030	5.95%	1,010,000	917,403		960,894
	ENVISION HEALTHCARE CORP	CORPORATE DEBT	10/15/2026	8.75%	570,000	369,964		165,767
	EPR PROPERTIES	CORPORATE DEBT	06/01/2027	4.50%	880,000	876,031		796,541
	EPR PROPERTIES	CORPORATE DEBT	08/15/2029	3.75%	940,000	916,762		782,371
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	12/01/2026	4.13%	755,000	702,266		652,131
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	07/01/2027	6.50%	590,000	651,198		548,582
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	06/01/2027	7.50%	190,000	190,000		183,265
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	06/01/2030	7.50%	215,000	215,000		206,540
	EQT MIDSTREAM PARTNERS L	CORPORATE DEBT	07/15/2028	5.50%	1,130,000	1,103,525		975,608
	EQUINIX INC	CORPORATE DEBT	04/15/2032	3.90%	205,000	203,922		185,402
	EQUINIX INC	CORPORATE DEBT	09/15/2051	2.95%	160,000	159,101		107,957
	EQUINIX INC	CORPORATE DEBT	04/15/2032	3.90%	1,375,000	1,367,768		1,243,550

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	EQUINOR ASA	CORPORATE DEBT	04/06/2025	2.88%	575,000	\$ 574,839	\$	564,299
	EQUINOR ASA	CORPORATE DEBT	04/06/2027	3.00%	140,000	139,308		134,716
	ESC ENERGY CONVERSION DEVICE	CORPORATE DEBT	06/15/2013	3.00%	7,408,000	726,209		74
	EVERSOURCE ENERGY	CORPORATE DEBT	10/01/2024	2.90%	380,000	379,141		371,484
	EXELON CORP	CORPORATE DEBT	06/15/2025	3.95%	200,000	199,590		199,312
	EXXON MOBIL CORPORATION	CORPORATE DEBT	03/19/2025	2.99%	305,000	306,240		300,297
	FAIR ISAAC CORP	CORPORATE DEBT	05/15/2026	5.25%	240,000	244,800		238,500
	FANNIEMAE STRIP	CORPORATE DEBT	02/25/2048	3.50%	360,645	52,744		68,818
	FEDERAL HOME LOAN MTG CORP	CORPORATE DEBT	07/25/2050	4.50%	228,910	35,553		38,253
	FEDERAL HOME LOAN MTG CORP	CORPORATE DEBT	09/25/2050	4.00%	847,870	105,984		149,683
	FEDERAL HOME LOAN MTG CORP	CORPORATE DEBT	02/25/2051	4.00%	703,748	103,253		126,548
	FEDERAL NATL MTG ASSN	CORPORATE DEBT	01/25/2047	3.50%	188,291	23,948		29,786
	FEDERAL NATL MTG ASSN	CORPORATE DEBT	09/25/2050	4.00%	273,171	37,860		53,675
	FEDERAL NATL MTG ASSN	CORPORATE DEBT	09/25/2050	4.00%	317,407	50,140		57,603
	FEDERAL NATL MTG ASSN	CORPORATE DEBT	09/25/2050	4.00%	478,233	72,333		99,630
	FEDERAL NATL MTG ASSN	CORPORATE DEBT	09/25/2050	4.00%	574,699	99,225		104,676
	FHLMC MULTIFAMILY STRUCTURED P	CORPORATE DEBT	05/25/2025	3.33%	70,000	77,109		69,742
	FIRSTENERGY CORP	CORPORATE DEBT	07/15/2027	3.90%	370,000	365,375		348,995
	FIRSTENERGY CORP	CORPORATE DEBT	07/15/2047	4.85%	500,000	618,427		422,195
	FIRSTKEY HOMES 2020-SFRI TRUST	CORP DEBT	10/19/2037	1.27%	893,635	896,178		823,253
	FLAGSTAR MORTGAGE TRUST	CORPORATE DEBT	12/30/2051	VAR%	469,097	478,406		417,576
	FMG RESOURCES AUG 2006	CORPORATE DEBT	05/15/2024	5.13%	245,000	262,763		238,395
	FMG RESOURCES AUG 2006 SER 144A	CORPORATE DEBT	09/15/2027	4.50%	255,000	247,031		227,588
	FMG RESOURCES AUG 2006 SER 144A	CORPORATE DEBT	04/15/2030	5.88%	390,000	389,525		351,000
	FMG RESOURCES AUG 2006 SER 144A	CORPORATE DEBT	04/15/2032	6.13%	735,000	736,922		661,500
	FOOT LOCKER INC	CORPORATE DEBT	10/01/2029	4.00%	365,000	365,000		276,050
	FORD MOTOR CO	CORPORATE DEBT	07/16/2031	7.45%	1,020,000	1,295,050		1,034,994
	FORD MOTOR COMPANY	CORPORATE DEBT	01/15/2043	4.75%	835,000	684,700		594,796
	FORD MOTOR COMPANY	CORPORATE DEBT	12/08/2046	5.29%	490,000	429,975		375,786
	FORD MOTOR COMPANY	CORPORATE DEBT	04/22/2030	9.63%	600,000	777,928		669,000
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	06/16/2025	5.13%	880,000	880,000		840,330
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	08/17/2027	4.13%	370,000	393,125		325,785
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	01/08/2026	4.39%	465,000	401,330		428,293
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	01/09/2024	3.81%	375,000	371,719		363,825
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	06/09/2025	4.69%	740,000	761,281		699,307
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	05/03/2029	5.11%	285,000	263,386		255,494
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	11/01/2024	4.06%	375,000	377,213		355,759
	FORMULA ONE MANAGEMENT (ALPHA	CORPORATE DEBT	NA	LIEN	250,000	249,658		250,000
	FOX CORP	CORPORATE DEBT	04/08/2030	3.50%	80,000	82,153		72,587
	FRONT RANGE BIDCO INC	CORPORATE DEBT	03/01/2028	6.13%	690,000	712,182		498,234
	FRONTIER COMMUNICATIONS	CORPORATE DEBT	10/15/2027	5.88%	495,000	495,630		445,055
	FRONTIER COMMUNICATIONS	CORPORATE DEBT	11/01/2029	5.88%	1,095,000	1,128,931		842,756
	FRONTIER COMMUNICATIONS	CORPORATE DEBT	01/15/2030	6.00%	360,000	360,000		277,002
	FRONTIER COMMUNICATIONS	CORPORATE DEBT	05/15/2030	8.75%	405,000	405,000		409,451
	GAINWELL (10/20) 1ST LIEN)	CORPORATE DEBT	12/31/2049	LIEN	594,455	587,550		594,455
	GAP INC/THE	CORPORATE DEBT	10/01/2029	3.63%	800,000	787,175		561,760
	GAP INC/THE	CORPORATE DEBT	10/01/2031	3.88%	300,000	300,000		209,250
	GARDA WORLD SECURITY	CORPORATE DEBT	02/15/2027	4.63%	355,000	357,219		305,300
	GARDA WORLD SECURITY SER 144A	CORPORATE DEBT	06/01/2029	6.00%	830,000	830,000		638,063
	GCAT	CORPORATE DEBT	12/25/2051	VAR%	282,672	286,416		251,398
	GENERAL DYNAMICS CORP	CORPORATE DEBT	04/01/2040	4.25%	220,000	281,292		210,322
	GENERAL MOTORS FINL CO	CORPORATE DEBT	04/09/2027	5.00%	95,000	94,894		93,191
	GENERAL MOTORS FINL CO	CORPORATE DEBT	06/10/2026	1.50%	1,484,000	1,481,299		1,294,671
	GENERAL MOTORS FINL CO	CORPORATE DEBT	10/15/2028	2.40%	583,000	581,543		484,193
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	10/01/2025	6.50%	150,000	149,902		138,375
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	05/15/2026	6.25%	455,000	430,249		406,656
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	02/01/2028	7.75%	635,000	627,063		549,307
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	01/15/2027	8.00%	190,000	190,000		168,150
	GENUINE PARTS CO	CORPORATE DEBT	02/01/2032	2.75%	402,000	397,216		332,579
	GLATFELTER	CORPORATE DEBT	11/15/2029	4.75%	180,000	132,750		126,000
	GLOBAL AIR LEASE CO LTD	CORPORATE DEBT	09/15/2024	6.50%	2,162,852	5,804,833		1,638,360
	GLOBAL INFRASTRUCTURE SO	CORPORATE DEBT	04/15/2032	7.50%	365,000	365,000		280,057
	GLOBAL PART/GLP FINANCE	CORPORATE DEBT	01/15/2029	6.88%	210,000	210,000		177,708
	GOLDEN ST TOBACCO SECURITIZATI	CORPORATE DEBT	06/01/2046	3.00%	940,000	869,150		826,044
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	10/21/2032	VAR%	255,000	248,590		210,130
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	02/07/2030	2.60%	30,000	26,095		25,588
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	02/25/2026	3.75%	135,000	134,688		132,334
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	09/10/2027	VAR%	900,000	900,000		790,020
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	06/05/2028	VAR%	130,000	146,675		123,276
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	10/21/2027	VAR%	531,000	531,000		469,962
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	11/16/2026	3.50%	425,000	410,087		407,749
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	04/23/2029	VAR%	1,039,000	1,039,000		979,580
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	05/31/2026	5.00%	230,000	231,023		211,800

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

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Plan No. 001

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	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	05/31/2025	9.50%	345,000	\$ 363,759	\$	356,789
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	04/30/2031	5.25%	1,505,000	1,570,100		1,221,187
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	07/15/2029	5.00%	430,000	430,000		356,109
	GPC MERGER SUB INC	CORPORATE DEBT	08/15/2028	7.13%	555,000	480,660		445,388
	GREAT OUTDOORS GROUP LLC	CORPORATE DEBT	N/A	N/A	774,948	771,073		774,948
	GRIFOLS ESCROW ISSUER	CORPORATE DEBT	10/15/2028	4.75%	325,000	325,000		281,866
	GS MORTGAGE-BACKED SECURITIES	CORPORATE DEBT	06/25/2052	VAR%	236,199	233,911		222,568
	GTCR AP FINANCE INC	CORPORATE DEBT	05/15/2027	8.00%	800,000	826,860		748,920
	GYP HOLDINGS III CORP	CORPORATE DEBT	05/01/2029	4.63%	365,000	365,000		284,601
	H.B. FULLER CO	CORPORATE DEBT	10/15/2028	4.25%	965,000	972,725		809,693
	HARVEST MIDSTREAM I LP	CORPORATE DEBT	09/01/2028	7.50%	870,000	875,975		817,130
	HCA INC	CORPORATE DEBT	03/15/2029	3.38%	171,000	170,068		150,401
	HCP INC	CORPORATE DEBT	07/15/2026	3.25%	180,000	179,831		173,295
	HEALTHCARE REALTY TRUST	CORPORATE DEBT	03/15/2030	2.40%	202,000	201,323		167,165
	HEALTHCARE INC	CORPORATE DEBT	10/01/2029	4.50%	830,000	821,675		726,250
	HERTZ CORP/THE	CORPORATE DEBT	12/01/2029	5.00%	575,000	575,000		442,750
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	11/01/2028	6.25%	290,000	251,585		273,328
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	02/01/2029	5.75%	312,000	312,000		273,980
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	02/01/2031	6.00%	344,000	344,000		295,840
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	04/15/2030	6.00%	530,000	530,000		461,100
	HILTON DOMESTIC OPERATIN	CORPORATE DEBT	01/15/2030	4.88%	875,000	933,571		790,781
	HOME PARTNERS OF AMERICA TRUST	CORPORATE DEBT	10/19/2039	2.70%	385,488	385,478		353,639
	HOME PARTNERS OF AMERICA TRUST	CORPORATE DEBT	04/17/2039	3.93%	573,857	568,080		560,406
	HOSPITALITY PROP TRUST	CORPORATE DEBT	03/15/2024	4.65%	136,000	136,940		116,869
	HOSPITALITY PROP TRUST	CORPORATE DEBT	02/15/2027	4.95%	825,000	822,675		607,613
	HOSPITALITY PROP TRUST	CORPORATE DEBT	02/15/2030	4.38%	305,000	290,148		203,588
	HOWARD MIDSTREAM ENERGY	CORPORATE DEBT	01/15/2027	6.75%	600,000	600,000		516,900
	HP INC	CORPORATE DEBT	01/15/2028	4.75%	833,000	831,676		823,112
	HSBC HOLDINGS PLC	CORPORATE DEBT	03/10/2026	VAR%	200,000	196,114		190,368
	HSBC HOLDINGS PLC	CORPORATE DEBT	03/08/2026	4.30%	200,000	199,710		197,924
	HSBC HOLDINGS PLC	CORPORATE DEBT	11/23/2026	4.38%	210,000	208,580		205,269
	HSBC HOLDINGS PLC	CORPORATE DEBT	06/19/2029	VAR%	200,000	200,000		192,784
	HUB INTERNATIONAL (4/18)	CORPORATE DEBT	N/A	N/A	250,000	248,390		250,000
	HUB INTERNATIONAL LTD	CORPORATE DEBT	05/01/2026	7.00%	305,000	306,525		286,822
	HUB INTERNATIONAL LTD	CORPORATE DEBT	12/01/2029	5.63%	215,000	215,000		177,601
	HUDBAY MINERALS INC	CORPORATE DEBT	04/01/2026	4.50%	385,000	385,000		322,160
	HUMANA INC	CORPORATE DEBT	10/01/2024	3.85%	350,000	349,535		349,510
	HUMANA INC	CORPORATE DEBT	03/23/2029	3.70%	202,000	201,741		191,221
	IAA SPINCO INC	CORPORATE DEBT	06/15/2027	5.50%	485,000	502,140		451,748
	IHEARTCOMMUNICATIONS INC	CORPORATE DEBT	05/01/2026	6.38%	360,000	348,825		333,450
	IHO VERWALTUNGS GMBH SER 144A	CORPORATE DEBT	05/15/2029	6.38%	255,000	276,994		221,901
	ILIAD HOLDING SAS	CORPORATE DEBT	10/15/2026	6.50%	260,000	260,000		233,992
	ILIAD HOLDING SAS	CORPORATE DEBT	10/15/2028	7.00%	200,000	200,000		173,988
	IMOLA MERGER CORP	CORPORATE DEBT	05/15/2029	4.75%	1,020,000	1,038,938		853,393
	INTEL CORP	CORPORATE DEBT	11/15/2049	3.25%	135,000	134,923		104,937
	INTEL CORP	CORPORATE DEBT	03/25/2050	4.75%	55,000	54,939		53,945
	INTEL CORP	CORPORATE DEBT	03/25/2030	3.90%	655,000	653,657		641,651
	INTELLIGENT PACKAGING	CORPORATE DEBT	09/15/2028	6.00%	460,000	468,146		380,788
	INTERCONTINENTALEXCHANGE	CORPORATE DEBT	06/15/2029	4.35%	373,000	372,605		368,047
	IQVIA INC	CORPORATE DEBT	05/15/2027	5.00%	365,000	368,650		345,327
	IRON MOUNTAIN INC	CORPORATE DEBT	09/15/2027	4.88%	570,000	559,831		515,024
	IRON MOUNTAIN INC	CORPORATE DEBT	03/15/2028	5.25%	1,495,000	1,471,495		1,342,047
	IRON MOUNTAIN INC	CORPORATE DEBT	09/15/2029	4.88%	940,000	947,489		798,934
	IRON MOUNTAIN INC	CORPORATE DEBT	07/15/2030	5.25%	320,000	320,000		278,208
	IRON MOUNTAIN INC	CORPORATE DEBT	07/15/2032	5.63%	335,000	337,076		283,269
	ITT HOLDINGS LLC	CORPORATE DEBT	08/01/2029	6.50%	930,000	886,088		744,000
	J2 GLOBAL	CORPORATE DEBT	10/15/2030	4.63%	530,000	507,563		451,799
	JAGUAR LAND ROVER AUTO SER 144A	CORPORATE DEBT	07/15/2029	5.50%	880,000	880,000		638,000
	JAGUAR LAND ROVER AUTOMO	CORPORATE DEBT	01/15/2028	5.88%	220,000	218,900		168,054
	JELD-WEN INC	CORPORATE DEBT	12/15/2025	4.63%	515,000	481,525		437,750
	JELD-WEN INC	CORPORATE DEBT	12/15/2027	4.88%	1,065,000	954,317		830,700
	JOHN DEERE OWNER TRUST	CORPORATE DEBT	11/15/2024	1.90%	90,000	89,995		89,086
	JOHNSON & JOHNSON	CORPORATE DEBT	09/01/2060	2.45%	250,000	247,413		169,488
	JOSEPH T RYERSON & SON I	CORPORATE DEBT	08/01/2028	8.50%	35,000	37,276		36,141
	JP MORGAN CHASE & CO	CORPORATE DEBT	10/15/2025	VAR%	290,000	290,000		276,138
	JP MORGAN CHASE & CO	CORPORATE DEBT	05/13/2031	VAR%	165,000	165,000		142,458
	JP MORGAN CHASE & CO	CORPORATE DEBT	03/13/2026	VAR%	5,000	5,000		4,682
	JP MORGAN MORTGAGE TRUST	CORPORATE DEBT	06/25/2050	VAR%	41,373	42,175		38,488
	JP MORGAN MORTGAGE TRUST	CORPORATE DEBT	01/25/2052	VAR%	201,680	184,726		171,507
	JP MORGAN MORTGAGE TRUST	CORPORATE DEBT	07/01/2051	VAR%	149,176	140,390		127,458
	JP MORGAN MORTGAGE TRUST	CORPORATE DEBT	08/25/2052	VAR%	494,147	471,216		439,875
	JPMORGAN CHASE & CO	CORPORATE DEBT	11/08/2032	VAR%	450,000	406,852		373,878
	JPMORGAN CHASE & CO	CORPORATE DEBT	04/22/2027	VAR%	205,000	205,000		182,434

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
							(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value	
	JPMORGAN CHASE & CO	CORPORATE DEBT	09/22/2027	VAR%	460,000	\$ 460,000	\$ 403,448	
	JPMORGAN CHASE & CO	CORPORATE DEBT	02/24/2026	VAR%	602,000	602,379	572,165	
	JPMORGAN CHASE & CO	CORPORATE DEBT	09/10/2024	3.88%	385,000	381,658	384,245	
	KAR AUCTION SERVICES INC	CORPORATE DEBT	06/01/2025	5.13%	1,465,000	1,449,803	1,393,083	
	KB HOME	CORPORATE DEBT	07/15/2030	7.25%	610,000	596,956	577,999	
	KEURIG DR PEPPER INC	CORPORATE DEBT	05/25/2025	4.42%	17,000	17,000	17,133	
	KINDER MORGAN ENER PART	CORPORATE DEBT	03/01/2044	5.50%	65,000	69,886	60,892	
	KINDER MORGAN INC	CORPORATE DEBT	03/01/2048	5.20%	75,000	74,819	68,510	
	KINDER MORGAN INC/DELAWA	CORPORATE DEBT	06/01/2025	4.30%	110,000	109,558	109,434	
	KINETIK HOLDINGS LP	CORPORATE DEBT	06/15/2030	5.88%	430,000	428,228	409,627	
	KORN/FERRY INTERNATIONAL	CORPORATE DEBT	12/15/2027	4.63%	510,000	516,950	457,725	
	KROGER CO	CORPORATE DEBT	02/01/2047	4.45%	20,000	23,689	18,061	
	L BRANDS INC	CORPORATE DEBT	10/01/2030	6.63%	560,000	579,306	483,694	
	LCM INVESTMENTS HOLDINGS	CORPORATE DEBT	05/01/2029	4.88%	280,000	281,235	213,108	
	LEEWARD RENEWABL	CORPORATE DEBT	07/01/2029	4.25%	430,000	430,000	342,878	
	LEGENDS HOSPITALITY HOLD	CORPORATE DEBT	02/01/2026	5.00%	510,000	506,175	427,380	
	LEVEL 3 FINANCING INC	CORPORATE DEBT	09/15/2027	4.63%	2,925,000	2,991,863	2,493,563	
	LEVEL 3 FINANCING INC	CORPORATE DEBT	07/15/2029	3.75%	675,000	664,338	521,917	
	LIFEPOINT HEALTH (REGIONAL CARE)	CORPORATE DEBT	11/15/2025	N/A	250,000	249,515	250,000	
	LIFEPOINT HEALTH INC	CORPORATE DEBT	04/15/2025	6.75%	130,000	137,150	125,659	
	LINDBLAD EXPEDITIONS LLC	CORPORATE DEBT	02/15/2027	6.75%	310,000	310,015	265,825	
	LIONS GATE CAPITAL HOLD	CORPORATE DEBT	04/15/2029	5.50%	635,000	635,850	495,300	
	LIVE NATION ENTERTAINMEN	CORPORATE DEBT	11/01/2024	4.88%	260,000	259,675	248,300	
	LIVE NATION ENTERTAINMEN	CORPORATE DEBT	10/15/2027	4.75%	900,000	876,862	797,868	
	LLOYDS BANKING GROUP PLC	CORPORATE DEBT	03/18/2028	VAR%	229,000	-	95	
	LLOYDS BANKING GROUP PLC	CORPORATE DEBT	05/11/2027	VAR%	418,000	418,000	371,481	
	LOUISIANA ST LOCAL GOVT ENVRNM	CORPORATE DEBT	02/01/2033	4.15%	980,000	980,000	980,343	
	LOWES COS INC	CORPORATE DEBT	04/15/2040	5.00%	185,000	248,645	179,585	
	LPL HOLDINGS INC	CORPORATE DEBT	11/15/2027	4.63%	270,000	270,000	252,153	
	LPL HOLDINGS INC	CORPORATE DEBT	03/15/2029	4.00%	665,000	675,994	568,947	
	LUMEN TECHNOLOGIES INC	CORPORATE DEBT	01/15/2029	4.50%	1,205,000	1,200,969	897,002	
	LUMEN TECHNOLOGIES INC	CORPORATE DEBT	06/15/2029	5.38%	1,210,000	1,227,725	958,054	
	MAGALLANES INC	CORPORATE DEBT	03/15/2029	4.05%	175,000	175,000	160,297	
	MAGALLANES INC	CORPORATE DEBT	03/15/2032	4.28%	125,000	124,256	111,718	
	MAGALLANES INC	CORPORATE DEBT	03/15/2027	3.76%	1,018,000	1,018,000	954,874	
	MAGALLANES INC	CORPORATE DEBT	03/15/2042	5.05%	347,000	347,000	295,224	
	MANUF & TRADERS TRUST CO	CORPORATE DEBT	08/17/2027	3.40%	300,000	299,898	285,009	
	MAV ACQUISITION CORP	CORPORATE DEBT	08/01/2028	5.75%	645,000	645,000	552,301	
	MAV ACQUISITION CORP	CORPORATE DEBT	08/01/2029	8.00%	420,000	420,000	340,200	
	MCDONALDS CORP	CORPORATE DEBT	09/01/2049	3.63%	30,000	31,362	24,770	
	MEDLINE BORROWER (10/21)	CORPORATE DEBT	N/A	N/A	330,000	325,330	326,545	
	MERCER INTL INC	CORPORATE DEBT	02/01/2029	5.13%	385,000	392,244	328,648	
	MET LIFE GLOB FUNDING I	CORPORATE DEBT	12/18/2026	3.45%	435,000	434,709	419,784	
	MEX BONOS DESARR FIX RT	CORPORATE DEBT	07/31/2053	8.00%	165,000	730,281	144,856	
	MICROSOFT CORP	CORPORATE DEBT	08/08/2036	3.45%	225,000	270,525	212,094	
	MICROSOFT CORP	CORPORATE DEBT	02/12/2035	3.50%	65,000	64,253	62,287	
	MIDAMERICAN ENERGY CO	CORPORATE DEBT	10/15/2036	5.80%	320,000	244,509	357,498	
	MIDWEST GAMING BORROWER	CORPORATE DEBT	05/01/2029	4.88%	280,000	275,931	228,200	
	MILL CITY MORTGAGE TRUST	CORPORATE DEBT	11/25/2060	VAR%	106,322	107,120	99,928	
	MINERVA MERGER SUB INC	CORPORATE DEBT	02/15/2030	6.50%	1,255,000	1,255,000	1,043,645	
	MIWD HLD CO II/MIWD FIN	CORPORATE DEBT	02/01/2030	5.50%	485,000	467,188	390,309	
	MOLINA HEALTHCARE INC	CORPORATE DEBT	06/15/2028	4.38%	435,000	443,375	388,572	
	MOLINA HEALTHCARE INC	CORPORATE DEBT	05/15/2032	3.88%	855,000	855,000	716,994	
	MONEYGRAM INTERNATIONAL (7/21)	CORPORATE DEBT	N/A	N/A	275,000	272,028	275,000	
	MORGAN STANLEY	CORPORATE DEBT	04/01/2031	VAR%	555,000	555,000	509,790	
	MORGAN STANLEY	CORPORATE DEBT	07/22/2025	VAR%	90,000	90,000	86,703	
	MORGAN STANLEY	CORPORATE DEBT	02/18/2026	VAR%	731,000	731,000	697,403	
	MORGAN STANLEY	CORPORATE DEBT	01/24/2029	VAR%	781,000	781,000	741,052	
	MORGAN STANLEY	CORPORATE DEBT	05/04/2027	VAR%	333,000	333,000	295,591	
	MORGAN STANLEY SERIES GMTN	CORPORATE DEBT	01/23/2030	VAR%	80,000	80,000	77,730	
	MORGAN STANLEY SR UNSEC	CORPORATE DEBT	07/20/2027	VAR%	170,000	158,166	149,095	
	MORGAN STANLEY SR UNSEC	CORPORATE DEBT	07/20/2027	VAR%	596,000	585,212	522,710	
	MOZART DEBT MERGER SUB	CORPORATE DEBT	04/01/2029	3.88%	420,000	377,202	357,718	
	MOZART DEBT MERGER SUB	CORPORATE DEBT	10/01/2029	5.25%	1,020,000	882,556	837,726	
	MPH ACQUISITION HOLDINGS	CORPORATE DEBT	11/01/2028	5.75%	1,840,000	1,787,431	1,524,808	
	MPH ACQUISITION HOLDINGS	CORPORATE DEBT	09/01/2028	5.50%	595,000	595,000	529,550	
	MPLX LP	CORPORATE DEBT	03/01/2047	5.20%	587,000	715,489	532,127	
	MPT OPER PARTNERSP/FINL	CORPORATE DEBT	08/01/2026	5.25%	365,000	372,300	344,717	
	MPT OPER PARTNERSP/FINL	CORPORATE DEBT	08/01/2029	4.63%	385,000	369,600	337,838	
	MSCI INC	CORPORATE DEBT	11/15/2029	4.00%	650,000	611,813	576,115	
	NABORS INDUSTRIES INC	CORPORATE DEBT	05/15/2027	7.38%	920,000	930,456	874,000	
	NABORS INDUSTRIES LTD	CORPORATE DEBT	01/15/2026	7.25%	265,000	258,375	235,015	
	NATIONAL AUSTRALIA BK SER 144A	CORPORATE DEBT	01/12/2025	VAR%	530,000	529,693	521,478	

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

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EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	NATIONAL RURAL UTIL COOP	CORPORATE DEBT	02/07/2025	1.88%	75,000	\$ 74,998	\$ 71,660
	NATWEST GROUP PLC	CORPORATE DEBT	06/14/2027	VAR%	1,257,000	1,257,000	1,102,075
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/15/2059	3.82%	81,144	85,201	80,184
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/15/2059	4.00%	61,411	64,702	61,273
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/15/2059	3.39%	97,585	102,556	94,402
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	02/15/2068	3.13%	132,513	136,364	129,351
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	05/15/2069	1.69%	47,572	48,248	44,942
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/26/2069	1.31%	131,579	131,540	113,195
	NCL CORPORATION LTD	CORPORATE DEBT	12/15/2024	3.63%	310,000	293,188	257,843
	NCL CORPORATION LTD	CORPORATE DEBT	03/15/2026	5.88%	485,000	471,764	380,672
	NCL CORPORATION LTD SER 144A	CORPORATE DEBT	02/15/2027	5.88%	405,000	404,994	346,275
	NCL FINANCE LTD	CORPORATE DEBT	03/15/2028	6.13%	145,000	148,910	105,488
	NCR CORP	CORPORATE DEBT	10/01/2030	5.25%	135,000	124,538	116,438
	NCR CORP	CORPORATE DEBT	04/15/2029	5.13%	380,000	352,843	321,381
	NEW FORTRESS ENERGY INC	CORPORATE DEBT	09/15/2025	6.75%	535,000	551,387	505,575
	NEW FORTRESS ENERGY INC	CORPORATE DEBT	09/30/2026	6.50%	1,995,000	2,000,965	1,806,991
	NEW YORK NY	CORPORATE DEBT	05/01/2049	4.50%	200,000	195,712	206,202
	NIELSEN FINANCE LLC/CO	CORPORATE DEBT	10/01/2028	5.63%	895,000	895,000	831,187
	NIELSEN FINANCE LLC/CO	CORPORATE DEBT	10/01/2030	5.88%	795,000	812,556	729,937
	NORTHERN OIL AND GAS INC	CORPORATE DEBT	03/01/2028	8.13%	565,000	601,625	532,513
	NORTHWEST FIBER LLC/NORT	CORPORATE DEBT	06/01/2028	10.75%	360,000	406,813	320,324
	NORTHWEST FIBER LLC/NORT	CORPORATE DEBT	02/15/2028	6.00%	595,000	594,025	427,573
	NORTHWEST FIBER LLC/NORT	CORPORATE DEBT	04/30/2027	4.75%	200,000	200,000	164,710
	NORTHWESTERN MUTUAL LIFE	CORPORATE DEBT	09/30/2059	3.63%	304,000	246,613	226,212
	NOVA CHEMICALS CORP	CORPORATE DEBT	06/01/2027	5.25%	1,239,000	1,211,143	1,062,690
	NOVA CHEMICALS CORP SER 144A	CORPORATE DEBT	05/01/2025	5.00%	490,000	519,769	447,894
	NOVELIS CORP	CORPORATE DEBT	11/15/2026	3.25%	195,000	183,300	164,830
	NOVELIS CORP	CORPORATE DEBT	08/15/2031	3.88%	280,000	247,800	215,653
	NRG ENERGY INC	CORPORATE DEBT	06/15/2029	5.25%	505,000	523,300	450,713
	NRG ENERGY INC	CORPORATE DEBT	02/15/2032	3.88%	440,000	376,464	349,483
	NUSTAR LOGISTICS LP	CORPORATE DEBT	10/01/2025	5.75%	355,000	355,000	331,925
	NUTRITION & BIOSCIENCES	CORPORATE DEBT	10/01/2025	1.23%	490,000	490,000	442,054
	NVIDIA CORP	CORPORATE DEBT	04/01/2030	2.85%	265,000	264,017	242,602
	OCCIDENTAL PETROLEUM COR	CORPORATE DEBT	03/15/2026	5.55%	240,000	254,400	238,327
	OCCIDENTAL PETROLEUM COR	CORPORATE DEBT	05/01/2031	7.50%	970,000	1,145,775	1,042,750
	OCCIDENTAL PETROLEUM COR	CORPORATE DEBT	09/15/2031	7.88%	725,000	908,525	795,688
	OCCIDENTAL PETROLEUM COR	CORPORATE DEBT	09/15/2036	6.45%	210,000	259,350	215,250
	OCCIDENTAL PETROLEUM COR	CORPORATE DEBT	12/01/2025	5.50%	595,000	626,413	586,075
	OCCIDENTAL PETROLEUM COR	CORPORATE DEBT	01/01/2031	6.13%	200,000	233,274	202,686
	OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	10/01/2028	4.25%	675,000	675,000	528,694
	OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	10/01/2029	6.25%	275,000	275,000	191,081
	ONEMAIN FINANCE CORP	CORPORATE DEBT	01/15/2027	3.50%	1,065,000	1,050,250	852,000
	ONEMAIN FINANCE CORP	CORPORATE DEBT	09/15/2028	3.88%	210,000	187,425	160,650
	ONEOK INC	CORPORATE DEBT	01/15/2031	6.35%	127,000	161,327	132,664
	OPEN TEXT CORP	CORPORATE DEBT	02/15/2028	3.88%	140,000	129,638	124,520
	OPEN TEXT/OPEN TEXT HOLD 144A	CORPORATE DEBT	12/01/2029	3.88%	630,000	630,000	530,240
	OPEN TEXT/OPEN TEXT HOLD 144A	CORPORATE DEBT	12/01/2031	4.13%	285,000	285,000	235,971
	ORACLE CORP	CORPORATE DEBT	11/15/2024	2.95%	80,000	85,287	77,522
	ORACLE CORP	CORPORATE DEBT	05/15/2035	3.90%	470,000	466,828	387,623
	ORGANON FINANCE I LLC	CORPORATE DEBT	04/30/2031	5.13%	550,000	550,000	474,557
	OTIS WORLDWIDE CORP	CORPORATE DEBT	02/15/2040	3.11%	80,000	87,514	61,938
	PACIFIC GAS & ELECTRIC	CORPORATE DEBT	03/01/2052	5.25%	75,000	74,729	61,775
	PACIFIC GAS & ELECTRIC COMPANY	CORPORATE DEBT	02/01/2031	2.50%	787,000	786,182	602,000
	PACTIVE EVERGREEN GROUP	CORPORATE DEBT	10/15/2028	4.38%	400,000	400,612	340,000
	PARKER-HANNIFIN CORP	CORPORATE DEBT	06/14/2024	2.70%	90,000	89,959	87,827
	PARKER-HANNIFIN CORP	CORPORATE DEBT	09/15/2027	4.25%	205,000	204,565	203,569
	PARTNERS HEALTHCARE SYST	CORPORATE DEBT	07/01/2049	3.19%	30,000	31,744	23,092
	PAYPAL HOLDINGS INC	CORPORATE DEBT	06/01/2030	2.30%	680,000	679,272	583,753
	PECF USS INTERMEDIATE HO	CORPORATE DEBT	11/15/2029	8.00%	150,000	150,000	118,875
	PECO ENERGY CO	CORPORATE DEBT	10/01/2044	4.15%	280,000	279,040	254,108
	PERFORMANCE FOOD GROUP I	CORPORATE DEBT	10/15/2027	5.50%	1,185,000	1,214,222	1,097,014
	PERFORMANCE FOOD GROUP I	CORPORATE DEBT	05/01/2025	6.88%	365,000	379,600	363,197
	PERFORMANCE FOOD GROUP INC	CORPORATE DEBT	08/01/2029	4.25%	425,000	425,000	354,875
	PETVET (2/18) 1ST LIEN	CORPORATE DEBT	02/14/2025	N/A	250,000	249,645	250,000
	PFIZER INC	CORPORATE DEBT	12/15/2036	N/A	130,000	129,375	126,348
	PHILADELPHIA PA AUTH FOR INDL	CORPORATE DEBT	04/15/2026	3.96%	440,000	440,000	437,914
	PHILIP MORRIS INTL INC	CORPORATE DEBT	08/17/2027	3.13%	650,000	647,290	609,856
	PHILLIPS 66	CORPORATE DEBT	02/15/2026	1.30%	110,000	109,956	98,934
	PHILLIPS 66 CO	CORPORATE DEBT	02/15/2025	3.61%	160,000	159,947	158,139
	PILGRIMS PRIDE CORP	CORPORATE DEBT	03/01/2032	3.50%	750,000	634,688	585,938
	PILGRIMS PRIDE CORP	CORPORATE DEBT	04/15/2031	4.25%	245,000	263,988	204,448
	PLAINS ALL AMERICAN PIPE	CORPORATE DEBT	09/15/2030	3.80%	584,000	611,612	516,209
	PMHC II INC	CORPORATE DEBT	02/15/2030	9.00%	605,000	605,000	426,483

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
						(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	PRAIRIE ECI ACQUIROR (3/19)	CORPORATE DEBT	03/11/2026	N/A	390,000	\$ 375,699	\$ 390,000
	PRESIDIO HOLDING INC	CORPORATE DEBT	02/01/2028	8.25%	985,000	995,635	866,002
	PRIME SECSRVC BRW/FINANC	CORPORATE DEBT	04/15/2026	5.75%	575,000	594,939	536,188
	PRIME SECSRVC BRW/FINANC	CORPORATE DEBT	08/31/2027	3.38%	415,000	383,400	341,856
	PROGRESS RESIDENTIAL TRUST	CORPORATE DEBT	09/17/2036	2.27%	277,672	282,940	267,012
	PROGRESS RESIDENTIAL TRUST	CORPORATE DEBT	10/17/2036	2.69%	205,000	210,270	200,154
	PROGRESS RESIDENTIAL TRUST	CORPORATE DEBT	01/17/2039	2.28%	184,591	184,581	161,397
	PROGRESS RESIDENTIAL TRUST	CORPORATE DEBT	05/17/2026	1.64%	617,876	608,029	555,897
	PUBLIC SERVICE ELECTRIC	CORPORATE DEBT	05/01/2028	3.70%	360,000	358,632	350,957
	PUBLIC SERVICE ENTERPRIS	CORPORATE DEBT	08/15/2030	1.60%	650,000	648,804	516,256
	QORVO INC	CORPORATE DEBT	10/15/2029	4.38%	761,000	817,489	669,239
	QORVO INC	CORPORATE DEBT	12/15/2024	1.75%	230,000	229,572	214,848
	RACKSPACE TECHNOLOGY	CORPORATE DEBT	12/01/2028	5.38%	1,985,000	1,956,919	1,297,138
	RADIATE HOLDCO / FINANCE	CORPORATE DEBT	09/15/2028	6.50%	385,000	385,000	297,559
	RAPTOR ACQ/RAPTOR CO-ISS	CORPORATE DEBT	11/01/2026	4.88%	225,000	225,000	196,875
	RATE MORTGAGE TRUST	CORPORATE DEBT	12/25/2051	VAR%	560,475	558,986	478,875
	RATE MORTGAGE TRUST	CORPORATE DEBT	07/25/2051	VAR%	99,694	95,581	85,179
	RATE MORTGAGE TRUST	CORPORATE DEBT	07/25/2051	VAR%	87,507	85,156	79,478
	RATE MORTGAGE TRUST	CORPORATE DEBT	01/25/2052	VAR%	246,612	245,880	219,527
	REALOGY GROUP/CO-ISSUER	CORPORATE DEBT	01/15/2029	5.75%	1,607,000	1,631,650	1,218,620
	REALOGY GROUP/CO-ISSUER	CORPORATE DEBT	04/15/2030	5.25%	2,020,000	1,888,450	1,494,800
	RECKITT BENCKISER TSY	CORPORATE DEBT	06/26/2024	2.75%	475,000	474,487	464,754
	REDSTONE HOLDCO 2 LP	CORPORATE DEBT	N/A	N/A	701,736	696,693	701,736
	REDWOOD STAR MERGER SUB	CORPORATE DEBT	04/01/2030	8.75%	895,000	851,888	749,563
	REPUBLIC SERVICES INC	CORPORATE DEBT	08/15/2024	2.50%	160,000	159,744	154,923
	REPUBLIC SERVICES INC	CORPORATE DEBT	02/15/2031	1.45%	440,000	437,875	345,413
	RESIDEO FUNDING INC	CORPORATE DEBT	09/01/2029	4.00%	645,000	645,000	503,377
	REYNOLDS AMERICAN INC	CORPORATE DEBT	09/15/2043	6.15%	115,000	131,714	106,444
	REYNOLDS GRP ISS/REYNOLD	CORPORATE DEBT	10/15/2027	4.00%	570,000	570,000	487,350
	RLJ LODGING TRUST LP	CORPORATE DEBT	09/15/2029	4.00%	625,000	625,000	513,381
	ROCKCLIFF ENERGY II LLC	CORPORATE DEBT	10/15/2029	5.50%	300,000	300,000	272,991
	ROPER TECHNOLOGIES INC	CORPORATE DEBT	09/15/2025	1.00%	115,000	114,848	103,974
	ROYAL BANK OF SCOTLAND GRP PLC	CORPORATE DEBT	05/22/2028	VAR%	615,000	615,000	559,066
	ROYAL CARIBBEAN CRUISES	CORPORATE DEBT	04/01/2028	5.50%	1,225,000	1,154,432	851,375
	ROYAL CARIBBEAN CRUISES	CORPORATE DEBT	07/01/2026	4.25%	275,000	211,788	195,349
	ROYAL CARIBBEAN CRUISES LTD	CORPORATE DEBT	10/15/2027	7.50%	785,000	901,903	620,150
	RYAN SPECIALTY GROUP	CORPORATE DEBT	02/01/2030	4.38%	350,000	350,000	304,500
	RYMAN HOSPITALITY PROP	CORPORATE DEBT	10/15/2027	4.75%	2,210,000	2,191,023	1,960,513
	SABRA HEALTH CARE LP	CORPORATE DEBT	12/01/2031	3.20%	644,000	637,174	511,091
	SANTANDER DRIVE AUTO RECEIVABL	CORPORATE DEBT	10/15/2026	2.12%	465,000	464,933	461,954
	SANTANDER RETAIL AUTO LEASE TR	CORPORATE DEBT	11/20/2025	3.28%	295,000	294,990	291,714
	SANTANDER UK GROUP HOLDINGS	CORPORATE DEBT	06/14/2027	VAR%	893,000	893,000	779,473
	SCIENTIFIC GAMES HOLDIN	CORPORATE DEBT	03/01/2030	6.63%	470,000	470,000	399,500
	SCIH SALT HOLDINGS INC	CORPORATE DEBT	05/01/2028	4.88%	420,000	418,013	348,650
	SCIH SALT HOLDINGS INC	CORPORATE DEBT	05/01/2029	6.63%	780,000	777,660	616,356
	SCIL IV LLC / SCIL USA H	CORPORATE DEBT	11/01/2026	5.38%	385,000	385,000	308,000
	SEMPRA ENERGY	CORPORATE DEBT	04/01/2029	3.70%	297,000	295,889	278,913
	SENSATA TECHNOLOGIES BV	CORPORATE DEBT	04/15/2029	4.00%	780,000	793,650	661,502
	SERVICE PROPERTIES TRUST	CORPORATE DEBT	01/15/2028	3.95%	110,000	103,263	75,303
	SERVICE PROPERTIES TRUST	CORPORATE DEBT	10/01/2024	4.35%	649,000	651,042	527,377
	SHEA HOMES LP/FNDG CP	CORPORATE DEBT	02/15/2028	N/A	370,000	355,613	297,247
	SHELL INTERNATIONAL FIN	CORPORATE DEBT	05/11/2035	4.13%	300,000	297,498	285,657
	SIEMENS FINANCIERINGSMAT	CORPORATE DEBT	03/11/2026	1.20%	305,000	304,689	276,062
	SIRIUS XM RADIO INC	CORPORATE DEBT	08/01/2027	5.00%	1,965,000	2,049,244	1,822,577
	SIRIUS XM RADIO INC	CORPORATE DEBT	07/01/2029	5.50%	888,000	930,165	809,190
	SIRIUS XM RADIO INC	CORPORATE DEBT	07/01/2030	4.13%	787,000	809,847	657,295
	SIRIUS XM RADIO INC	CORPORATE DEBT	07/15/2028	4.00%	270,000	246,375	233,550
	SIX FLAGS THEME PARKS	CORPORATE DEBT	07/01/2025	7.00%	90,000	92,743	91,110
	SMB PRIVATE EDUCATION LOAN TRU	CORPORATE DEBT	01/15/2053	1.59%	149,665	138,405	136,789
	SOLARIS MIDSTREAM HOLDIN	CORPORATE DEBT	04/01/2026	7.63%	510,000	515,963	482,292
	SOUTHERN CAL EDISON	CORPORATE DEBT	06/01/2027	4.70%	282,000	281,397	282,508
	SOUTHWESTERN ELEC POWER	CORPORATE DEBT	03/15/2026	1.65%	425,000	424,958	386,946
	SOUTHWESTERN ENERGY CO	CORPORATE DEBT	01/23/2025	4.95%	340,000	355,300	335,883
	SOUTHWESTERN ENERGY CO	CORPORATE DEBT	02/01/2032	4.75%	410,000	411,736	350,357
	SOUTHWESTERN PUBLIC SERV	CORPORATE DEBT	06/15/2049	3.75%	235,000	232,037	197,971
	SPA HOLDINGS 3	CORPORATE DEBT	02/04/2028	4.88%	425,000	425,395	354,782
	SPIRIT AEROSYSTEMS INC	CORPORATE DEBT	04/15/2025	7.50%	455,000	461,031	422,581
	SPRINGLEAF FINANCE CORP	CORPORATE DEBT	03/15/2023	5.63%	740,000	761,313	730,165
	SPRINGLEAF FINANCE CORP	CORPORATE DEBT	03/15/2025	6.88%	480,000	499,200	454,925
	SPRINGLEAF FINANCE CORP	CORPORATE DEBT	03/15/2026	7.13%	835,000	921,494	771,732
	SPRINGLEAF FINANCE CORP	CORPORATE DEBT	01/15/2028	6.63%	565,000	656,813	504,974
	SPRINGLEAF FINANCE CORP	CORPORATE DEBT	11/15/2029	5.38%	355,000	392,463	287,678

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	SPRINT CAP CORP	CORPORATE DEBT	11/15/2028	6.88%	395,000	\$ 507,081	\$	415,350
	SPRINT CAP CORP	CORPORATE DEBT	03/15/2032	8.75%	615,000	844,928		740,140
	SPRINT CORP	CORPORATE DEBT	06/15/2024	7.13%	230,000	260,475		236,038
	SPRINT CORP	CORPORATE DEBT	02/15/2025	7.63%	225,000	248,063		234,522
	SPRINT CORP	CORPORATE DEBT	03/01/2026	7.63%	585,000	607,788		616,374
	SRS DISTRIBUTION INC	CORPORATE DEBT	07/01/2029	6.13%	265,000	260,363		209,080
	STANDARD CHARTERED PLC SR 144A	CORPORATE DEBT	06/29/2032	VAR%	869,000	869,000		696,877
	STANDARD INDUSTRIES INC	CORPORATE DEBT	07/15/2030	4.38%	455,000	445,744		358,881
	STARBUCKS CORP	CORPORATE DEBT	11/15/2050	3.50%	180,000	178,794		140,834
	STARBUCKS CORP	CORPORATE DEBT	03/12/2050	3.35%	30,000	29,338		22,695
	SUMMER (BC) BIDC	CORPORATE DEBT	10/31/2026	5.50%	515,000	517,713		461,260
	SUMMIT MID HLDS LLC / FI	CORPORATE DEBT	04/15/2025	5.75%	415,000	404,865		324,738
	SUMMIT MID HLDS LLC / FI	CORPORATE DEBT	10/15/2026	8.50%	685,000	660,575		615,007
	SUNNOVA ENERGY CORP	CORPORATE DEBT	09/01/2026	5.88%	990,000	964,717		861,310
	SUNSHINE LUXEMBOURG VII	CORPORATE DEBT	N/A	N/A	388,905	389,051		388,905
	TAKE-TWO INTERACTIVE SOF	CORPORATE DEBT	04/14/2027	3.70%	139,000	138,993		134,920
	TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	01/15/2028	5.50%	920,000	920,880		782,156
	TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	03/01/2027	6.00%	460,000	453,519		410,550
	TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	10/01/2025	7.50%	450,000	459,919		435,497
	TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	12/31/2030	6.00%	545,000	549,663		452,350
	TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	09/01/2031	6.00%	965,000	965,425		796,125
	TAP ROCK RESOURCES LLC	CORPORATE DEBT	10/01/2026	7.00%	585,000	585,000		552,369
	TEAM HEALTH \$3.15BN	CORPORATE DEBT	02/06/2017	N/A	749,862	685,090		749,862
	TEAM HEALTH HOLDINGS INC	CORPORATE DEBT	02/01/2025	6.38%	635,000	500,765		443,408
	TELECOM ITALIA CAPITAL	CORPORATE DEBT	11/15/2033	6.38%	375,000	399,375		289,575
	TELECOM ITALIA CAPITAL	CORPORATE DEBT	07/18/2036	7.20%	295,000	331,506		223,979
	TELECOM ITALIA SPA	CORPORATE DEBT	05/30/2024	5.30%	250,000	262,813		240,213
	TENET HEALTHCARE CORP	CORPORATE DEBT	11/01/2027	5.13%	365,000	365,913		328,500
	TENET HEALTHCARE CORP	CORPORATE DEBT	10/01/2028	6.13%	1,190,000	1,197,738		1,018,378
	TENNECO (10/18)	CORPORATE DEBT	N/A	N/A	441,590	436,429		441,590
	TREX CORP	CORPORATE DEBT	05/15/2029	5.00%	300,000	300,000		255,000
	TEXAS ELEC MKT STABI	CORPORATE DEBT	08/01/2034	4.26%	285,000	284,996		282,825
	T-MOBILE USA INC	CORPORATE DEBT	10/15/2052	3.40%	240,000	238,613		177,233
	T-MOBILE USA INC	CORPORATE DEBT	02/01/2028	4.75%	495,000	523,463		479,759
	T-MOBILE USA INC	CORPORATE DEBT	02/15/2029	2.63%	1,085,000	1,096,613		913,342
	T-MOBILE USA INC	CORPORATE DEBT	02/15/2031	2.88%	345,000	345,000		286,429
	T-MOBILE USA INC	CORPORATE DEBT	04/15/2029	3.38%	530,000	527,350		463,750
	T-MOBILE USA INC	CORPORATE DEBT	04/15/2031	3.50%	410,000	370,804		354,006
	T-MOBILE USA INC	CORPORATE DEBT	03/15/2029	2.40%	168,000	167,889		145,080
	T-MOBILE USA INC	CORPORATE DEBT	04/15/2030	3.88%	535,000	531,137		499,294
	TMS INTERNATIONAL CORP	CORPORATE DEBT	04/15/2029	6.25%	720,000	739,527		521,215
	TORONTO-DOMINION BANK SER MTN	CORPORATE DEBT	03/10/2027	2.80%	345,000	344,313		322,796
	TOWD POINT MORTGAGE TRUST	CORPORATE DEBT	10/25/2057	VAR%	140,000	135,870		132,178
	TOWD POINT MORTGAGE TRUST	CORPORATE DEBT	11/25/2061	2.25%	154,735	157,291		145,152
	TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	11/25/2031	2.56%	100,000	98,125		97,827
	TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	05/25/2033	0.00%	245,000	228,410		227,875
	TRANS-CANADA PIPELINES	CORPORATE DEBT	03/01/2034	4.63%	270,000	268,780		259,070
	TRANSDIGM INC	CORPORATE DEBT	06/15/2026	6.38%	625,000	640,811		584,375
	TRANSDIGM INC	CORPORATE DEBT	03/15/2026	6.25%	1,380,000	1,447,650		1,329,975
	TRIDENT TPI (10/17)	CORPORATE DEBT	10/03/2024	N/A	164,724	164,278		164,724
	TRIDENT TPI HOLDINGS INC	CORPORATE DEBT	08/01/2024	9.25%	250,000	249,243		228,710
	TRIVIMUM PACKAGING FIN	CORPORATE DEBT	08/15/2026	5.50%	215,000	211,413		203,113
	TRIVIMUM PACKAGING FIN	CORPORATE DEBT	08/15/2027	8.50%	715,000	780,713		670,384
	TRONOX INC	CORPORATE DEBT	03/15/2029	4.63%	590,000	590,000		474,419
	TSMC GLOBAL LTD	CORPORATE DEBT	09/28/2030	1.38%	315,000	312,111		251,795
	UNICREDIT SPA SER 144A	CORPORATE DEBT	06/03/2032	VAR%	1,200,000	1,200,000		936,204
	UNION PACIFIC CORP	CORPORATE DEBT	02/05/2050	3.25%	125,000	118,064		98,020
	UNION PACIFIC CORP	CORPORATE DEBT	04/06/2036	2.89%	65,000	65,393		53,731
	UNITED AIR 2020-1 B PTT	CORPORATE DEBT	07/15/2027	4.88%	415,000	433,260		394,084
	UNITED AIRLINES INC	CORPORATE DEBT	04/15/2026	4.38%	655,000	632,894		577,166
	UNITED PARCEL SERVICE	CORPORATE DEBT	04/01/2040	5.20%	60,000	59,711		63,315
	UNITED RENTALS NORTH AM	CORPORATE DEBT	05/15/2027	5.50%	1,136,000	1,204,160		1,114,041
	UNITED RENTALS NORTH AM	CORPORATE DEBT	01/15/2030	5.25%	480,000	520,800		445,200
	UNITED RENTALS NORTH AM	CORPORATE DEBT	07/15/2030	4.00%	195,000	199,388		166,702
	UNITED RENTALS NORTH AM	CORPORATE DEBT	01/15/2032	3.75%	590,000	592,456		484,420
	UNITEDHEALTH GROUP INC	CORPORATE DEBT	07/15/2035	4.63%	85,000	90,556		86,260
	UNITI GROUP/CSL CAPITAL	CORPORATE DEBT	02/15/2029	6.50%	1,210,000	1,221,244		886,325
	UNIV OF VIRGINIA VA UNIV REVEN	CORPORATE DEBT	09/01/2050	2.26%	130,000	130,000		89,510
	UNIVAR SOLUTIONS USA INC	CORPORATE DEBT	12/01/2027	5.13%	625,000	643,063		581,681
	US 10YR ULTRA FUT SEP22 UXYU2	CORPORATE DEBT	n/a	N/A	67	67		67
	US ACUTE CARE SOLUTIONS	CORPORATE DEBT	03/01/2026	6.38%	295,000	295,000		264,178
	US FOODS INC	CORPORATE DEBT	04/15/2025	6.25%	830,000	873,081		827,925
	US FOODS INC	CORPORATE DEBT	02/15/2029	4.75%	120,000	120,343		104,903

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	US SLICA CO	CORPORATE DEBT	N/A	N/A	659,826	\$ 652,765	\$	659,826
	VALEANT PHARMACEUTICALS	CORPORATE DEBT	11/01/2025	5.50%	245,000	-		88
	VENTURE GLOBAL CALCASIEU	CORPORATE DEBT	08/15/2029	3.88%	260,000	260,000		227,430
	VENTURE GLOBAL CALCASIEU	CORPORATE DEBT	08/15/2031	4.13%	260,000	260,000		222,175
	VERIZON COMMUNICATIONS	CORPORATE DEBT	11/01/2034	4.40%	530,000	554,270		507,851
	VERIZON COMMUNICATIONS	CORPORATE DEBT	03/22/2061	3.70%	135,000	133,635		106,032
	VERIZON COMMUNICATIONS	CORPORATE DEBT	03/22/2030	3.15%	778,000	775,612		707,358
	VERIZON COMMUNICATIONS	CORPORATE DEBT	12/03/2029	4.02%	765,000	888,280		740,918
	VERTICAL US NEWCO INC	CORPORATE DEBT	07/15/2027	5.25%	700,000	710,500		624,099
	VERTIV GROUP CORPORATION	CORPORATE DEBT	11/15/2028	N/A	635,000	635,000		515,569
	VIATRIS INC	CORPORATE DEBT	06/22/2030	2.70%	35,000	36,538		28,090
	VIATRIS INC	CORPORATE DEBT	06/22/2050	4.00%	175,000	174,545		117,178
	VICI PROPERTIES / NOTE	CORPORATE DEBT	02/01/2027	5.75%	1,155,000	1,271,944		1,095,980
	VICI PROPERTIES LP	CORPORATE DEBT	02/15/2030	4.95%	617,000	615,587		584,737
	VINE ENERGY HOLDINGS LLC	CORPORATE DEBT	04/15/2029	6.75%	940,000	938,825		909,008
	VIRGINIA ELEC & POWER CO	CORPORATE DEBT	08/15/2043	4.65%	170,000	169,918		161,951
	VISTAJET MALTA/XO MGMT	CORPORATE DEBT	05/01/2027	7.88%	720,000	712,699		635,400
	VISTAJET MALTA/XO MGMT SER 144A	CORPORATE DEBT	02/01/2030	6.38%	655,000	655,000		524,000
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	09/01/2026	5.50%	250,000	251,250		236,085
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	02/15/2027	5.63%	505,000	496,125		474,831
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	07/31/2027	5.00%	630,000	608,569		572,739
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	05/01/2029	4.38%	1,160,000	1,162,638		970,491
	VM CONSOLIDATED INC	CORPORATE DEBT	04/15/2029	5.50%	685,000	685,000		546,288
	VMED O2 UK FINAN	CORPORATE DEBT	07/15/2031	4.75%	830,000	830,000		670,516
	VMWARE INC	CORPORATE DEBT	08/15/2031	2.20%	902,000	900,223		710,262
	VMWARE INC	CORPORATE DEBT	08/15/2028	1.80%	189,000	188,019		156,957
	VOLKSWAGEN AUTO LEASE TRUST	CORPORATE DEBT	07/21/2025	3.44%	120,000	119,990		119,699
	VOLKSWAGEN GROUP AMERICA	CORPORATE DEBT	11/22/2023	0.88%	285,000	284,573		273,076
	VOLKSWAGEN GROUP AMERICA	CORPORATE DEBT	06/08/2027	4.35%	261,000	260,815		255,843
	WALT DISNEY COMPANY/THE	CORPORATE DEBT	03/23/2040	4.63%	205,000	232,518		200,154
	WALT DISNEY COMPANY/THE	CORPORATE DEBT	03/23/2050	4.70%	115,000	114,213		113,421
	WATCO COS LLC/FINANCE CO	CORPORATE DEBT	06/15/2027	6.50%	145,000	147,297		132,808
	WATERBRIDGE MIDSTREAM (6/19) TL	CORPORATE DEBT	04/01/2028	N/A	264,111	253,356		264,111
	WEC ENERGY GROUP INC	CORPORATE DEBT	03/15/2024	0.80%	160,000	159,934		151,934
	WELLS FARGO & CO	CORPORATE DEBT	04/04/2031	VAR%	565,000	565,000		552,542
	WELLS FARGO & CO MEDIUM TERM	CORPORATE DEBT	06/17/2027	VAR%	415,000	415,000		392,876
	WELLS FARGO & COMPANY	CORPORATE DEBT	10/30/2025	VAR%	280,000	280,000		266,560
	WELLS FARGO & COMPANY	CORPORATE DEBT	04/30/2026	VAR%	380,000	380,000		355,509
	WELLS FARGO & COMPANY	CORPORATE DEBT	03/24/2028	VAR%	149,000	149,000		141,207
	WELLS FARGO & COMPANY	CORPORATE DEBT	06/02/2028	VAR%	841,000	841,000		753,141
	WELLS FARGO & COMPANY	CORPORATE DEBT	10/30/2025	VAR%	970,000	970,000		923,440
	WESTERN MIDSTREAM OPERAT	CORPORATE DEBT	02/01/2025	3.10%	255,000	250,219		234,919
	WHITE CAP PARENT LLC	CORPORATE DEBT	03/15/2026	8.25%	380,000	370,500		316,350
	WILLIS NORTH AMERICA INC	CORPORATE DEBT	06/15/2027	4.65%	379,000	378,829		372,800
	WISCONSIN ELECTRIC POWER	CORPORATE DEBT	06/15/2028	1.70%	75,000	74,985		65,338
	WOODWARD CAPITAL MANAGEMENT	CORPORATE DEBT	07/25/2051	VAR%	136,970	129,993		117,028
	WOODWARD CAPITAL MANAGEMENT	CORPORATE DEBT	02/25/2052	VAR%	165,348	156,378		140,627
	WORLD ACCEPTANCE CORP	CORPORATE DEBT	11/01/2026	7.00%	365,000	365,140		260,975
	WR GRACE HOLDING LLC	CORPORATE DEBT	08/15/2029	5.63%	965,000	939,939		710,481
	WYNDHAM HOTELS & RESORTS	CORPORATE DEBT	08/15/2028	4.38%	730,000	733,750		638,502
	WYNN LAS VEGAS LLC/CORP	CORPORATE DEBT	03/01/2025	5.50%	906,000	921,296		828,990
	XHR LP	CORPORATE DEBT	06/01/2029	4.88%	290,000	290,000		248,779
	YAMANA GOLD INC	CORPORATE DEBT	08/15/2031	2.63%	535,000	535,728		428,958
	ZIPRECRUITER INC	CORPORATE DEBT	01/15/2030	5.00%	375,000	375,000		315,000
	Total corporate bonds and notes					374,147,777		320,305,547
Foreign bonds								
	AUSTRALIAN GOVERNMENT	FOREIGN DEBT	07/15/2022	5.75%	1,950,000	1,519,240		1,347,899
	BANK OF NOVA SCOTIA	FOREIGN DEBT	09/15/2023	VAR%	1,355,000	1,355,334		1,362,710
	GOVERNMENT OF FRANCE	FOREIGN DEBT	05/25/2052	0.75%	1,800,000	1,450,777		1,200,830
	GOVERNMENT OF FRANCE	FOREIGN DEBT	05/25/2032	ZERO	4,130,000	3,809,727		3,577,654
	KOREA TREASURY BOND	FOREIGN DEBT	03/10/2051	1.88%	2,170,000,000	1,893,561		1,178,744
	KOREA TREASURY BOND SER 3106	FOREIGN DEBT	06/10/2031	2.00%	5,390,000,000	4,740,137		3,617,229
	MALAYSIA GOVERNMENT	FOREIGN DEBT	06/15/2050	4.07%	11,600,000	2,758,355		2,272,283
	MALAYSIA GOVT SER 115	FOREIGN DEBT	09/15/2025	3.96%	1,600,000	373,146		365,334
	MALAYSIA GOVT SER 417	FOREIGN DEBT	11/16/2027	3.90%	3,070,000	3,991,279		688,850
	MALAYSIAN GOVERNMENT SER 0313	FOREIGN DEBT	03/15/2023	3.48%	4,270,000	1,248,254		972,431
	MEX BONOS DESARR FIX RT	FOREIGN DEBT	11/18/2038	8.50%	408,000	3,413,031		1,930,248
	MEX BONOS DESARR FIX RT	FOREIGN DEBT	11/07/2047	8.00%	106,000	622,721		471,276
	MEX BONOS DESARR FIX RT SER M	FOREIGN DEBT	11/13/2042	7.75%	398,000	-		1,736,474
	MEX BONOS DESARR FIX RT SER M 20	FOREIGN DEBT	05/31/2029	8.50%	344,000	3,158,942		1,664,960
	NEW S WALES TREASURY CRP	FOREIGN DEBT	04/20/2023	4.00%	500,000	410,579		349,343
	NEW ZEALAND GOVT SER 0551	FOREIGN DEBT	05/15/2051	2.75%	1,260,000	880,536		601,800

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	NOTA DO TESOURO NACIONAL	FOREIGN DEBT	01/01/2023	10.00%	7,280	\$ 3,035,276	\$ 1,377,476
	QUEENSLAND TREASURY CORP	FOREIGN DEBT	07/21/2023	4.25%	1,005,000	855,578	704,092
	REPUBLIC OF SOUTH AFRICA	FOREIGN DEBT	02/28/2041	6.50%	29,350,000	2,531,562	1,105,174
	REPUBLIC OF SOUTH AFRICA	FOREIGN DEBT	02/28/2048	8.75%	21,600,000	1,556,526	1,020,734
	WESTERN AUST TREAS CORP	FOREIGN DEBT	10/16/2023	6.00%	1,000,000	882,002	716,120
	Total foreign bonds					40,486,563	28,261,661
<u>Common and preferred stocks</u>							
	10X GENOMICS INC-CLASS A	EQUITY	N/A	N/A	174	8,635	7,874
	2SEVENTY BIO INC-W/I	EQUITY	N/A	N/A	15,194	263,353	200,561
	AALBERTS INDUSTRIES NV	EQUITY	N/A	N/A	32,554	977,347	1,237,573
	AAR CORP	EQUITY	N/A	N/A	4,531	189,574	189,577
	ABCAM PLC-SPON ADR	EQUITY	N/A	N/A	65,215	1,278,608	943,009
	ACADEMY SPORTS & OUTDOORS	EQUITY	N/A	N/A	13,290	591,302	472,327
	ACADIA HEALTH CARE CO INC	EQUITY	N/A	N/A	1,636	73,489	110,643
	ACADIA PHARMACEUTICALS INC	EQUITY	N/A	N/A	17,496	294,666	246,519
	ACLARIS THERAPEUTICS INC	EQUITY	N/A	N/A	20,968	364,185	292,713
	ACUITY BRANDS INC	EQUITY	N/A	N/A	633	77,393	97,507
	ADAPTHEALTH CORP	EQUITY	N/A	N/A	36,841	1,095,046	664,612
	ADOBE INC	EQUITY	N/A	N/A	15,000	8,682,711	5,490,900
	ADOBE INC	EQUITY	N/A	N/A	12,820	1,014,345	4,692,889
	ADT INC	EQUITY	N/A	N/A	3,839	30,075	23,610
	ADVANCED AUTO PARTS WI	EQUITY	N/A	N/A	1,033	157,991	178,802
	ADVANCED ENERGY INDS INC	EQUITY	N/A	N/A	6,774	387,000	494,367
	ADVANCED MICRO DEVICES INC	EQUITY	N/A	N/A	20,255	1,392,435	1,548,900
	ADYEN NV	EQUITY	N/A	N/A	3,766	2,822,660	5,425,827
	ADYEN NV	EQUITY	N/A	N/A	777	1,367,148	1,119,455
	ADYEN NV	EQUITY	N/A	N/A	150	286,905	216,111
	AECOM	EQUITY	N/A	N/A	15,508	541,968	1,011,432
	AECOM	EQUITY	N/A	N/A	2,299	119,077	149,941
	AEROJET ROCKETDYNE HLDGS INC	EQUITY	N/A	N/A	7,559	312,653	306,895
	AEROVIRONMENT INC	EQUITY	N/A	N/A	1,538	126,478	126,424
	AES CORP	EQUITY	N/A	N/A	10,052	212,312	211,193
	AFFILIATED MANAGERS GROUP INC	EQUITY	N/A	N/A	711	68,148	82,903
	AFFIRM HOLDINGS INC	EQUITY	N/A	N/A	3,225	75,075	58,244
	AFFIRM HOLDINGS INC	EQUITY	N/A	N/A	6,906	444,452	124,722
	AFLAC INC	EQUITY	N/A	N/A	11,739	637,212	649,519
	AGCO CORP	EQUITY	N/A	N/A	983	88,575	97,022
	AGILENT TECHNOLOGIES (IPO)	EQUITY	N/A	N/A	562	65,017	66,749
	AGILON HEALTH INC	EQUITY	N/A	N/A	180	5,211	3,929
	AGNC INVT CORP	EQUITY	N/A	N/A	9,595	147,074	106,217
	AGREE RLTY CORP	EQUITY	N/A	N/A	11,489	727,669	828,702
	AGREE RLTY CORP	EQUITY	N/A	N/A	16,212	1,109,749	1,169,372
	AIA GROUP LTD	EQUITY	N/A	N/A	398,700	1,714,687	4,333,869
	AIR LEASE CORP	EQUITY	N/A	N/A	1,877	77,867	62,748
	AIR LEASE CORP	EQUITY	N/A	N/A	43,103	1,760,686	1,440,933
	AIRBNB INC-CLASS A	EQUITY	N/A	N/A	27,428	4,254,183	2,443,286
	AKAMAI TECHNOLOGIES	EQUITY	N/A	N/A	2,912	331,959	265,953
	AKZO NOBEL N.V.	EQUITY	N/A	N/A	25,175	1,785,627	1,652,057
	ALAPIS HOLDING INDUSTRIAL	EQUITY	N/A	N/A	357	-	357
	ALARM.COM HOLDINGS INC	EQUITY	N/A	N/A	29,392	1,622,231	1,818,189
	ALASKA AIR GROUP INC	EQUITY	N/A	N/A	2,273	154,699	91,034
	ALBANY INTERNATIONAL CORP CL A	EQUITY	N/A	N/A	10,188	584,432	802,713
	ALBANY INTERNATIONAL CORP CL A	EQUITY	N/A	N/A	4,042	293,815	318,469
	ALBEMARLE CORP	EQUITY	N/A	N/A	1,043	150,563	217,966
	ALBERTSONS COS INC - CLASS A	EQUITY	N/A	N/A	2,950	58,511	78,824
	ALCOA CORP	EQUITY	N/A	N/A	3,386	124,359	154,334
	ALCON INC	EQUITY	N/A	N/A	56,700	4,454,511	3,962,763
	ALCON INC	EQUITY	N/A	N/A	19,534	879,598	1,365,231
	ALEXANDRIA REAL ESTATE EQUITIES	EQUITY	N/A	N/A	2,977	521,394	431,754
	ALIBABA GROUP HOLDING LTD	EQUITY	N/A	N/A	110,120	1,481,018	1,563,153
	ALIGN TECHNOLOGY INC	EQUITY	N/A	N/A	360	93,146	85,201
	ALIGN TECHNOLOGY INC	EQUITY	N/A	N/A	907	457,399	214,660
	ALLEGHANY CORP DEL	EQUITY	N/A	N/A	206	124,219	171,619
	ALLEGION PLC	EQUITY	N/A	N/A	335	37,885	32,797
	ALLETE INC	EQUITY	N/A	N/A	11,912	525,752	700,187
	ALLIANT ENERGY CORP	EQUITY	N/A	N/A	4,606	245,967	269,958
	ALLISON TRANSMISSION HOLDING	EQUITY	N/A	N/A	371	15,269	14,265
	ALLSCRIPTS HEALTHCARE	EQUITY	N/A	N/A	56,834	725,148	842,848
	ALLSCRIPTS HEALTHCARE	EQUITY	N/A	N/A	30,645	387,530	454,465
	ALLSTATE CORP	EQUITY	N/A	N/A	5,036	640,352	638,212
	ALLY FINANCIAL INC	EQUITY	N/A	N/A	5,926	124,296	198,580

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	(d) Cost	(e) Current value
	ALPHA METALLURGICAL RESOURCE	EQUITY	N/A	N/A	\$ 157,539	\$ 151,728
	ALPHA TEKNOVA INC	EQUITY	N/A	N/A	610,086	266,364
	ALPHABET INC/CA-CL A	EQUITY	N/A	N/A	1,730,675	6,073,598
	ALPHABET INC/CA-CL A	EQUITY	N/A	N/A	736,468	2,251,176
	ALPHABET INC/CA-CL C	EQUITY	N/A	N/A	2,986,814	8,881,047
	ALPHABET INC/CA-CL C	EQUITY	N/A	N/A	8,612,846	15,686,204
	ALTA EQUIP GROUP INC	EQUITY	N/A	N/A	350,535	328,302
	ALTICE USA INC- A	EQUITY	N/A	N/A	64,328	35,548
	ALTRA INDUSTRIAL MOTION CORP	EQUITY	N/A	N/A	714,129	681,770
	AMAZON COM INC	EQUITY	N/A	N/A	7,812,008	12,437,191
	AMAZON COM INC	EQUITY	N/A	N/A	5,205,691	14,754,693
	AMC ENTERTAINMENT HLDS-CL A	EQUITY	N/A	N/A	118,385	128,644
	AMCOR PLC	EQUITY	N/A	N/A	315,330	342,571
	AMDOCS LIMITED	EQUITY	N/A	N/A	152,758	187,531
	AMEDISYS INC	EQUITY	N/A	N/A	76,448	61,705
	AMEDISYS INC	EQUITY	N/A	N/A	4,054,330	1,859,152
	AMEDISYS INC	EQUITY	N/A	N/A	313,000	302,640
	AMERANT BANCORP INC	EQUITY	N/A	N/A	1,065,439	1,446,802
	AMERCO	EQUITY	N/A	N/A	72,223	78,908
	AMEREN CORP	EQUITY	N/A	N/A	370,781	427,312
	AMERICAN AIRLINES GROUP INC	EQUITY	N/A	N/A	213,418	150,448
	AMERICAN CAMPUS CMNTYS INC	EQUITY	N/A	N/A	113,352	164,012
	AMERICAN FINL GROUP INC OHIO	EQUITY	N/A	N/A	99,845	171,569
	AMERICAN HOMES 4 RENT- A	EQUITY	N/A	N/A	172,974	197,472
	AMERICAN INTERNATIONAL GROUPINC	EQUITY	N/A	N/A	3,077,058	2,755,907
	AMERICAN TOWER CORP	EQUITY	N/A	N/A	1,867,624	2,045,487
	AMERICAN VANGUARD CORP	EQUITY	N/A	N/A	479,093	514,050
	AMERICAN WATER WORKS CO INC	EQUITY	N/A	N/A	503,105	497,338
	AMERICAN WOODMARK CORP	EQUITY	N/A	N/A	339,561	233,017
	AMERICOLD REALTY TRUST INC.	EQUITY	N/A	N/A	172,210	148,338
	AMERIPRISE FINANCIAL INC	EQUITY	N/A	N/A	4,682,842	3,993,024
	AMERIPRISE FINANCIAL INC	EQUITY	N/A	N/A	51,568	173,506
	AMERIS BANCORP	EQUITY	N/A	N/A	795,097	942,020
	AMERIS BANCORP	EQUITY	N/A	N/A	2,321,634	1,976,052
	AMETEK INC NEW	EQUITY	N/A	N/A	498,550	465,274
	AMGEN INC	EQUITY	N/A	N/A	4,439,491	5,157,960
	AMICUS THERAPEUTICS INC	EQUITY	N/A	N/A	488,121	458,791
	AMN HEALTHCARE SERVICES	EQUITY	N/A	N/A	449,426	656,285
	AMN HEALTHCARE SERVICES	EQUITY	N/A	N/A	622,023	903,133
	AMPHENOL CORP NEW	EQUITY	N/A	N/A	176,143	170,478
	AMUNDI SA	EQUITY	N/A	N/A	80,136	918,905
	ANDERSONS INC	EQUITY	N/A	N/A	724,609	561,061
	ANNALY CAPITAL MGMT INC	EQUITY	N/A	N/A	296,899	169,174
	ANSYS INC	EQUITY	N/A	N/A	6,418,244	4,426,865
	ANSYS INC	EQUITY	N/A	N/A	260,259	180,903
	ANSYS INC	EQUITY	N/A	N/A	3,830,765	2,531,210
	ANT INTERNATIONAL CO	EQUITY	N/A	N/A	657,873	968,325
	ANTERO MIDSTREAM CORP	EQUITY	N/A	N/A	50,024	55,902
	ANTERO RESOURCES CORP	EQUITY	N/A	N/A	949,169	1,189,496
	ANTERO RESOURCES CORP	EQUITY	N/A	N/A	60,829	57,775
	ANTERO RESOURCES CORP	EQUITY	N/A	N/A	117,542	204,282
	ANTOFAGAST A PLC	EQUITY	N/A	N/A	738,641	1,200,076
	APA CORP	EQUITY	N/A	N/A	81,946	216,101
	APARTMENT INCOME REIT CO-W/I	EQUITY	N/A	N/A	102,545	110,157
	APELLIS PHARMACEUTICALS INC	EQUITY	N/A	N/A	428,035	579,766
	APOLLO GLOBAL MANAGEMENT INC	EQUITY	N/A	N/A	79,061	97,348
	APPLE INC	EQUITY	N/A	N/A	2,152,015	11,253,833
	APPLE INC	EQUITY	N/A	N/A	10,497,093	14,143,821
	APTARGROUP INC	EQUITY	N/A	N/A	153,499	124,162
	APTIV PLC-WHEN ISSUED	EQUITY	N/A	N/A	460,743	331,429
	ARAMARK	EQUITY	N/A	N/A	160,116	130,453
	ARCH CAPITAL GROUP LTD	EQUITY	N/A	N/A	145,944	203,340
	ARCHER DANIELS MIDLAND CO	EQUITY	N/A	N/A	2,476,443	3,049,680
	ARCONIC CORP	EQUITY	N/A	N/A	1,153,922	1,000,179
	ARCONIC CORP	EQUITY	N/A	N/A	290,988	236,574
	ARCOSA INC - W/I	EQUITY	N/A	N/A	636,515	873,627
	ARDAGH METAL PACKAGING SA	EQUITY	N/A	N/A	17,452	11,749
	ARMSTRONG WORLD INDUSTRIE - WI	EQUITY	N/A	N/A	29,166	27,061
	ARRIVAL SA	EQUITY	N/A	N/A	604,945	169,754
	ARROW ELECTRONICS INC	EQUITY	N/A	N/A	97,265	128,679
	ARVINAS INC	EQUITY	N/A	N/A	460,492	277,415
	ASANA INC - CL A	EQUITY	N/A	N/A	539,457	211,276
	ASHLAND INC	EQUITY	N/A	N/A	294,339	444,661

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	ASHLAND INC	EQUITY	N/A	N/A	930	\$ 60,003	\$ 95,837
	ASML HOLDING NV	EQUITY	N/A	N/A	7,082	601,054	3,370,501
	ASML HOLDING NV-NY	EQUITY	N/A	N/A	2,513	1,639,933	1,195,886
	ASPEN TECHNOLOGY INC	EQUITY	N/A	N/A	3,463	632,621	636,084
	ASSURANT INC	EQUITY	N/A	N/A	933	93,305	161,269
	ASSURED GUARANTY LTD	EQUITY	N/A	N/A	1,131	34,348	63,098
	ASSURED GUARANTY LTD	EQUITY	N/A	N/A	4,924	106,167	274,710
	ASTRAZENECA PLC	EQUITY	N/A	N/A	44,192	5,067,384	5,696,791
	ASTRAZENECA PLC	EQUITY	N/A	N/A	8,600	450,136	568,202
	ATI INC	EQUITY	N/A	N/A	8,188	144,082	185,949
	ATKORE INTERNATIONAL GROUP I	EQUITY	N/A	N/A	7,434	311,810	617,096
	ATLANTIC UNION BANKSHARES CORP	EQUITY	N/A	N/A	24,922	583,791	845,354
	ATLASSIAN CORP PLC-CLASS A	EQUITY	N/A	N/A	16,771	4,097,711	3,142,885
	ATLASSIAN CORP PLC-CLASS A	EQUITY	N/A	N/A	4,314	990,793	808,444
	ATMOS ENERGY CORP	EQUITY	N/A	N/A	41,400	4,409,928	4,640,940
	ATMOS ENERGY CORP	EQUITY	N/A	N/A	2,535	249,949	284,174
	AUTODESK INC	EQUITY	N/A	N/A	21,537	4,117,233	3,703,503
	AUTONATION INC	EQUITY	N/A	N/A	725	48,958	81,026
	AUTOZONE INC	EQUITY	N/A	N/A	34	44,409	73,070
	AVALARA INC	EQUITY	N/A	N/A	22,610	2,917,222	1,596,266
	AVALONBAY COMMUNITIES INC	EQUITY	N/A	N/A	2,567	371,527	498,640
	AVANGRID INC	EQUITY	N/A	N/A	1,302	60,369	60,048
	AVANTOR INC	EQUITY	N/A	N/A	795	25,121	24,725
	AVERY DENNISON CORP	EQUITY	N/A	N/A	576	89,422	93,237
	AVIDITY BIOSCIENCES INC	EQUITY	N/A	N/A	7,204	159,002	104,674
	AVIENT CORPORATION	EQUITY	N/A	N/A	11,806	324,465	473,184
	AVIS BUDGET GROUP INC	EQUITY	N/A	N/A	546	89,448	80,306
	AVNET INC	EQUITY	N/A	N/A	1,783	59,525	76,455
	AXALTA COATING SYSTEMS LTD	EQUITY	N/A	N/A	3,070	88,486	67,878
	AXCELIS TECHNOLOGIES INC	EQUITY	N/A	N/A	15,278	475,105	837,846
	AXIS CAPITAL HOLDINGS LTD	EQUITY	N/A	N/A	1,429	68,498	81,582
	AXON ENTERPRISE INC	EQUITY	N/A	N/A	280	26,924	26,088
	AZEK CO INC/THE	EQUITY	N/A	N/A	2,082	55,443	34,853
	AZEK CO INC/THE	EQUITY	N/A	N/A	20,646	467,586	345,614
	AZENTA INC	EQUITY	N/A	N/A	1,360	105,445	98,056
	AZZ INC	EQUITY	N/A	N/A	9,872	514,612	402,975
	B3 SA BRASIL BOLSA BALCAO	EQUITY	N/A	N/A	348,653	1,135,756	733,486
	BAKER HUGHES COMPANY	EQUITY	N/A	N/A	17,014	401,354	491,194
	BALL CORPORATION	EQUITY	N/A	N/A	3,471	291,649	238,701
	BANC OF CALIFORNIA INC	EQUITY	N/A	N/A	48,888	955,417	861,407
	BANCO BILBAO VIZCAYA ARGENTA	EQUITY	N/A	N/A	298,515	1,463,741	1,298,540
	BANK CENTRAL ASIA TBK PT	EQUITY	N/A	N/A	2,622,600	556,569	1,275,816
	BANK NEW YORK MELLON CORP COM	EQUITY	N/A	N/A	13,499	588,533	563,043
	BANK OF HAWAII CORPORATION	EQUITY	N/A	N/A	726	57,775	54,014
	BANK OZK	EQUITY	N/A	N/A	2,153	65,871	80,802
	BARNES GROUP INC	EQUITY	N/A	N/A	7,421	342,595	231,090
	BAXTER INTERNATIONAL INC	EQUITY	N/A	N/A	38,100	3,049,279	2,447,163
	BAYER AG REG	EQUITY	N/A	N/A	28,236	1,993,126	1,673,830
	BAYERISCHE MOTORENWERKE AG	EQUITY	N/A	N/A	38,288	1,819,979	2,957,365
	BEAUTY HEALTH CO/THE	EQUITY	N/A	N/A	52,290	1,112,766	672,449
	BELLRING BRANDS INC-W/I	EQUITY	N/A	N/A	18,306	462,287	455,636
	BERRY GLOBAL GROUP INC	EQUITY	N/A	N/A	1,239	72,745	67,699
	BEST BUY CO INC	EQUITY	N/A	N/A	2,537	104,026	165,387
	BILL.COM HOLDINGS INC	EQUITY	N/A	N/A	1,793	233,941	197,122
	BILL.COM HOLDINGS INC	EQUITY	N/A	N/A	5,754	1,072,349	632,595
	BIO RAD LABORATORIES INC	EQUITY	N/A	N/A	393	222,066	194,535
	BIOGEN INC	EQUITY	N/A	N/A	2,679	567,738	546,355
	BIOMARIN PHARMACEUTICAL INC	EQUITY	N/A	N/A	3,391	286,175	281,012
	BIO-TECHNE CORP	EQUITY	N/A	N/A	7,926	3,219,445	2,747,469
	BJ'S WHOLESALE CLUB HOLDINGS	EQUITY	N/A	N/A	908	59,408	56,587
	BLACK KNIGHT INC-WHEN ISSUED	EQUITY	N/A	N/A	2,575	201,621	168,379
	BLACKLINE INC	EQUITY	N/A	N/A	20,462	2,313,113	1,362,769
	BLACKSTONE INC	EQUITY	N/A	N/A	42,607	5,352,314	3,887,037
	BLOCK H & R INC	EQUITY	N/A	N/A	525	9,282	18,543
	BLOCK INC	EQUITY	N/A	N/A	8,042	1,974,783	494,261
	BLUEPRINT MEDICINES CORP	EQUITY	N/A	N/A	9,381	722,075	473,834
	BOC HONG KONG HOLDINGS LTD	EQUITY	N/A	N/A	608,000	1,946,971	2,401,995
	BOISE CASCADE CO	EQUITY	N/A	N/A	8,281	216,250	492,637
	BOK FINL CORP	EQUITY	N/A	N/A	521	36,784	39,377
	BOOKING HOLDINGS INC	EQUITY	N/A	N/A	473	758,938	827,272
	BOOT BARN HOLDINGS INC	EQUITY	N/A	N/A	6,624	355,806	456,460
	BORG WARNER INC.	EQUITY	N/A	N/A	4,387	222,992	146,394
	BOSTON BEER INC	EQUITY	N/A	N/A	9	3,071	2,727

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	BOSTON PPTYS INC	EQUITY	N/A	N/A	2,879	\$ 297,365	\$ 256,173
	BOYD GAMING CORP	EQUITY	N/A	N/A	1,473	87,529	73,282
	BRAZILIAN REAL CURRENCY (BRL)	EQUITY	N/A	N/A	15	3	3
	BRIDGESTONE	EQUITY	N/A	N/A	77,900	2,527,214	2,841,180
	BRIGHAM MINERALS INC-CL A	EQUITY	N/A	N/A	28,507	602,028	702,127
	BRIGHT HORIZONS FAMILY SOLUT	EQUITY	N/A	N/A	779	82,635	65,841
	BRIGHTHOUSE FINANCIAL INC-WI	EQUITY	N/A	N/A	1,359	49,419	55,746
	BRIXMOR PROPERTY GROUP INC	EQUITY	N/A	N/A	5,479	100,988	110,731
	BROADCOM INC	EQUITY	N/A	N/A	5,600	2,763,462	2,720,536
	BROADRIDGE FINANCIAL SOL	EQUITY	N/A	N/A	197	31,443	28,082
	BROOKFIELD RENEWABLE COR CL-A	EQUITY	N/A	N/A	2,346	92,094	83,541
	BROWN & BROWN INC	EQUITY	N/A	N/A	4,013	183,162	234,118
	BROWN FORMAN CORP	EQUITY	N/A	N/A	344	25,278	23,268
	BROWN FORMAN CORP CLASS B	EQUITY	N/A	N/A	1,389	106,235	97,452
	BRUNSWICK CORP	EQUITY	N/A	N/A	11,066	548,162	723,495
	BRUNSWICK CORP	EQUITY	N/A	N/A	1,177	75,003	76,952
	BUILDERS FIRSTSOURCE INC	EQUITY	N/A	N/A	3,158	143,359	169,585
	BUMBLE INC-A	EQUITY	N/A	N/A	22,100	657,965	622,115
	BUNGE LIMITED	EQUITY	N/A	N/A	2,574	163,937	233,436
	BUNZL PLC	EQUITY	N/A	N/A	30,575	884,272	1,011,983
	BURBERRY GROUP PLC	EQUITY	N/A	N/A	87,349	983,828	1,744,874
	BURLINGTON STORES INC	EQUITY	N/A	N/A	76	16,840	10,353
	BWX TECHNOLOGIES INC	EQUITY	N/A	N/A	1,023	56,330	56,357
	C.H.ROBINSON WORLDWIDE INC	EQUITY	N/A	N/A	1,685	156,270	170,808
	CABLE ONE INC	EQUITY	N/A	N/A	42	79,386	54,151
	CABOT CORP	EQUITY	N/A	N/A	13,560	632,877	864,992
	CABOT CORP	EQUITY	N/A	N/A	19,090	1,110,140	1,217,751
	CACI INTL INC	EQUITY	N/A	N/A	426	105,771	120,038
	CACTUS INC-CLASS A	EQUITY	N/A	N/A	15,181	517,271	611,339
	CADENCE BANK	EQUITY	N/A	N/A	34,098	706,208	800,621
	CADENCE BANK	EQUITY	N/A	N/A	49,785	1,567,946	1,168,952
	CAESARS ENTMT INC	EQUITY	N/A	N/A	1,183	120,946	45,309
	CALIFORNIA RESOURCES CORP	EQUITY	N/A	N/A	19,109	883,961	735,697
	CAMDEN PROPERTY	EQUITY	N/A	N/A	1,734	182,376	233,188
	CAMPBELL SOUP CO	EQUITY	N/A	N/A	3,561	167,505	171,106
	CANADIAN NATL RAILWAY CO	EQUITY	N/A	N/A	20,519	1,752,244	2,307,772
	CANNAE HOLDINGS INC	EQUITY	N/A	N/A	26,533	616,149	513,148
	CAPITAL ONE FINANCIAL CORP	EQUITY	N/A	N/A	38,500	6,486,669	4,011,315
	CAPRI HLDGS LTD	EQUITY	N/A	N/A	2,644	128,914	108,430
	CARDINAL HEALTH INC	EQUITY	N/A	N/A	5,006	278,198	261,664
	CARDLYTICS INC	EQUITY	N/A	N/A	30,066	1,666,002	670,772
	CARGURUS INC	EQUITY	N/A	N/A	28,034	818,192	602,451
	CARLISLE COMPANIES INC	EQUITY	N/A	N/A	148	20,421	35,314
	CARLYLE GROUP INC	EQUITY	N/A	N/A	3,803	134,711	120,403
	CARMAX INC	EQUITY	N/A	N/A	2,616	254,761	236,696
	CARNIVAL CORP	EQUITY	N/A	N/A	15,941	387,330	137,890
	CARPENTER TECHNOLOGY CORP	EQUITY	N/A	N/A	2,344	95,823	65,421
	CARREFOUR SA	EQUITY	N/A	N/A	88,568	1,889,048	1,558,354
	CARRIER GLOBAL CORP	EQUITY	N/A	N/A	15,579	574,588	555,547
	CARTER'S INC	EQUITY	N/A	N/A	739	69,090	52,085
	CARVANA CO	EQUITY	N/A	N/A	12,566	3,167,363	283,740
	CASELLA WASTE SYS INC	EQUITY	N/A	N/A	4,297	328,467	312,306
	CASEYS GENERAL STORES INC	EQUITY	N/A	N/A	681	129,845	125,971
	CATALENT INC	EQUITY	N/A	N/A	2,136	205,886	229,171
	CAVCO INDUSTRIES INC	EQUITY	N/A	N/A	4,659	856,613	913,117
	CBOE GLOBAL MARKETS INC	EQUITY	N/A	N/A	1,945	195,487	220,155
	CBRE GROUP INC	EQUITY	N/A	N/A	3,104	205,958	228,485
	CCC INTELLIGENT SOLUTIONS HO	EQUITY	N/A	N/A	1,901	18,059	17,489
	CDK GLOBAL INC	EQUITY	N/A	N/A	367	18,149	20,101
	CELANESE CORP	EQUITY	N/A	N/A	1,990	165,745	234,044
	CELDEX THERAPEUTICS INC	EQUITY	N/A	N/A	13,841	470,170	373,153
	CENTERPOINT ENERGY INC	EQUITY	N/A	N/A	11,578	277,261	342,477
	CENTURY ALUM CO	EQUITY	N/A	N/A	6,627	194,237	48,841
	CENTURY COMMUNITIES INC	EQUITY	N/A	N/A	27,472	1,261,552	1,235,416
	CERIDIAN HCM HOLDING INC	EQUITY	N/A	N/A	2,036	199,315	95,855
	CERTARA INC	EQUITY	N/A	N/A	861	26,418	18,477
	CERTARA INC	EQUITY	N/A	N/A	50,614	1,673,020	1,086,176
	CHAMPIONX CORPORATION	EQUITY	N/A	N/A	60,410	1,279,523	1,199,139
	CHANGE HEALTHCARE INC	EQUITY	N/A	N/A	4,252	93,136	98,051
	CHARLES RIV LABORATORIES INTL	EQUITY	N/A	N/A	4,088	1,151,422	874,709
	CHARLES RIV LABORATORIES INTL	EQUITY	N/A	N/A	62	14,700	13,266
	CHARLES RIV LABORATORIES INTL	EQUITY	N/A	N/A	5,946	1,823,142	1,272,266

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(b) Identity of issuer, borrower, lessor or similar party						(d) Cost	(e) Current value
(a)		Description	Maturity date	Rate of interest	Par/Maturity value or shares		
	CHEFS WAREHOUSE HOLDINGS INC	EQUITY	N/A	N/A	29,409	\$ 799,739	\$ 1,143,716
	CHEMED CORP	EQUITY	N/A	N/A	173	84,584	81,204
	CHEMOCENTRYX INC	EQUITY	N/A	N/A	10,527	321,119	260,859
	CHEMOURS CO/THE - W/I	EQUITY	N/A	N/A	1,126	29,693	36,055
	CHENIERE ENERGY INC	EQUITY	N/A	N/A	1,978	250,365	263,133
	CHESAPEAKE ENERGY CORP	EQUITY	N/A	N/A	2,343	196,335	190,017
	CHESAPEAKE ENERGY CORP	EQUITY	N/A	N/A	6,138	340,475	497,792
	CHIPOTLE MEXICAN GRIL CL A	EQUITY	N/A	N/A	1,844	1,255,790	2,410,587
	CHIPOTLE MEXICAN GRIL CL A	EQUITY	N/A	N/A	1,013	1,062,249	1,324,254
	CHOCOLADEFABRIKEN LINDT-PC	EQUITY	N/A	N/A	139	706,393	1,413,140
	CHORD ENERGY CORP	EQUITY	N/A	N/A	2,037	126,889	247,801
	CHUBB LTD	EQUITY	N/A	N/A	3,302	544,091	649,107
	CHURCH & DWIGHT INC	EQUITY	N/A	N/A	2,440	206,012	226,090
	CHURCHILL DOWNS INC	EQUITY	N/A	N/A	3,985	65,920	763,247
	CIE FINANCIERE RICHEMONT SA	EQUITY	N/A	N/A	12,589	816,250	1,353,318
	CIGNA CORP	EQUITY	N/A	N/A	2,780	135,191	127,046
	CIGNA CORP	EQUITY	N/A	N/A	12,800	2,602,659	3,373,056
	CINCINNATI FINANCIAL CORP	EQUITY	N/A	N/A	38,300	4,580,593	4,556,934
	CINCINNATI FINANCIAL CORP	EQUITY	N/A	N/A	2,873	244,383	341,830
	CINEMARK HOLDINGS INC	EQUITY	N/A	N/A	67,272	1,074,121	1,010,425
	CINTAS CORP	EQUITY	N/A	N/A	108	38,843	40,341
	CINTAS CORP	EQUITY	N/A	N/A	611	156,656	228,227
	CIRRUS LOGIC INC	EQUITY	N/A	N/A	1,047	87,248	75,949
	CISCO SYSTEMS INC	EQUITY	N/A	N/A	64,100	3,395,438	2,733,224
	CITIZENS FINANCIAL GROUP	EQUITY	N/A	N/A	8,971	349,274	320,175
	CITRIX SYSTEMS INC	EQUITY	N/A	N/A	1,227	159,376	119,228
	CLARIVATE PLC	EQUITY	N/A	N/A	8,801	221,742	121,982
	CLEAN HARBORS INC	EQUITY	N/A	N/A	9,771	633,534	856,624
	CLEAN HARBORS INC	EQUITY	N/A	N/A	936	71,193	82,059
	CLEAN HARBORS INC	EQUITY	N/A	N/A	18,202	1,405,460	1,595,769
	CLEARWATER ANALYTICS HDS-A	EQUITY	N/A	N/A	37,560	676,080	452,222
	CLEVELAND-CLIFFS INC	EQUITY	N/A	N/A	9,523	193,852	146,369
	CLOROX CO	EQUITY	N/A	N/A	387	77,424	54,559
	CMS ENERGY CORP	EQUITY	N/A	N/A	5,320	321,520	359,100
	CNA FINANCIAL CORP	EQUITY	N/A	N/A	475	17,230	21,328
	COCA COLA CO	EQUITY	N/A	N/A	78,700	4,244,596	4,951,017
	COGNEX CORP	EQUITY	N/A	N/A	220	9,983	9,354
	COGNEX CORP	EQUITY	N/A	N/A	19,544	775,369	831,011
	COGNIZANT TECHNOLOGY SOLUTIONS	EQUITY	N/A	N/A	40,200	3,026,038	2,713,098
	COHERENT INC	EQUITY	N/A	N/A	43	6,271	11,447
	COHU INC	EQUITY	N/A	N/A	8,627	176,646	239,399
	COINBASE GLOBAL INC -CLASS A	EQUITY	N/A	N/A	2,848	178,591	133,913
	COLUMBIA SPORTSWEAR CO	EQUITY	N/A	N/A	670	60,124	47,959
	COLUMBUS MCKINNON CORP N Y	EQUITY	N/A	N/A	23,976	805,226	680,199
	COMCAST CORPORATION CL A	EQUITY	N/A	N/A	69,000	3,723,370	2,707,560
	COMERICA INC	EQUITY	N/A	N/A	2,400	131,309	176,112
	COMMERCE BANCSHARES INC	EQUITY	N/A	N/A	38,640	2,624,814	2,536,716
	COMMERCE BANCSHARES INC	EQUITY	N/A	N/A	2,012	122,656	132,088
	COMMERCIAL METALS CO	EQUITY	N/A	N/A	7,926	247,385	262,351
	CONAGRA BRANDS INC	EQUITY	N/A	N/A	92,900	3,154,117	3,180,896
	CONAGRA BRANDS INC	EQUITY	N/A	N/A	8,649	308,518	296,142
	CONCENTRIX CORP - WI	EQUITY	N/A	N/A	6,703	575,533	909,195
	CONCENTRIX CORP - WI	EQUITY	N/A	N/A	793	86,574	107,563
	CONFLUENT INC-CLASS A	EQUITY	N/A	N/A	7,630	419,185	177,321
	CONMED CORP	EQUITY	N/A	N/A	5,389	542,752	516,051
	CONOCOPHILLIPS	EQUITY	N/A	N/A	31,000	2,257,491	2,784,110
	CONSOLIDATED EDISON INC	EQUITY	N/A	N/A	6,522	495,801	620,242
	CONSTELLATION BRANDS INC	EQUITY	N/A	N/A	15,500	3,487,840	3,612,430
	CONSTELLATION ENERGY - W/I	EQUITY	N/A	N/A	6,001	355,725	343,617
	CONSTELLUM SE	EQUITY	N/A	N/A	8,753	164,418	115,627
	CONTINENTAL RESOURCES INC/OK	EQUITY	N/A	N/A	164	3,212	10,717
	COOPER COS INC	EQUITY	N/A	N/A	893	312,590	279,616
	COPA HOLDINGS SA	EQUITY	N/A	N/A	553	46,144	35,044
	CORE & MAIN INC-CLASS A	EQUITY	N/A	N/A	728	17,668	16,234
	CORNING INC	EQUITY	N/A	N/A	13,056	470,471	411,395
	CORPORATE OFFICE PPTYS TR	EQUITY	N/A	N/A	21,447	563,241	561,697
	CORTEVA INC-W/I	EQUITY	N/A	N/A	123,600	5,284,607	6,691,704
	CORTEVA INC-W/I	EQUITY	N/A	N/A	13,316	520,491	720,928
	COSTAR GROUP INC	EQUITY	N/A	N/A	6,188	427,428	373,817
	COSTAR GROUP INC	EQUITY	N/A	N/A	39,318	2,921,997	2,375,200
	COSTCO WHOLESALE CORP	EQUITY	N/A	N/A	9,067	1,971,864	4,345,632
	COTERRA ENERGY INC	EQUITY	N/A	N/A	160,500	3,566,865	4,139,295
	COTERRA ENERGY INC	EQUITY	N/A	N/A	12,224	167,848	315,257

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	COTY INC-CL A	EQUITY	N/A	N/A	6,369	\$ 49,713	\$ 51,016
	COUPA SOFTWARE INC	EQUITY	N/A	N/A	614	40,424	35,059
	COUSINS PROPERTIES INC	EQUITY	N/A	N/A	2,725	92,137	79,652
	COVETRUS INC-WHEN ISSUED	EQUITY	N/A	N/A	61,546	1,247,392	1,277,080
	CRANE HOLDINGS CO	EQUITY	N/A	N/A	861	54,790	75,389
	CREDIT ACCEPTANCE CORPORATION	EQUITY	N/A	N/A	115	38,232	54,442
	CRINETICS PHARMACEUTICALS IN	EQUITY	N/A	N/A	13,365	214,634	249,257
	CROCS INC	EQUITY	N/A	N/A	12,147	872,145	591,194
	CROCS INC	EQUITY	N/A	N/A	11,897	876,769	579,027
	CROWDSTRIKE HOLDINGS INC - A	EQUITY	N/A	N/A	20,933	4,828,411	3,528,466
	CROWDSTRIKE HOLDINGS INC - A	EQUITY	N/A	N/A	1,062	208,955	179,011
	CROWN CASTLE INC	EQUITY	N/A	N/A	31,500	5,405,000	5,303,970
	CROWN HOLDINGS INC	EQUITY	N/A	N/A	258	25,306	23,780
	CSG SYS INTL INC	EQUITY	N/A	N/A	12,892	405,386	769,395
	CTI BIOPHARMA CORP	EQUITY	N/A	N/A	44,452	209,489	265,378
	CUBESMART	EQUITY	N/A	N/A	15,449	176,477	659,981
	CUBESMART	EQUITY	N/A	N/A	4,106	148,037	175,408
	CULLEN FROST BANKERS INC	EQUITY	N/A	N/A	28,200	3,459,973	3,283,890
	CULLEN FROST BANKERS INC	EQUITY	N/A	N/A	1,071	97,241	124,718
	CUMMINS INC	EQUITY	N/A	N/A	2,590	353,074	501,243
	CURTISS WRIGHT CORP	EQUITY	N/A	N/A	697	83,225	92,046
	CUSTOM TRUCK ONE SOURCE INC	EQUITY	N/A	N/A	44,649	231,490	250,034
	CVB FINANCIAL CORP	EQUITY	N/A	N/A	35,509	483,517	880,978
	CVS HEALTH CORPORATION	EQUITY	N/A	N/A	33,000	2,777,089	3,057,780
	CYTOKINETICS INC NEW	EQUITY	N/A	N/A	16,929	421,562	665,140
	D R HORTON INC	EQUITY	N/A	N/A	2,825	205,562	186,987
	DAIKIN INDUSTRIES LTD	EQUITY	N/A	N/A	12,600	1,800,326	2,033,514
	DAIMLER TRUCK HOLDING AG	EQUITY	N/A	N/A	44,716	1,656,861	1,164,181
	DANA INCORPORATED	EQUITY	N/A	N/A	41,842	675,088	588,717
	DANAHER CORP	EQUITY	N/A	N/A	21,685	6,511,567	5,497,581
	DANAHER CORP	EQUITY	N/A	N/A	18,145	2,911,505	4,600,120
	DANAHER CORP	EQUITY	N/A	N/A	8,236	863,472	2,087,991
	DARDEN RESTAURANTS INC W I	EQUITY	N/A	N/A	618	69,494	69,908
	DARLING INGREDIENTS INC	EQUITY	N/A	N/A	2,737	179,111	163,673
	DATADOG INC - CLASS A	EQUITY	N/A	N/A	3,500	306,411	333,340
	DECKERS OUTDOOR CORP	EQUITY	N/A	N/A	58	22,053	14,810
	DEFINITIVE HEALTHCARE CORP	EQUITY	N/A	N/A	286	7,361	6,558
	DEFINITIVE HEALTHCARE CORP	EQUITY	N/A	N/A	35,818	906,175	821,307
	DELL TECHNOLOGIES -C	EQUITY	N/A	N/A	4,162	209,132	192,326
	DENTSPLY SIRONA INC	EQUITY	N/A	N/A	3,936	209,214	140,633
	DESIGN THERAPEUTICS INC	EQUITY	N/A	N/A	12,652	227,425	177,128
	DEVON ENERGY CORP NEW	EQUITY	N/A	N/A	6,178	114,471	340,470
	DEXCOM INC	EQUITY	N/A	N/A	22,088	1,053,389	1,646,219
	DIAGEO PLC	EQUITY	N/A	N/A	41,934	863,013	1,742,777
	DIAMOND BACK ENERGY INC	EQUITY	N/A	N/A	1,396	69,801	169,125
	DIAMOND OFFSHORE DRILLING IN	EQUITY	N/A	N/A	31,030	255,675	182,767
	DICK'S SPORTING GOODS INC.	EQUITY	N/A	N/A	1,020	28,465	76,877
	DISCO CORP	EQUITY	N/A	N/A	8,700	2,144,469	2,064,711
	DISCOVER FINANCIAL W/I	EQUITY	N/A	N/A	26,800	3,382,050	2,534,744
	DISCOVER FINANCIAL W/I	EQUITY	N/A	N/A	5,157	366,874	487,749
	DISH NETWORK CORP	EQUITY	N/A	N/A	4,603	162,870	82,532
	DISNEY WALT CO	EQUITY	N/A	N/A	26,700	4,224,099	2,520,480
	DISNEY WALT CO	EQUITY	N/A	N/A	5,212	945,499	492,013
	DNB ASA	EQUITY	N/A	N/A	64,722	330,432	1,411,263
	DNB BANK ASA	EQUITY	N/A	N/A	28,487	590,733	499,035
	DOLBY LABORATORIES INC	EQUITY	N/A	N/A	1,180	108,093	84,441
	DOLLAR GENERAL CORP	EQUITY	N/A	N/A	14,400	3,019,924	3,534,336
	DOLLAR GENERAL CORP	EQUITY	N/A	N/A	6,632	703,878	1,627,758
	DOLLAR TREE INC	EQUITY	N/A	N/A	21,100	2,085,774	3,288,435
	DOLLAR TREE INC	EQUITY	N/A	N/A	2,694	284,293	419,860
	DOMINO'S PIZZA INC.	EQUITY	N/A	N/A	178	81,405	69,368
	DONALDSON INC	EQUITY	N/A	N/A	1,893	103,433	91,129
	DOORDASH INC - A	EQUITY	N/A	N/A	528	75,975	33,882
	DOORDASH INC - A	EQUITY	N/A	N/A	11,524	1,798,057	739,495
	DOUBLEVERIFY HOLDINGS INC	EQUITY	N/A	N/A	151	3,698	3,423
	DOUGLAS EMMETT INC-W/I	EQUITY	N/A	N/A	3,105	97,503	69,490
	DOVER CORP	EQUITY	N/A	N/A	21,000	3,253,797	2,547,720
	DOVER CORP	EQUITY	N/A	N/A	2,644	186,600	320,770
	DOXIMITY INC-CLASS A	EQUITY	N/A	N/A	941	39,050	32,766
	DRIVEN BRANDS HOLDINGS INC	EQUITY	N/A	N/A	910	23,550	25,061
	DROPBOX INC-CLASS A	EQUITY	N/A	N/A	350	7,917	7,347
	DT MIDSTREAM INC-W/I	EQUITY	N/A	N/A	1,780	70,146	87,256
	DTE ENERGY CO	EQUITY	N/A	N/A	3,545	379,452	449,329

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	DUKE REALTY CORP	EQUITY	N/A	N/A	7,047	\$ 285,344	\$ 387,233
	DUN & BRADSTREET HOLDINGS	EQUITY	N/A	N/A	4,619	95,323	69,424
	DUPONT DE NEMOURS INC-WI	EQUITY	N/A	N/A	47,400	3,280,737	2,634,492
	DUPONT DE NEMOURS INC-WI	EQUITY	N/A	N/A	9,356	547,772	520,006
	DXC TECHNOLOGY CO	EQUITY	N/A	N/A	4,494	112,499	136,213
	DYCOM INDUSTRIES INC	EQUITY	N/A	N/A	17,426	849,924	1,621,315
	EAGLE MATERIALS INC	EQUITY	N/A	N/A	122	11,814	13,413
	EAST WEST BANCORP INC	EQUITY	N/A	N/A	2,598	126,183	168,350
	EASTERN BANKSHARES INC	EQUITY	N/A	N/A	73,407	1,236,398	1,355,093
	EASTGROUP PPTYS INC	EQUITY	N/A	N/A	756	123,601	116,673
	EASTMAN CHEM CO	EQUITY	N/A	N/A	2,350	162,315	210,960
	EBAY INC	EQUITY	N/A	N/A	8,955	408,959	373,155
	ECOLAB INC	EQUITY	N/A	N/A	21,900	4,722,400	3,367,344
	EDISON INTL	EQUITY	N/A	N/A	48,800	2,791,477	3,086,112
	EDISON INTL	EQUITY	N/A	N/A	6,909	336,723	436,925
	ELANCO ANIMAL HEALTH INC	EQUITY	N/A	N/A	109,100	3,616,143	2,141,633
	ELANCO ANIMAL HEALTH INC	EQUITY	N/A	N/A	8,180	237,645	160,573
	ELECTRONIC ART	EQUITY	N/A	N/A	4,831	628,971	587,691
	ELEMENT SOLUTIONS INC	EQUITY	N/A	N/A	4,240	66,871	75,472
	ELEMENT SOLUTIONS INC	EQUITY	N/A	N/A	21,394	164,377	380,813
	ELI LILLY & CO	EQUITY	N/A	N/A	21,013	3,216,840	6,813,045
	ELI LILLY & CO	EQUITY	N/A	N/A	9,402	2,224,931	3,048,410
	EMBECTA CORP-W/I	EQUITY	N/A	N/A	11,249	341,722	284,825
	EMPLOYERS HOLDINGS INC	EQUITY	N/A	N/A	18,539	355,268	776,599
	ENCOMPASS HEALTH CORP	EQUITY	N/A	N/A	1,799	110,193	100,834
	ENERPLUS CORP	EQUITY	N/A	N/A	52,909	493,991	699,986
	ENOVIS CORP	EQUITY	N/A	N/A	930	61,713	51,150
	ENSIGN GROUP INC	EQUITY	N/A	N/A	16,556	1,546,671	1,216,369
	ENSTAR GROUP LTD	EQUITY	N/A	N/A	2,497	572,011	534,308
	ENTERGY CORP	EQUITY	N/A	N/A	3,730	393,370	420,147
	ENTERPRISE FINANCIAL SERVICE	EQUITY	N/A	N/A	19,589	928,127	812,944
	ENVISTA HOLDINGS CORP	EQUITY	N/A	N/A	2,990	98,532	115,235
	EPR PROPERTIES	EQUITY	N/A	N/A	1,360	77,787	63,825
	EQT CORPORATION	EQUITY	N/A	N/A	22,115	585,491	760,756
	EQT CORPORATION	EQUITY	N/A	N/A	6,771	179,893	232,922
	EQUIFAX INC	EQUITY	N/A	N/A	1,117	236,538	204,165
	EQUINOR ASA	EQUITY	N/A	N/A	87,991	979,201	3,042,729
	EQUITABLE HOLDINGS INC	EQUITY	N/A	N/A	7,035	187,315	183,402
	EQUITY LIFESTYLE PROPERTIES	EQUITY	N/A	N/A	27,600	2,224,637	1,944,972
	EQUITY LIFESTYLE PROPERTIES	EQUITY	N/A	N/A	1,263	77,282	89,004
	EQUITY RESIDENTIAL	EQUITY	N/A	N/A	38,200	3,169,977	2,758,804
	EQUITY RESIDENTIAL	EQUITY	N/A	N/A	6,805	436,160	491,457
	ERIE INDEMNITY CO	EQUITY	N/A	N/A	120	26,969	23,063
	ERSTE GROUP BANK AG	EQUITY	N/A	N/A	59,312	1,791,623	1,535,588
	ESAB CORP-W/I	EQUITY	N/A	N/A	931	46,787	40,731
	ESSENT GROUP LTD	EQUITY	N/A	N/A	19,694	730,015	766,097
	ESSENTIAL PROPERTIES REALTY	EQUITY	N/A	N/A	81,170	1,671,243	1,744,343
	ESSENTIAL UTILITIES INC	EQUITY	N/A	N/A	4,251	201,047	194,908
	ESSEX PPTY TR INC	EQUITY	N/A	N/A	1,194	303,721	312,243
	ESSILOR LUXOTTICA	EQUITY	N/A	N/A	11,438	2,197,935	1,730,455
	EURONET WORLDWIDE INC	EQUITY	N/A	N/A	5,596	159,519	562,902
	EURONET WORLDWIDE INC	EQUITY	N/A	N/A	219	29,487	22,029
	EUROPEAN WAX CENTER INC-A	EQUITY	N/A	N/A	39,840	1,030,725	701,981
	EVERCORE INC	EQUITY	N/A	N/A	695	47,693	65,059
	EVEREST RE GROUP LTD	EQUITY	N/A	N/A	494	62,215	138,458
	EVERGY INC	EQUITY	N/A	N/A	4,084	226,326	266,481
	EVERSOURCE ENERGY	EQUITY	N/A	N/A	6,333	547,294	534,949
	EVOLENT HEALTH INC - A	EQUITY	N/A	N/A	26,298	765,016	807,612
	EXACT SCIENCES CORP	EQUITY	N/A	N/A	2,630	138,621	103,596
	EXELIXIS INC	EQUITY	N/A	N/A	764	14,693	15,906
	EXPEDITORS INTERNATIONAL	EQUITY	N/A	N/A	2,120	205,166	206,615
	EXPONENT INC	EQUITY	N/A	N/A	16,253	1,623,955	1,486,662
	EXTRA SPACE STORAGE INC	EQUITY	N/A	N/A	2,145	325,395	364,907
	F.N.B. CORP PA	EQUITY	N/A	N/A	6,410	63,499	69,613
	F5 INC	EQUITY	N/A	N/A	1,110	187,580	169,874
	FABRINET	EQUITY	N/A	N/A	7,074	417,207	573,701
	FASTENAL CO	EQUITY	N/A	N/A	60,309	3,031,042	3,010,625
	FATE THERAPEUTICS INC	EQUITY	N/A	N/A	10,617	741,388	263,089
	FEDERAL AGRIC MTG CORP	EQUITY	N/A	N/A	6,605	247,075	644,978
	FEDERAL REALTY INVS TRUST	EQUITY	N/A	N/A	1,447	134,259	138,536
	FIDELITY NATIONAL INFORMATION	EQUITY	N/A	N/A	31,500	3,662,796	2,887,605
	FIFTH THIRD BANCORP	EQUITY	N/A	N/A	12,519	177,189	420,638
	FINCOBANK BANCA FINECO SPA	EQUITY	N/A	N/A	125,840	1,391,021	1,506,007

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
(a)							
	FIRST AMERICAN FINANCIAL W/I	EQUITY	N/A	N/A	7,868	\$ 378,808	\$ 416,375
	FIRST AMERICAN FINANCIAL W/I	EQUITY	N/A	N/A	1,911	94,563	101,130
	FIRST CITIZENS BANCSHARES INC	EQUITY	N/A	N/A	169	124,561	110,489
	FIRST HAWAIIAN INC	EQUITY	N/A	N/A	2,346	54,320	53,278
	FIRST HORIZON CORPORATION	EQUITY	N/A	N/A	9,721	132,186	212,501
	FIRST INDL REALTY TRUST INC	EQUITY	N/A	N/A	2,420	103,744	114,902
	FIRST REPUBLIC BANK/FRAN	EQUITY	N/A	N/A	3,285	441,123	473,697
	FIRST SOLAR INC	EQUITY	N/A	N/A	1,952	172,918	132,990
	FIRSTCASH HLDGS INC	EQUITY	N/A	N/A	10,085	727,052	701,008
	FIRSTENERGY CORP	EQUITY	N/A	N/A	9,979	333,133	383,094
	FIVE BELOW	EQUITY	N/A	N/A	19,831	3,917,575	2,249,430
	FIVE POINT HOLDINGS LLC-CL A	EQUITY	N/A	N/A	31,883	240,288	124,663
	FIVE9 INC	EQUITY	N/A	N/A	10,558	1,572,214	962,256
	FIVERR INTERNATIONAL LTD	EQUITY	N/A	N/A	4,834	1,098,221	166,241
	FLOOR & DECOR HOLDINGS INC	EQUITY	N/A	N/A	9,217	848,182	580,302
	FLOWERS FOODS INC	EQUITY	N/A	N/A	3,443	78,279	90,620
	FLOWERVE CORP	EQUITY	N/A	N/A	2,392	84,299	68,483
	FLOWERVE CORP	EQUITY	N/A	N/A	23,445	763,364	671,230
	FLUOR CORP	EQUITY	N/A	N/A	68,575	1,841,831	1,669,116
	FMC CORPORATION NEW	EQUITY	N/A	N/A	1,523	181,764	162,976
	FNF GROUP-W/I	EQUITY	N/A	N/A	4,922	135,187	181,917
	FORGEROCK INC-A	EQUITY	N/A	N/A	31,004	802,002	664,106
	FORM FACTOR INC	EQUITY	N/A	N/A	46,556	759,367	1,803,114
	FORTINET INC	EQUITY	N/A	N/A	20,035	824,143	1,133,580
	FORTIVE CORP	EQUITY	N/A	N/A	6,592	452,105	358,473
	FORTUNE BRANDS HOME & SEC	EQUITY	N/A	N/A	1,571	129,973	94,071
	FOX CORP - CLASS A - W/I	EQUITY	N/A	N/A	5,700	171,425	183,312
	FOX CORP- CLASS B	EQUITY	N/A	N/A	2,665	78,104	79,151
	FOX FACTORY HOLDING CORP	EQUITY	N/A	N/A	8,669	871,676	698,201
	FRANKLIN RESOURCES INC	EQUITY	N/A	N/A	5,242	127,387	122,191
	FRESHPET INC	EQUITY	N/A	N/A	368	21,958	19,096
	FRESHPET INC	EQUITY	N/A	N/A	10,738	912,162	557,195
	FRESHPET INC	EQUITY	N/A	N/A	7,976	501,504	413,875
	FRONTIER COMMUNICATIONS PARE	EQUITY	N/A	N/A	4,499	108,511	105,906
	FTI CONSULTING INC	EQUITY	N/A	N/A	359	39,273	64,925
	FULLER H B CO	EQUITY	N/A	N/A	8,736	503,260	525,995
	GALLAGHER ARTHUR J & CO	EQUITY	N/A	N/A	3,387	404,235	552,216
	GAMESTOP CORP CL A	EQUITY	N/A	N/A	1,233	166,707	150,796
	GAMING AND LEISURE PROPE-W/I	EQUITY	N/A	N/A	4,346	164,106	199,308
	GAP INC	EQUITY	N/A	N/A	3,531	78,863	29,095
	GARMIN LTD	EQUITY	N/A	N/A	2,833	342,105	278,342
	GATES INDUSTRIAL CORP PLC	EQUITY	N/A	N/A	2,034	28,613	21,988
	GENCO SHIPPING & TRADING LTD	EQUITY	N/A	N/A	49,785	576,649	961,846
	GENERAL DYNAMICS CORP	EQUITY	N/A	N/A	17,000	3,417,425	3,761,250
	GENERAL ELEC CO	EQUITY	N/A	N/A	6,852	600,732	436,267
	GENPACT LTD	EQUITY	N/A	N/A	1,565	66,788	66,293
	GENTEX CORP	EQUITY	N/A	N/A	4,316	143,341	120,719
	GENUINE PARTS CO	EQUITY	N/A	N/A	2,344	230,620	311,752
	GENWORTH FINL INC	EQUITY	N/A	N/A	76,911	292,585	271,496
	GINKGO BIOWORKS HOLDINGS INC	EQUITY	N/A	N/A	12,030	34,405	28,631
	GLADSTONE LAND CORP	EQUITY	N/A	N/A	59	2,054	1,307
	GLAUKOS CORP	EQUITY	N/A	N/A	19,714	1,106,572	895,410
	GLOBAL BLOOD THERAPEUTICS IN	EQUITY	N/A	N/A	9,645	289,049	308,158
	GLOBAL PAYMENTS INC-W/I	EQUITY	N/A	N/A	5,134	610,203	568,026
	GLOBALFOUNDRIES INC	EQUITY	N/A	N/A	870	46,047	35,096
	GLOBANT SA	EQUITY	N/A	N/A	12,628	2,749,426	2,197,272
	GLOBE LIFE INC	EQUITY	N/A	N/A	1,662	158,130	161,995
	GLOBUS MEDICAL INC A	EQUITY	N/A	N/A	1,347	81,126	75,621
	GMS INC	EQUITY	N/A	N/A	11,884	607,263	528,838
	GODADDY INC - CLASS A	EQUITY	N/A	N/A	2,563	221,903	178,282
	GODADDY INC - CLASS A	EQUITY	N/A	N/A	21,904	1,855,748	1,523,642
	GOLAR LNG LTD	EQUITY	N/A	N/A	5,005	118,293	113,864
	GOLDMAN SACHS GROUP INC	EQUITY	N/A	N/A	8,430	2,739,632	2,503,879
	GOLDMAN SACHS GROUP INC	EQUITY	N/A	N/A	5,692	1,329,327	1,690,638
	GRACO INC	EQUITY	N/A	N/A	968	65,099	57,509
	GRAFTECH INTERNATIONAL LTD	EQUITY	N/A	N/A	15,093	152,032	106,708
	GRAND CANYON EDUCATION INC	EQUITY	N/A	N/A	584	50,548	55,007
	GRAND CANYON EDUCATION INC	EQUITY	N/A	N/A	22,150	2,470,410	2,086,309
	GRAPHIC PACKAGING HLDG CO	EQUITY	N/A	N/A	1,287	20,852	26,384
	GRAY TELEVISION INC	EQUITY	N/A	N/A	32,491	465,511	548,773
	GREEN PLAINS INC	EQUITY	N/A	N/A	52,423	1,417,065	1,424,333
	GREENBRIAR COS INC	EQUITY	N/A	N/A	12,490	538,585	449,515

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
(a)							
	GRID DYNAMICS HOLDINGS INC	EQUITY	N/A	N/A	40,998	\$ 1,249,798	\$ 689,586
	GROCERY OUTLET HOLDING CORP	EQUITY	N/A	N/A	1,533	54,910	65,352
	GSK PLC	EQUITY	N/A	N/A	196,753	3,529,946	4,250,849
	GUIDEWIRE SOFTWARE INC	EQUITY	N/A	N/A	1,536	187,467	109,041
	GUIDEWIRE SOFTWARE INC	EQUITY	N/A	N/A	18,864	1,967,857	1,339,155
	GXO LOGISTICS INC-W/I	EQUITY	N/A	N/A	1,729	80,456	74,814
	HAEMONETICS CORP	EQUITY	N/A	N/A	14,934	874,389	973,398
	HALLIBURTON CO	EQUITY	N/A	N/A	9,031	174,602	283,212
	HAMILTON LANE ALLIANCE HOLDI	EQUITY	N/A	N/A	36,028	360,280	353,435
	HAMILTON LANE INC-CLASS A	EQUITY	N/A	N/A	9,349	460,503	628,066
	HANESBRANDS INC - W/I	EQUITY	N/A	N/A	6,402	72,460	65,877
	HANNON ARMSTRONG SUSTAINABLE	EQUITY	N/A	N/A	10,000	293,587	378,600
	HANOVER INSURANCE GROUP INC	EQUITY	N/A	N/A	650	76,233	95,063
	HANOVER INSURANCE GROUP INC	EQUITY	N/A	N/A	5,848	664,052	855,270
	HARLEY DAVIDSON INC	EQUITY	N/A	N/A	2,471	99,273	78,232
	HARTFORD FINL SVCS GROUP INC	EQUITY	N/A	N/A	6,031	177,173	394,608
	HASBRO INC	EQUITY	N/A	N/A	2,414	217,736	197,658
	HASHICORP INC-CL A	EQUITY	N/A	N/A	1,780	148,328	52,403
	HAWAIIAN ELECTRIC INDUSTRIES INC	EQUITY	N/A	N/A	1,998	73,110	81,718
	HAYWARD HOLDINGS INC	EQUITY	N/A	N/A	1,247	26,912	17,944
	HDFC BANK LTD	EQUITY	N/A	N/A	23,430	1,172,930	1,287,713
	HEALTH CARE SERVICES GROUP INC	EQUITY	N/A	N/A	55,655	1,589,985	968,954
	HEALTH CATALYST INC	EQUITY	N/A	N/A	28,596	978,759	414,356
	HEALTHCARE TRUST OF AME-CL A	EQUITY	N/A	N/A	4,200	110,803	117,222
	HEALTHPEAK PROPERTIES INC	EQUITY	N/A	N/A	9,907	303,963	256,690
	HECLA MINING CO	EQUITY	N/A	N/A	49,009	305,514	192,115
	HEICO CORP NEW	EQUITY	N/A	N/A	52	7,304	6,818
	HEICO CORP NEW	EQUITY	N/A	N/A	91	11,517	9,590
	HEICO CORP NEW	EQUITY	N/A	N/A	21,209	2,771,634	2,780,924
	HENDERSON GROUP PLC	EQUITY	N/A	N/A	2,531	99,188	59,504
	HENRY JACK & ASSOC INC	EQUITY	N/A	N/A	6,014	941,671	1,082,640
	HENRY SCHEIN INC	EQUITY	N/A	N/A	2,519	174,275	193,308
	HERC HOLDINGS INC	EQUITY	N/A	N/A	14,239	699,721	1,283,646
	HERTZ GLOBAL HLDGS INC	EQUITY	N/A	N/A	4,280	78,021	67,795
	HESS CORPORATION	EQUITY	N/A	N/A	1,123	60,271	118,971
	HEWLETT PACKARD ENTERPRISE CO	EQUITY	N/A	N/A	23,865	374,762	316,450
	HEXCEL CORP	EQUITY	N/A	N/A	1,539	84,145	80,505
	HF SINCLAIR CORP	EQUITY	N/A	N/A	2,756	151,828	124,461
	HIGHWOODS PTYS INC	EQUITY	N/A	N/A	1,908	75,710	65,235
	HILTON WORLDWIDE HLDGS - W/I	EQUITY	N/A	N/A	1,396	153,399	155,570
	HOLOGIC INC	EQUITY	N/A	N/A	41,117	3,067,746	2,849,408
	HOLOGIC INC	EQUITY	N/A	N/A	4,520	309,563	313,236
	HOME BANCSHARES INC	EQUITY	N/A	N/A	43,796	872,431	909,643
	HOME BANCSHARES INC	EQUITY	N/A	N/A	75,696	1,269,725	1,572,206
	HOME DEPOT INC	EQUITY	N/A	N/A	16,256	2,696,667	4,458,533
	HONEYWELL INTL INC	EQUITY	N/A	N/A	23,100	5,019,448	4,015,011
	HONEYWELL INTL INC	EQUITY	N/A	N/A	15,200	3,272,004	2,641,912
	HONG KONG EXCHANGES & CLEA	EQUITY	N/A	N/A	30,254	731,346	1,459,362
	HORIZON THERAPEUTICS PLC	EQUITY	N/A	N/A	289	27,222	23,051
	HORMEL FOODS CORP	EQUITY	N/A	N/A	5,267	248,920	249,445
	HOST HOTELS & RESORTS INC	EQUITY	N/A	N/A	13,006	198,374	203,934
	HOWARD HUGHES CORP THE-W I	EQUITY	N/A	N/A	728	58,195	49,540
	HOWMET AEROSPACE INC	EQUITY	N/A	N/A	6,181	158,449	194,392
	HP INC	EQUITY	N/A	N/A	10,477	231,291	343,436
	HSBC HOLDINGS PLC	EQUITY	N/A	N/A	586,353	4,105,325	3,850,580
	HUBBELL INC	EQUITY	N/A	N/A	984	158,981	175,723
	HUBSPOT INC	EQUITY	N/A	N/A	1,972	1,379,949	592,882
	HUDSON PACIFIC PROPERTIES IN	EQUITY	N/A	N/A	2,600	69,360	38,584
	HUMANA INC	EQUITY	N/A	N/A	6,901	2,665,245	3,230,151
	HUMANA INC	EQUITY	N/A	N/A	2,887	1,255,157	1,351,318
	HUNT J B TRANSPORT SERVICES INC	EQUITY	N/A	N/A	162	22,347	25,510
	HUNTINGTON BANCSHARES INC	EQUITY	N/A	N/A	26,369	333,818	317,219
	HUNTINGTON INGALLS INDS INC	EQUITY	N/A	N/A	564	84,215	122,850
	HUNTSMAN CORP	EQUITY	N/A	N/A	3,637	59,493	103,109
	HYATT HOTELS CORP	EQUITY	N/A	N/A	927	70,855	68,515
	IAA INC-W/I	EQUITY	N/A	N/A	14,700	264,360	481,719
	IAA INC-W/I	EQUITY	N/A	N/A	420	14,956	13,763
	IAC INC	EQUITY	N/A	N/A	1,429	210,787	108,561
	IAC INC	EQUITY	N/A	N/A	9,945	1,649,673	755,522
	IBERDROLA SA	EQUITY	N/A	N/A	365,888	3,342,935	3,824,261
	ICU MED INC	EQUITY	N/A	N/A	302	61,179	49,646
	IDACORP INC	EQUITY	N/A	N/A	924	85,922	97,870
	IDEX CORP	EQUITY	N/A	N/A	1,147	220,815	208,330

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	II-VI INC	EQUITY	N/A	N/A	1,932	\$ 107,647	\$ 98,435
	II-VI INC	EQUITY	N/A	N/A	18,679	939,782	951,695
	IMMUNOCORE HOLDINGS PLC-ADR	EQUITY	N/A	N/A	7,078	230,216	264,080
	IMMUNOGEN	EQUITY	N/A	N/A	60,726	283,993	273,267
	INARI MEDICAL INC	EQUITY	N/A	N/A	15,303	1,171,614	1,040,451
	INCYTE CORPORATION	EQUITY	N/A	N/A	456	39,592	34,642
	INDEPENDENCE REALTY TRUST IN	EQUITY	N/A	N/A	50,967	808,331	1,056,546
	INFINEON TECHNOLOGIES AG	EQUITY	N/A	N/A	105,861	2,470,702	2,516,845
	INFORMATICA INC - CLASS A	EQUITY	N/A	N/A	553	14,483	11,486
	INGERSOLL RAND INC	EQUITY	N/A	N/A	7,464	341,311	314,085
	INGEVITY CORP	EQUITY	N/A	N/A	8,112	577,293	512,192
	INGEVITY CORP	EQUITY	N/A	N/A	13,928	809,257	879,414
	INGREDION INC	EQUITY	N/A	N/A	1,217	137,644	107,291
	INHIBRX INC	EQUITY	N/A	N/A	8,438	147,019	95,771
	INMODE LTD	EQUITY	N/A	N/A	22,166	428,810	496,740
	INSPIRITY INC	EQUITY	N/A	N/A	8,878	598,081	886,291
	INTEGRA LIFESCIENCES HLDG CORP	EQUITY	N/A	N/A	1,330	75,242	71,860
	INTELLIA THERAPEUTICS INC	EQUITY	N/A	N/A	8,030	718,632	415,633
	INTER PARFUMS INC	EQUITY	N/A	N/A	7,909	494,359	577,832
	INTERACTIVE BROKERS GROUP	EQUITY	N/A	N/A	1,706	95,892	93,847
	INTERNATIONAL FLAVORS &	EQUITY	N/A	N/A	4,683	584,592	557,839
	INTERNATIONAL MONEY EXPRESS	EQUITY	N/A	N/A	32,719	511,884	669,758
	INTERNATIONAL PAPER CO	EQUITY	N/A	N/A	6,789	299,407	283,984
	INTERPUBLIC GROUP COMPANIES INC	EQUITY	N/A	N/A	7,223	176,219	198,849
	INTESA SAN PAOLO	EQUITY	N/A	N/A	1,189,665	2,168,326	2,215,156
	INTRA-CELLULAR THERAPIES INC	EQUITY	N/A	N/A	11,413	510,025	651,454
	INTUIT SOFTWARE	EQUITY	N/A	N/A	6,948	1,328,149	2,678,037
	INTUITIVE SURGICAL INC	EQUITY	N/A	N/A	17,054	3,693,300	3,422,908
	INTUITIVE SURGICAL INC	EQUITY	N/A	N/A	10,640	1,108,669	2,135,554
	INVESCO LTD	EQUITY	N/A	N/A	6,860	122,576	110,652
	INVITATION HOMES INC	EQUITY	N/A	N/A	11,213	350,859	398,959
	IONIS PHARMACEUTICALS INC	EQUITY	N/A	N/A	189	9,708	6,997
	IOVANCE BIOTHERAPEUTICS INC	EQUITY	N/A	N/A	21,725	417,173	239,844
	IPG PHOTONICS CORP	EQUITY	N/A	N/A	638	129,520	60,055
	IRHYTHM TECHNOLOGIES INC	EQUITY	N/A	N/A	2,833	190,864	306,049
	IROBOT CORP	EQUITY	N/A	N/A	3,746	265,361	137,666
	IRON MOUNTAIN INC	EQUITY	N/A	N/A	1,331	36,942	64,806
	ISHARES RUSSELL MID-CAP VALUE	EQUITY	N/A	N/A	5,400	516,035	548,478
	ISIRACARD LTD	EQUITY	N/A	N/A	1	-	3
	ITT INC	EQUITY	N/A	N/A	1,534	117,100	103,146
	J & J SNACK FOODS CORP	EQUITY	N/A	N/A	2,936	305,500	410,042
	JABIL INC	EQUITY	N/A	N/A	466	18,854	23,864
	JACOBS ENGINEERING GROUP INC	EQUITY	N/A	N/A	2,348	260,194	298,501
	JAMF HOLDING CORP	EQUITY	N/A	N/A	138	4,562	3,418
	JANUS INTERNATIONAL GROUP IN	EQUITY	N/A	N/A	53,216	558,945	480,540
	JAZZ PHARMACEUTICALS PLC	EQUITY	N/A	N/A	5,057	711,942	788,943
	JAZZ PHARMACEUTICALS PLC	EQUITY	N/A	N/A	1,119	153,884	174,575
	JBG SMITH PROPERTIES	EQUITY	N/A	N/A	2,118	68,398	50,070
	JEFFERIES FINANCIAL GROUP IN	EQUITY	N/A	N/A	3,849	92,356	106,309
	JELD-WEN HOLDING INC	EQUITY	N/A	N/A	22,687	501,629	331,003
	JETBLUE AIRWAYS	EQUITY	N/A	N/A	5,892	120,148	49,316
	JETBLUE AIRWAYS	EQUITY	N/A	N/A	186,364	2,572,844	1,559,867
	JM SMUCKER CO/THE-NEW COM WI	EQUITY	N/A	N/A	1,928	237,879	246,803
	JOHNSON & JOHNSON	EQUITY	N/A	N/A	18,800	2,993,336	3,337,188
	JONES LANG LASALLE INC	EQUITY	N/A	N/A	908	136,162	158,773
	JUNIPER NETWORKS INC	EQUITY	N/A	N/A	5,871	133,631	167,324
	KADANT INC	EQUITY	N/A	N/A	6,305	573,133	1,149,717
	KALVISTA PHARMACEUTICALS INC	EQUITY	N/A	N/A	10,806	168,973	106,331
	KARUNA THERAPEUTICS INC	EQUITY	N/A	N/A	3,679	394,347	465,430
	KB HOME	EQUITY	N/A	N/A	21,443	766,709	610,268
	KBR INC	EQUITY	N/A	N/A	896	43,132	43,357
	KDDI CORP	EQUITY	N/A	N/A	48,200	871,988	1,530,350
	KELLOGG CO	EQUITY	N/A	N/A	2,096	130,236	149,529
	KEMPER CORP	EQUITY	N/A	N/A	1,167	85,948	55,899
	KEMPER CORP	EQUITY	N/A	N/A	8,556	455,151	409,832
	KENNAMETAL INC	EQUITY	N/A	N/A	14,453	467,812	335,743
	KERING	EQUITY	N/A	N/A	8,262	4,201,784	4,363,080
	KEYCORP NEW	EQUITY	N/A	N/A	17,072	263,134	294,151
	KEYENCE CORP	EQUITY	N/A	N/A	3,400	378,319	1,148,350
	KEYSIGHT TECHNOLOGIES IN-W/I	EQUITY	N/A	N/A	246	31,000	33,911
	KILROY RLTY CORP	EQUITY	N/A	N/A	2,135	132,619	111,725
	KIMBALL ELECTRONICS INC-W/I	EQUITY	N/A	N/A	24,743	419,114	497,334
	KIMCO REALTY CORP	EQUITY	N/A	N/A	11,096	192,508	219,368

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	KINGFISHER PLC	EQUITY	N/A	N/A	585,738	\$ 1,715,761	\$ 1,783,572
	KIRBY CORP	EQUITY	N/A	N/A	1,097	60,424	66,741
	KKR & CO INC	EQUITY	N/A	N/A	20,749	1,519,327	960,471
	KKR & CO INC	EQUITY	N/A	N/A	10,510	437,024	486,508
	KNIGHT SWIFT TRANSPORTATION	EQUITY	N/A	N/A	2,918	125,575	135,074
	KNORR-BREMSE AG	EQUITY	N/A	N/A	17,747	1,502,389	1,014,337
	KODIAK SCIENCES INC	EQUITY	N/A	N/A	5,425	257,220	41,447
	KOHL'S CORP	EQUITY	N/A	N/A	2,351	112,050	83,907
	KOREAN WON CURRENCY (KRW)	EQUITY	N/A	N/A	12,033,602	9,338	9,266
	KORN FERRY	EQUITY	N/A	N/A	17,158	576,877	995,507
	KORNIT DIGITAL LTD	EQUITY	N/A	N/A	18,865	1,999,628	598,021
	KRATOS DEFENSE	EQUITY	N/A	N/A	7,865	145,773	109,166
	KROGER CO	EQUITY	N/A	N/A	12,050	305,870	570,327
	KUBOTA CORP	EQUITY	N/A	N/A	85,800	1,960,375	1,244,100
	KYMERA THERAPEUTICS INC	EQUITY	N/A	N/A	11,263	320,136	221,768
	KYNDRYL HOLDINGS INC-W/I	EQUITY	N/A	N/A	3,311	33,539	32,382
	L BRANDS INC - W/I	EQUITY	N/A	N/A	4,390	141,415	118,179
	LABORATORY CORP OF AMERICA HLDG	EQUITY	N/A	N/A	1,702	351,392	398,881
	LAMAR ADVERTISING CO-A	EQUITY	N/A	N/A	185	11,029	16,274
	LANCASTER COLONY CORP	EQUITY	N/A	N/A	4,434	682,899	571,011
	LANDSTAR SYS INC	EQUITY	N/A	N/A	74	9,941	10,761
	LANTHEUS HOLDINGS INC	EQUITY	N/A	N/A	21,072	297,758	1,391,384
	LAREDO PETROLEUM INC	EQUITY	N/A	N/A	7,774	642,235	535,940
	LAS VEGAS SANDS CORP	EQUITY	N/A	N/A	3,811	127,397	128,011
	LATTICE SEMICONDUCTOR CORP	EQUITY	N/A	N/A	19,691	183,322	955,014
	LAUDER ESTEE COS INC	EQUITY	N/A	N/A	16,444	2,404,504	4,187,793
	LAZARD LTD CL A	EQUITY	N/A	N/A	1,755	71,599	56,880
	LCI INDUSTRIES	EQUITY	N/A	N/A	3,688	399,275	412,613
	LEAR CORP- W/I	EQUITY	N/A	N/A	1,093	91,679	137,598
	LEGGETT & PLATT INC	EQUITY	N/A	N/A	2,444	106,565	84,514
	LEGRAND SA	EQUITY	N/A	N/A	12,303	1,112,600	908,439
	LEIDOS HOLDINGS INC-W/I	EQUITY	N/A	N/A	2,503	259,648	252,077
	LENNAR CORP	EQUITY	N/A	N/A	62,000	5,808,244	4,375,340
	LENNAR CORP	EQUITY	N/A	N/A	4,673	356,858	329,774
	LENNAR CORP	EQUITY	N/A	N/A	266	16,074	15,617
	LENNOX INTERNATIONAL INC	EQUITY	N/A	N/A	595	163,534	122,921
	LESLIES INC	EQUITY	N/A	N/A	316	7,415	4,797
	LHC GROUP INC	EQUITY	N/A	N/A	3,507	695,256	546,180
	LIBERTY BRAVES	EQUITY	N/A	N/A	17,732	431,755	425,568
	LIBERTY BRAVES	EQUITY	N/A	N/A	49,697	1,146,426	1,192,728
	LIBERTY BROADBAND-A	EQUITY	N/A	N/A	205	32,974	23,278
	LIBERTY BROADBAND-C	EQUITY	N/A	N/A	1,267	168,255	146,516
	LIBERTY FORMULA ONE	EQUITY	N/A	N/A	343	13,547	19,884
	LIBERTY FORMULA ONE	EQUITY	N/A	N/A	3,274	143,538	207,801
	LIBERTY SIRIUSXM	EQUITY	N/A	N/A	995	43,360	35,860
	LIBERTY SIRIUSXM	EQUITY	N/A	N/A	2,053	87,180	74,011
	LIFE STORAGE INC	EQUITY	N/A	N/A	1,545	129,764	172,515
	LINCOLN NATIONAL CORP	EQUITY	N/A	N/A	2,497	119,978	116,785
	LINDE PLC	EQUITY	N/A	N/A	2,565	596,548	737,514
	LITHIA MTRS INC	EQUITY	N/A	N/A	524	175,581	144,000
	LITTELFUSE INC	EQUITY	N/A	N/A	2,163	108,099	549,489
	LITTELFUSE INC	EQUITY	N/A	N/A	444	110,286	112,794
	LIVE NATION ENTERTAINMENT INC	EQUITY	N/A	N/A	1,415	131,834	116,851
	LIVENT CORP	EQUITY	N/A	N/A	51,516	752,174	1,168,898
	LKQ CORP	EQUITY	N/A	N/A	4,862	181,950	238,676
	LOEWS CORPORATION	EQUITY	N/A	N/A	3,741	162,074	221,692
	LONZA AG-REG	EQUITY	N/A	N/A	2,852	618,753	1,551,060
	LOUISIANA PACIFIC CORP	EQUITY	N/A	N/A	1,350	78,390	70,754
	LOUISIANA PACIFIC CORP	EQUITY	N/A	N/A	12,700	315,594	665,607
	LUCID GROUP INC	EQUITY	N/A	N/A	596	11,449	10,227
	LULULEMON ATHLETICA INC	EQUITY	N/A	N/A	13,225	2,311,424	3,605,267
	LULULEMON ATHLETICA INC	EQUITY	N/A	N/A	3,382	856,281	921,967
	LUMEN TECHNOLOGIES INC	EQUITY	N/A	N/A	18,874	201,037	205,915
	LUMENTUM HOLDINGS INC -W/I	EQUITY	N/A	N/A	1,272	114,134	101,022
	LYFT INC-A	EQUITY	N/A	N/A	1,126	18,398	14,953
	LYONDELLBASELL INDUSTRIES N.V.	EQUITY	N/A	N/A	4,722	416,164	412,986
	M&T BK CORP	EQUITY	N/A	N/A	3,283	413,069	523,277
	MACQUARIE GROUP LTD	EQUITY	N/A	N/A	18,510	1,589,827	2,102,520
	MACY'S INC	EQUITY	N/A	N/A	5,228	109,575	95,777
	MADDEN STEVEN LTD	EQUITY	N/A	N/A	53,079	2,307,168	1,709,675
	MADISON SQUARE GARDEN SPORTS	EQUITY	N/A	N/A	173	30,855	26,123
	MAGENTA THERAPEUTICS INC	EQUITY	N/A	N/A	52,977	191,341	63,572
	MAGNOLIA OIL & GAS CORP	EQUITY	N/A	N/A	25,671	309,254	538,834

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
						(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	MANDIANT INC	EQUITY	N/A	N/A	4,219	\$ 74,925	\$ 92,059
	MANHATTAN ASSOCS INC	EQUITY	N/A	N/A	442	60,104	50,653
	MANPOWER GROUP INC	EQUITY	N/A	N/A	949	92,315	72,513
	MARATHON OIL CORP	EQUITY	N/A	N/A	12,962	90,318	291,386
	MARKEL CORP (HOLDING CO)	EQUITY	N/A	N/A	189	171,726	244,424
	MARRIOTT VACATIONS WORLDWIDE	EQUITY	N/A	N/A	6,214	234,991	722,067
	MARRIOTT VACATIONS WORLDWIDE	EQUITY	N/A	N/A	748	120,580	86,918
	MARSH & MCLENNAN	EQUITY	N/A	N/A	4,586	610,724	711,977
	MARTIN MARIETTA MATLS INC	EQUITY	N/A	N/A	14,000	5,042,179	4,189,360
	MARTIN MARIETTA MATLS INC	EQUITY	N/A	N/A	1,042	299,223	311,808
	MARVELL TECHNOLOGY GROUP LTD	EQUITY	N/A	N/A	12,899	351,309	561,493
	MASCO CORP	EQUITY	N/A	N/A	4,105	214,333	207,713
	MASIMO CORPORATION	EQUITY	N/A	N/A	216	52,731	28,225
	MASTEC INC	EQUITY	N/A	N/A	1,093	113,984	78,324
	MASTERCARD INC CL A	EQUITY	N/A	N/A	16,662	2,635,860	5,256,528
	MASTERCARD INC CL A	EQUITY	N/A	N/A	11,832	1,344,971	3,732,759
	MATCH GROUP INC	EQUITY	N/A	N/A	13,421	1,396,213	935,309
	MATCH GROUP INC	EQUITY	N/A	N/A	330	25,887	22,998
	MATTEL INC	EQUITY	N/A	N/A	3,345	78,604	74,694
	MC CORMICK & CO INC	EQUITY	N/A	N/A	4,606	413,220	383,450
	MCGRATH RENTCORP	EQUITY	N/A	N/A	9,257	490,533	703,532
	MDU RESOURCES GROUP INC	EQUITY	N/A	N/A	35,056	949,948	946,161
	MDU RESOURCES GROUP INC	EQUITY	N/A	N/A	3,711	102,193	100,160
	MEDICAL PROPERTIES TRUST INC	EQUITY	N/A	N/A	10,910	223,965	166,596
	MEDPACE HOLDINGS INC	EQUITY	N/A	N/A	5,132	720,330	768,106
	MEDTRONIC PLC	EQUITY	N/A	N/A	38,200	4,794,512	3,428,450
	MERCK & CO INC	EQUITY	N/A	N/A	36,600	3,012,731	3,336,822
	MERCK KGAA	EQUITY	N/A	N/A	7,158	924,651	1,213,209
	MERCURY SYSTEMS INC	EQUITY	N/A	N/A	1,028	70,827	66,131
	META PLATFORMS INC	EQUITY	N/A	N/A	14,343	1,740,961	2,312,809
	META PLATFORMS INC	EQUITY	N/A	N/A	30,418	4,212,778	4,904,903
	METHODE ELECTRONICS INC	EQUITY	N/A	N/A	24,704	692,038	915,036
	METLIFE INC.	EQUITY	N/A	N/A	48,400	3,105,672	3,039,036
	MGIC INVT CORP WIS	EQUITY	N/A	N/A	5,596	53,964	70,510
	MGIC INVT CORP WIS	EQUITY	N/A	N/A	118,583	1,145,611	1,494,146
	MGM RESORTS INTERNATIONAL	EQUITY	N/A	N/A	6,538	195,621	189,275
	MICHELIN (CGDE)	EQUITY	N/A	N/A	246,400	4,763,002	3,338,720
	MICROCHIP TECHNOLOGY INC	EQUITY	N/A	N/A	73,000	8,040,443	4,239,840
	MICROCHIP TECHNOLOGY INC	EQUITY	N/A	N/A	1,444	105,501	83,868
	MICROSOFT CORP	EQUITY	N/A	N/A	29,400	8,680,612	7,550,802
	MICROSOFT CORP	EQUITY	N/A	N/A	43,929	3,505,844	11,282,285
	MICROSOFT CORP	EQUITY	N/A	N/A	78,089	11,967,092	20,055,598
	MID AMER APT CMNTYS INC	EQUITY	N/A	N/A	2,109	275,250	368,379
	MIDDLEBY CORP	EQUITY	N/A	N/A	930	126,271	116,585
	MIDDLEBY CORP	EQUITY	N/A	N/A	7,018	428,228	879,776
	MILLER INDUSTRIES INC	EQUITY	N/A	N/A	18,878	616,432	427,964
	MIRATI THERAPEUTICS INC	EQUITY	N/A	N/A	790	64,610	53,033
	MIRATI THERAPEUTICS INC	EQUITY	N/A	N/A	5,036	293,161	338,067
	MISTER CAR WASH INC	EQUITY	N/A	N/A	401	6,363	4,363
	MISUMI GROUP INC	EQUITY	N/A	N/A	56,300	1,901,949	1,186,748
	MITSUBISHI UFJ FINANCIAL GROUP	EQUITY	N/A	N/A	671,100	3,112,178	3,607,753
	MITSUBISHI UFJ FINL GRP ADR	EQUITY	N/A	N/A	376,400	2,222,567	2,009,976
	MKS INSTRS INC	EQUITY	N/A	N/A	1,020	115,080	104,683
	MOHAWK INDS INC	EQUITY	N/A	N/A	974	129,386	120,864
	MOLINA HEALTHCARE INC	EQUITY	N/A	N/A	238	56,993	66,547
	MOLSON COORS BEVERAGE COMPANY	EQUITY	N/A	N/A	3,216	182,639	175,304
	MONGODB INC	EQUITY	N/A	N/A	3,001	998,517	778,760
	MONOLITHIC POWER SYSTEMS INC	EQUITY	N/A	N/A	1,680	644,579	645,187
	MOOG INC	EQUITY	N/A	N/A	4,655	361,617	369,560
	MORNINGSTAR INC	EQUITY	N/A	N/A	38	7,695	9,190
	MORPHIC HOLDING INC	EQUITY	N/A	N/A	9,200	348,527	199,640
	MOSAIC CO/THE	EQUITY	N/A	N/A	5,826	138,581	275,162
	MOTOROLA SOLUTIONS INC	EQUITY	N/A	N/A	13,500	3,163,307	2,829,600
	MOTOROLA SOLUTIONS INC	EQUITY	N/A	N/A	3,026	538,508	634,250
	MRC GLOBAL INC	EQUITY	N/A	N/A	33,505	346,442	333,710
	MSA SAFETY INC	EQUITY	N/A	N/A	416	63,827	50,365
	MSC INDL DIRECT INC	EQUITY	N/A	N/A	849	70,900	63,768
	MSCI INC	EQUITY	N/A	N/A	358	190,857	147,550
	MSCI INC	EQUITY	N/A	N/A	474	194,395	195,359
	MURATA MANUFACTURING CO NPV	EQUITY	N/A	N/A	27,700	1,065,843	1,509,944
	MYV FINANCIAL CORP	EQUITY	N/A	N/A	10,826	429,944	336,797
	MYOVANT SCIENCES LTD	EQUITY	N/A	N/A	25,730	450,336	319,824
	NABTESCO CORP	EQUITY	N/A	N/A	63,200	1,289,254	1,476,592

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	NANOSTRING TECHNOLOGIES INC	EQUITY	N/A	N/A	28,665	\$ 996,802	\$ 364,046
	NASDAQ INC	EQUITY	N/A	N/A	2,106	276,885	321,249
	NATERA INC	EQUITY	N/A	N/A	100	11,615	3,544
	NATIONAL FUEL GAS CO	EQUITY	N/A	N/A	1,480	83,516	97,754
	NATIONAL GRID PLC	EQUITY	N/A	N/A	219,156	2,169,256	2,806,510
	NATIONAL INSTRUMENTS CORP	EQUITY	N/A	N/A	2,090	82,907	65,271
	NATIONAL INSTRUMENTS CORP	EQUITY	N/A	N/A	30,850	1,346,608	963,446
	NATIONAL RETAIL PPTYS INC	EQUITY	N/A	N/A	3,223	129,016	138,589
	NATIONAL STORAGE AFFILIATES	EQUITY	N/A	N/A	1,559	78,851	78,059
	NATIONAL STORAGE AFFILIATES	EQUITY	N/A	N/A	40,376	1,053,276	2,021,626
	NATIONAL VISION HOLDINGS INC	EQUITY	N/A	N/A	30,573	1,451,852	840,758
	NCINO INC	EQUITY	N/A	N/A	830	30,875	25,664
	NCR CORP	EQUITY	N/A	N/A	2,214	65,609	68,878
	NEOGEN CORP	EQUITY	N/A	N/A	41,496	1,886,415	999,639
	NEOGENOMICS INC	EQUITY	N/A	N/A	32,834	1,256,227	267,597
	NESTLE SA-REG	EQUITY	N/A	N/A	49,294	2,914,211	5,738,051
	NETFLIX INC	EQUITY	N/A	N/A	7,467	1,403,472	1,305,754
	NETFLIX INC	EQUITY	N/A	N/A	3,385	955,204	591,935
	NEVRO CORP	EQUITY	N/A	N/A	9,926	1,317,471	435,057
	NEW JERSEY RESOURCES CORP	EQUITY	N/A	N/A	20,042	690,789	892,470
	NEW MARKET CORPORATION	EQUITY	N/A	N/A	115	39,210	34,610
	NEW YORK COMMUNITY BANCORP	EQUITY	N/A	N/A	8,462	86,736	77,258
	NEW YORK TIMES CO	EQUITY	N/A	N/A	3,021	138,844	84,286
	NEWELL BRANDS INC.	EQUITY	N/A	N/A	6,935	151,257	132,042
	NEWS CORP/NEW-CL A-W/I	EQUITY	N/A	N/A	7,090	131,389	110,462
	NEWS CORP/NEW-CL B-W/I	EQUITY	N/A	N/A	2,125	39,628	33,766
	NEXSTAR MEDIA GROUP INC	EQUITY	N/A	N/A	642	88,982	104,569
	NEXTERA ENERGY PARTNERS LP	EQUITY	N/A	N/A	10,991	508,912	815,093
	NEXTERA OILFIELD SOLUTIONS INC	EQUITY	N/A	N/A	15,067	67,978	143,287
	NIBE INDUSTRIES AB-B SHS	EQUITY	N/A	N/A	15,754	113,289	118,273
	NICE LTD	EQUITY	N/A	N/A	7,025	1,978,988	1,351,961
	NIELSEN HOLDINGS PLC	EQUITY	N/A	N/A	6,580	118,610	152,788
	NIKE INC	EQUITY	N/A	N/A	43,067	2,521,058	4,401,447
	NIKE INC	EQUITY	N/A	N/A	11,182	1,574,433	1,142,800
	NISOURCE INC	EQUITY	N/A	N/A	7,460	181,586	219,995
	NOMAD FOODS LTD-WHEN ISSUED	EQUITY	N/A	N/A	23,222	381,273	464,208
	NORDSON CORPORATION	EQUITY	N/A	N/A	815	176,536	164,989
	NORDSTROM INC	EQUITY	N/A	N/A	297	9,272	6,276
	NORTHERN OIL AND GAS INC	EQUITY	N/A	N/A	41,929	1,038,773	1,059,127
	NORTHERN TRUST CORP	EQUITY	N/A	N/A	3,777	362,014	364,405
	NORTHROP GRUMMAN CORPORATION	EQUITY	N/A	N/A	7,400	2,816,983	3,541,418
	NORTHWESTERN CORPORATION	EQUITY	N/A	N/A	10,119	403,852	596,313
	NORTONLIFELOCK INC	EQUITY	N/A	N/A	6,659	179,486	146,232
	NORWEGIAN CRUISE LINE HLDGS LTD	EQUITY	N/A	N/A	7,114	180,877	79,108
	NOV INC	EQUITY	N/A	N/A	7,190	103,143	121,583
	NOVAGOLD RESOURCES INC	EQUITY	N/A	N/A	26,362	207,808	126,801
	NOVO NORDISK A S	EQUITY	N/A	N/A	15,895	1,666,669	1,771,180
	NRG ENERGY INC.	EQUITY	N/A	N/A	4,335	161,138	165,467
	NUCOR CORP	EQUITY	N/A	N/A	4,885	280,019	510,043
	NUTANIX INC - A	EQUITY	N/A	N/A	1,853	28,683	27,109
	NVENT ELECTRIC PLC-W/I	EQUITY	N/A	N/A	3,035	74,868	95,087
	NVIDIA CORP	EQUITY	N/A	N/A	54,634	1,969,076	8,281,968
	NVIDIA CORP	EQUITY	N/A	N/A	26,174	3,796,960	3,967,717
	NVR INC	EQUITY	N/A	N/A	15	59,994	60,062
	O REILLY AUTOMOTIVE INC	EQUITY	N/A	N/A	711	396,119	449,181
	OAK STREET HEALTH INC	EQUITY	N/A	N/A	2,140	49,682	35,182
	OAK STREET HEALTH INC	EQUITY	N/A	N/A	28,153	1,754,925	462,835
	OCEANFIRST FINANCIAL CORP	EQUITY	N/A	N/A	51,484	1,197,783	984,889
	OGE ENERGY CORP	EQUITY	N/A	N/A	3,668	121,908	141,438
	OKTA INC	EQUITY	N/A	N/A	1,971	199,575	178,178
	OLD REPUBLIC INTERNATIONAL CORP	EQUITY	N/A	N/A	5,194	111,954	116,138
	OLIN CORP	EQUITY	N/A	N/A	2,570	65,798	118,940
	OLLIE'S BARGAIN OUTLET HOLDI	EQUITY	N/A	N/A	1,117	98,236	65,624
	OLO INC - CLASS A	EQUITY	N/A	N/A	58,004	1,239,877	572,499
	OMEGA HEALTHCARE INVS INC	EQUITY	N/A	N/A	4,317	121,883	121,696
	OMNICELL INC	EQUITY	N/A	N/A	7,533	634,744	856,879
	OMNICO GROUP	EQUITY	N/A	N/A	3,738	241,179	237,774
	ON SEMICONDUCTOR CORPORATION	EQUITY	N/A	N/A	2,998	93,256	150,829
	ONEMAIN HOLDINGS INC	EQUITY	N/A	N/A	2,160	101,130	80,741
	ONEOK INC	EQUITY	N/A	N/A	7,245	294,912	402,098
	OPENDOOR TECHNOLOGIES INC	EQUITY	N/A	N/A	6,360	110,068	29,956
	OPENDOOR TECHNOLOGIES INC	EQUITY	N/A	N/A	33,100	559,222	155,901
	OPTION CARE HEALTH INC	EQUITY	N/A	N/A	28,961	702,007	804,826

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	ORACLE CORP	EQUITY	N/A	N/A	39,400	\$ 3,583,361	\$ 2,752,878
	ORGANON & CO-W/I	EQUITY	N/A	N/A	4,668	142,263	157,545
	ORMAT TECHNOLOGIES INC	EQUITY	N/A	N/A	15,557	1,229,513	1,218,891
	ORTHOPEDIATRICS CORP	EQUITY	N/A	N/A	20,512	1,020,905	885,093
	OSHKOSH CORPORATION	EQUITY	N/A	N/A	29,400	3,331,417	2,414,916
	OSHKOSH CORPORATION	EQUITY	N/A	N/A	1,206	50,365	99,061
	OTIS WORLDWIDE CORP-W/I	EQUITY	N/A	N/A	6,827	450,437	482,464
	OUTFRONT MEDIA INC	EQUITY	N/A	N/A	55,391	965,579	938,877
	OVINTIV INC	EQUITY	N/A	N/A	1,367	62,100	60,408
	OVINTIV INC	EQUITY	N/A	N/A	11,516	264,361	508,892
	OWENS & MINOR INC	EQUITY	N/A	N/A	31,822	898,376	1,000,802
	OWENS CORNING INC	EQUITY	N/A	N/A	1,764	102,708	131,083
	PACCAR INC	EQUITY	N/A	N/A	6,270	540,932	516,272
	PACIFIC ANDES RESOURCES DEVE	EQUITY	N/A	N/A	1,533,000	-	24,007
	PACKGING CORP PKG	EQUITY	N/A	N/A	1,698	141,542	233,475
	PACWEST BANCORP	EQUITY	N/A	N/A	2,135	55,632	56,919
	PAPA JOHN'S INTL INC	EQUITY	N/A	N/A	9,374	1,148,725	782,916
	PARAMOUNT GLOBAL CLASS A	EQUITY	N/A	N/A	141	6,105	3,844
	PARAMOUNT GLOBAL CLASS B	EQUITY	N/A	N/A	10,596	418,535	261,509
	PARK HOTELS & RESORTS INC-	EQUITY	N/A	N/A	4,250	75,053	57,673
	PARKER HANNIFIN CORP	EQUITY	N/A	N/A	18,200	5,280,550	4,478,110
	PARKER HANNIFIN CORP	EQUITY	N/A	N/A	1,818	495,337	447,319
	PATHWARD FINANCIAL INC	EQUITY	N/A	N/A	25,284	697,390	977,732
	PATRICK INDUSTRIES INC	EQUITY	N/A	N/A	9,969	503,153	516,793
	PATTERSON-UTI ENERGY INC	EQUITY	N/A	N/A	18,336	296,394	288,975
	PAYCOM SOFTWARE INC	EQUITY	N/A	N/A	6,941	2,580,700	1,944,313
	PAYCOM SOFTWARE INC	EQUITY	N/A	N/A	428	108,525	119,891
	PAYCOR HCM INC	EQUITY	N/A	N/A	867	24,957	22,542
	PAYLOCITY HOLDING CORP	EQUITY	N/A	N/A	12,589	2,261,489	2,195,773
	PAYPAL HOLDINGS INC-W/I	EQUITY	N/A	N/A	19,100	5,012,904	1,333,944
	PAYPAL HOLDINGS INC-W/I	EQUITY	N/A	N/A	5,127	348,283	358,070
	PDC ENERGY INC	EQUITY	N/A	N/A	806	48,245	49,658
	PDC ENERGY INC	EQUITY	N/A	N/A	12,120	446,880	746,713
	PEBBLEBROOK HOTEL TRUST	EQUITY	N/A	N/A	65,450	1,050,942	1,084,507
	PEGASYSYSTEMS INC	EQUITY	N/A	N/A	23,153	2,817,475	1,107,640
	PELTON INTERACTIVE INC-A	EQUITY	N/A	N/A	5,472	60,245	50,233
	PENN ENTERTAINMENT INC	EQUITY	N/A	N/A	3,051	215,371	92,811
	PENSKE AUTO GROUP INC	EQUITY	N/A	N/A	504	29,117	52,764
	PENTAIR PLC	EQUITY	N/A	N/A	3,023	154,397	138,363
	PERELLA WEINBERG PARTNERS	EQUITY	N/A	N/A	81,042	968,680	472,475
	PERFORMANCE FOOD GROUP CO	EQUITY	N/A	N/A	1,930	92,636	88,741
	PERFORMANCE FOOD GROUP CO	EQUITY	N/A	N/A	35,939	1,408,380	1,652,475
	PERKINELMER INC	EQUITY	N/A	N/A	2,317	349,146	329,524
	PERRIGO CO LTD	EQUITY	N/A	N/A	2,467	118,877	100,086
	PETCO HEALTH AND WELLNESS CO	EQUITY	N/A	N/A	1,478	30,300	21,786
	PG&E CORP	EQUITY	N/A	N/A	28,503	341,935	284,460
	PGT INNOVATIONS INC	EQUITY	N/A	N/A	58,703	1,065,928	976,818
	PHILLIPS 66	EQUITY	N/A	N/A	33,100	2,645,424	2,713,869
	PHILLIPS 66	EQUITY	N/A	N/A	8,843	786,206	725,038
	PHILLIPS EDISON & COMPANY	EQUITY	N/A	N/A	44,354	1,443,985	1,481,867
	PILGRIM'S PRIDE CORP	EQUITY	N/A	N/A	480	9,870	14,990
	PINNACLE FINANCIAL	EQUITY	N/A	N/A	12,763	419,196	922,893
	PINNACLE FINANCIAL	EQUITY	N/A	N/A	1,377	81,621	99,571
	PINNACLE WEST CAPITAL CORP	EQUITY	N/A	N/A	2,074	169,363	151,651
	PINTEREST INC- CLASS A	EQUITY	N/A	N/A	8,323	178,687	151,146
	PINTEREST INC- CLASS A	EQUITY	N/A	N/A	14,693	1,053,127	266,825
	PLANET FITNESS INC - CL A	EQUITY	N/A	N/A	408	30,437	27,748
	PLAYA HOTELS & RESORTS NV	EQUITY	N/A	N/A	51,682	407,643	355,055
	PLAYTIKA HOLDING CORP	EQUITY	N/A	N/A	163	2,370	2,158
	PLUG POWER INC	EQUITY	N/A	N/A	4,800	87,501	79,536
	PMV PHARMACEUTICALS INC	EQUITY	N/A	N/A	17,223	207,559	245,428
	PNC FINANCIAL SERVICES GROUP INC	EQUITY	N/A	N/A	24,000	4,836,344	3,786,480
	PNM RES INC	EQUITY	N/A	N/A	7,100	28,674	28,668
	POLARIS INC	EQUITY	N/A	N/A	269	25,824	26,706
	POPULAR INC	EQUITY	N/A	N/A	17,523	603,125	1,348,044
	POPULAR INC	EQUITY	N/A	N/A	1,383	73,059	106,394
	POPULAR INC	EQUITY	N/A	N/A	9,821	382,355	755,530
	PORTLAND GENERAL ELECTRIC CO	EQUITY	N/A	N/A	16,264	911,944	786,039
	POST HOLDINGS INC-W CLASS I	EQUITY	N/A	N/A	1,030	65,459	84,821
	POTLATCHDELTIC CORP	EQUITY	N/A	N/A	15,890	831,453	702,179
	PPG INDUSTRIES INC	EQUITY	N/A	N/A	2,031	296,484	232,225
	PPL CORPORATION	EQUITY	N/A	N/A	13,542	417,460	367,394
	PREMIER INC-CLASS A	EQUITY	N/A	N/A	2,163	76,152	77,176

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	PRICE T ROWE GROUP INC	EQUITY	N/A	N/A	4,112	\$ 581,925	\$ 467,164
	PRIMERICA INC	EQUITY	N/A	N/A	702	104,324	84,022
	PRIMIS FINANCIAL CORP	EQUITY	N/A	N/A	56,157	856,382	765,420
	PRIMORIS SERVICES CORP	EQUITY	N/A	N/A	64,983	1,645,716	1,414,030
	PRINCIPAL FINANCIAL GROUP	EQUITY	N/A	N/A	4,595	130,192	306,900
	PROASSURANCE CORPORATION	EQUITY	N/A	N/A	32,566	868,277	769,535
	PROCORE TECHNOLOGIES INC	EQUITY	N/A	N/A	359	26,579	16,295
	PROCTER & GAMBLE CO	EQUITY	N/A	N/A	31,200	4,330,248	4,486,248
	PROGYNY INC	EQUITY	N/A	N/A	20,604	940,120	598,546
	PROSPERITY BANCSHARES INC	EQUITY	N/A	N/A	10,258	420,247	700,314
	PROSPERITY BANCSHARES INC	EQUITY	N/A	N/A	1,625	108,095	110,939
	PRUDENTIAL FINANCIAL INC.	EQUITY	N/A	N/A	6,896	555,378	659,809
	PRUDENTIAL PLC	EQUITY	N/A	N/A	116,409	1,255,569	1,402,496
	PS BUSINESS PKS INC CALIF	EQUITY	N/A	N/A	11,791	1,210,832	2,206,686
	PTC THERAPEUTICS INC	EQUITY	N/A	N/A	17,095	767,175	684,826
	PUBLIC SERVICE ENTERPRISE	EQUITY	N/A	N/A	9,150	529,468	579,012
	PULTE GROUP INC	EQUITY	N/A	N/A	2,645	113,288	104,821
	PURE CYCLE CORP	EQUITY	N/A	N/A	36,178	450,949	381,316
	PVH CORP	EQUITY	N/A	N/A	1,240	126,371	70,556
	QIAGEN NV	EQUITY	N/A	N/A	4,167	203,905	196,682
	QORVO INC	EQUITY	N/A	N/A	1,987	323,451	187,414
	QUALCOMM	EQUITY	N/A	N/A	39,500	5,015,935	5,045,730
	QUANEX BUILDING PRODUCTS	EQUITY	N/A	N/A	31,750	744,046	722,313
	QUANTA SVCS INC	EQUITY	N/A	N/A	1,187	91,632	148,779
	QUANTUMSCAPE CORP	EQUITY	N/A	N/A	4,499	63,152	38,646
	QUEST DIAGNOSTICS INC	EQUITY	N/A	N/A	2,139	267,868	284,444
	QUIDELORTHO CORP	EQUITY	N/A	N/A	908	103,653	88,239
	RADIUS GLOBAL INFRASTRUCTU-A	EQUITY	N/A	N/A	31,594	487,198	482,124
	RALPH LAUREN CORP	EQUITY	N/A	N/A	839	80,741	75,216
	RAMBUS INC DEL	EQUITY	N/A	N/A	46,392	1,000,427	996,964
	RAMBUS INC DEL	EQUITY	N/A	N/A	54,056	904,104	1,161,663
	RANGE RES CORP	EQUITY	N/A	N/A	1,642	43,166	40,640
	RAPID7 INC	EQUITY	N/A	N/A	20,765	1,479,629	1,387,102
	RATTLER MIDSTREAM PARTNERS	EQUITY	N/A	N/A	9,883	121,047	134,903
	RAYMOND JAMES FINANCIAL INC	EQUITY	N/A	N/A	3,290	220,097	294,159
	RAYONIER INC	EQUITY	N/A	N/A	2,677	81,550	100,066
	RAYTHEON TECHNOLOGIES CORP COM	EQUITY	N/A	N/A	35,700	3,146,935	3,431,127
	REALTY INCOME CORP	EQUITY	N/A	N/A	11,063	677,968	755,160
	REATA PHARMACEUTICALS INC-A	EQUITY	N/A	N/A	6,165	677,579	187,354
	RECKITT BENCKISER GROUP PLC	EQUITY	N/A	N/A	49,866	3,865,575	3,638,223
	RECRUIT HOLDINGS CO LTD	EQUITY	N/A	N/A	49,300	813,153	1,435,616
	REDFIN CORP	EQUITY	N/A	N/A	9,277	329,146	76,442
	REDWOOD TR INC	EQUITY	N/A	N/A	45,842	533,062	353,442
	REGAL REXNORD CORPORATION	EQUITY	N/A	N/A	1,231	122,809	139,743
	REGENCY CENTERS CORP	EQUITY	N/A	N/A	3,148	156,271	186,708
	REGIONS FINANCIAL CORP	EQUITY	N/A	N/A	17,174	235,534	322,013
	REINSURANCE GROUP OF AMERICA	EQUITY	N/A	N/A	1,227	180,688	143,915
	RELAY THERAPEUTICS INC	EQUITY	N/A	N/A	9,634	323,117	161,370
	RELIANCE STL & ALUM CO	EQUITY	N/A	N/A	1,132	69,908	192,282
	RELX PLC	EQUITY	N/A	N/A	86,367	2,636,613	2,314,636
	RENAISSANCE HOLDINGS LTD	EQUITY	N/A	N/A	362	59,166	56,606
	REPAY HOLDINGS CORP	EQUITY	N/A	N/A	108,275	2,270,107	1,391,334
	REPLIGEN CORP	EQUITY	N/A	N/A	293	49,991	47,583
	REPUBLIC SVCS INC	EQUITY	N/A	N/A	3,547	174,461	464,196
	REVOLUTION MEDICINES INC	EQUITY	N/A	N/A	14,901	478,774	290,420
	REXFORD INDUSTRIAL REALTY IN	EQUITY	N/A	N/A	9,791	237,977	563,864
	REXFORD INDUSTRIAL REALTY IN	EQUITY	N/A	N/A	3,034	162,725	174,728
	REYNOLDS CONSUMER PRODUCTS I	EQUITY	N/A	N/A	998	29,928	27,215
	RH	EQUITY	N/A	N/A	200	53,648	42,452
	RIO TINTO LTD	EQUITY	N/A	N/A	22,516	1,666,861	1,596,130
	RITCHIE BROS AUCTIONEERS INC	EQUITY	N/A	N/A	36,258	2,254,290	2,358,946
	RITHM CAPITAL CORP	EQUITY	N/A	N/A	7,836	75,676	73,032
	RIVIAN AUTOMOTIVE INC	EQUITY	N/A	N/A	3,274	96,579	84,273
	ROBERT HALF INTERNATIONAL INC	EQUITY	N/A	N/A	231	14,998	17,300
	ROBINHOOD MARKETS INC - A	EQUITY	N/A	N/A	10,208	81,661	83,910
	ROBLOX CORP -CLASS A	EQUITY	N/A	N/A	23,974	2,025,228	787,786
	ROCHE HOLDING AG-GENUSSCHEIN	EQUITY	N/A	N/A	15,103	3,224,763	4,983,990
	ROCKET COS INC-CLASS A	EQUITY	N/A	N/A	957	7,397	7,044
	ROCKET PHARMACEUTICALS INC	EQUITY	N/A	N/A	19,770	439,189	272,035
	ROCKWELL AUTOMATION INC	EQUITY	N/A	N/A	694	171,703	138,321
	ROGERS CORP	EQUITY	N/A	N/A	1,527	126,107	400,211
	ROKU INC	EQUITY	N/A	N/A	1,578	155,853	129,617
	ROLLINS INC	EQUITY	N/A	N/A	277	10,389	9,673

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	ROLLINS INC	EQUITY	N/A	N/A	58,209	\$ 2,035,933	\$ 2,032,658
	ROPER TECHNOLOGIES INC	EQUITY	N/A	N/A	2,263	615,929	893,093
	ROSS STORES INC	EQUITY	N/A	N/A	3,654	283,283	256,620
	ROSS STORES INC	EQUITY	N/A	N/A	14,784	1,428,719	1,038,280
	ROYAL CARIBBEAN CRUISES LTD	EQUITY	N/A	N/A	4,047	324,536	141,281
	ROYAL GOLD INC	EQUITY	N/A	N/A	1,145	128,287	122,263
	ROYALTY PHARMA PLC- CL A	EQUITY	N/A	N/A	6,744	296,385	283,518
	RPM INTERNATIONAL INC	EQUITY	N/A	N/A	48,100	3,810,573	3,786,432
	RPM INTERNATIONAL INC	EQUITY	N/A	N/A	2,225	187,643	175,152
	RYDER SYSTEM INC	EQUITY	N/A	N/A	916	56,417	65,091
	S&P GLOBAL INC	EQUITY	N/A	N/A	11,784	2,409,242	3,971,915
	S&P GLOBAL INC	EQUITY	N/A	N/A	2,928	694,900	986,912
	SAGE THERAPEUTICS INC	EQUITY	N/A	N/A	6,885	265,680	222,386
	SALESFORCE INC	EQUITY	N/A	N/A	47,125	5,047,453	7,777,510
	SAMSUNG ELECTRONICS LTD	EQUITY	N/A	N/A	25,334	961,667	1,112,167
	SAMSUNG SDI CO LTD	EQUITY	N/A	N/A	4,697	1,151,172	1,924,526
	SANDVIK AB	EQUITY	N/A	N/A	82,876	2,099,914	1,343,628
	SANOI	EQUITY	N/A	N/A	30,811	3,291,627	3,110,676
	SAP SE	EQUITY	N/A	N/A	37,140	4,278,321	3,328,115
	SBA COMMUNICATIONS CORP	EQUITY	N/A	N/A	1,513	484,398	484,236
	SCHLUMBERGER LTD	EQUITY	N/A	N/A	57,325	2,415,848	2,049,942
	SCHNEIDER ELECTRIC SE	EQUITY	N/A	N/A	27,428	1,681,674	3,252,961
	SCHNEIDER NATIONAL INC-CL B	EQUITY	N/A	N/A	992	21,262	22,201
	SCHNITZER STL INDS	EQUITY	N/A	N/A	3,672	62,642	120,588
	SCHOLASTIC CORP	EQUITY	N/A	N/A	11,751	395,442	422,683
	SCHWAB CHARLES CORP NEW	EQUITY	N/A	N/A	14,474	766,595	914,467
	SCIENCE APPLICATIONS INTE-WI	EQUITY	N/A	N/A	10,596	877,564	986,488
	SCIENCE APPLICATIONS INTE-WI	EQUITY	N/A	N/A	1,011	96,843	94,124
	SEA LTD-ADR	EQUITY	N/A	N/A	17,825	2,657,840	1,191,780
	SEABOARD CORP DEL	EQUITY	N/A	N/A	5	16,781	19,413
	SEAWORLD ENTERTAINMENT INC	EQUITY	N/A	N/A	21,370	1,148,641	944,127
	SEI INVESTMENT CO	EQUITY	N/A	N/A	1,914	107,035	103,394
	SEKISUI CHEMICAL CO LTD	EQUITY	N/A	N/A	121,000	1,090,999	1,656,080
	SENSATA TECHNOLOGIES HOLDING	EQUITY	N/A	N/A	2,850	141,681	117,734
	SENTINELONE INC -CLASS A	EQUITY	N/A	N/A	935	24,767	21,814
	SERVICE CORP INTERNATIONAL	EQUITY	N/A	N/A	2,836	140,596	196,024
	SERVICE NOW INC	EQUITY	N/A	N/A	8,300	917,765	3,946,816
	SHELL PLC-NEW	EQUITY	N/A	N/A	254,488	3,567,686	6,494,534
	SHERWIN-WILLIAMS CO	EQUITY	N/A	N/A	2,566	669,384	574,553
	SHIFT4 PAYMENTS INC-CLASS A	EQUITY	N/A	N/A	39,355	1,762,332	1,301,076
	SHOPIFY INC - A W/I	EQUITY	N/A	N/A	52,250	4,287,466	1,632,290
	SHOPIFY INC - A W/I	EQUITY	N/A	N/A	17,400	1,692,378	543,576
	SHUTTER STOCK INC	EQUITY	N/A	N/A	1,976	131,267	113,245
	SIEMENS AG	EQUITY	N/A	N/A	25,575	2,945,760	2,609,468
	SIGNATURE BK NEW YORK N Y	EQUITY	N/A	N/A	1,077	155,785	193,009
	SIGNIFY HEALTH INC -CLASS A	EQUITY	N/A	N/A	1,123	28,224	15,497
	SIKA AG MANUFACTURES	EQUITY	N/A	N/A	3,884	660,142	917,712
	SILGAN HLDGS INC	EQUITY	N/A	N/A	1,545	48,676	63,886
	SILICON LABORATORIES INC	EQUITY	N/A	N/A	3,705	384,320	519,515
	SIMON PROPERTY GROUP INC	EQUITY	N/A	N/A	3,087	301,921	293,018
	SIMPLY GOOD FOODS CO/THE	EQUITY	N/A	N/A	23,720	507,719	895,904
	SIRIUS XM HOLDINGS INC	EQUITY	N/A	N/A	13,031	84,736	79,880
	SIRIUSPOINT LTD	EQUITY	N/A	N/A	79,186	770,544	429,188
	SITEONE LANDSCAPE SUPPLY INC	EQUITY	N/A	N/A	320	53,884	38,038
	SIX FLAGS ENTERTAINMENT CORP	EQUITY	N/A	N/A	708	23,640	15,364
	SIX FLAGS ENTERTAINMENT CORP	EQUITY	N/A	N/A	15,459	670,564	335,460
	SKETCHERS U S A INC	EQUITY	N/A	N/A	2,086	76,588	74,220
	SKYLINE CHAMPION CORP	EQUITY	N/A	N/A	16,531	691,887	783,900
	SKYLINE CHAMPION CORP	EQUITY	N/A	N/A	40,383	1,664,726	1,914,962
	SKYWORKS SOLUTIONS INC	EQUITY	N/A	N/A	2,955	358,698	273,751
	SL GREEN REALTY CORP	EQUITY	N/A	N/A	1,187	80,195	54,780
	SLM CORP	EQUITY	N/A	N/A	4,882	51,470	77,819
	SM ENERGY COMPANY	EQUITY	N/A	N/A	4,525	172,698	154,710
	SMC CORP	EQUITY	N/A	N/A	4,700	1,536,384	2,103,015
	SMITH & NEPHEW PLC	EQUITY	N/A	N/A	131,855	2,236,700	1,984,418
	SMITH A O CORP	EQUITY	N/A	N/A	1,788	99,456	97,768
	SNAP INC - A	EQUITY	N/A	N/A	60,792	2,871,779	798,199
	SNAP ON INC	EQUITY	N/A	N/A	966	151,223	190,331
	SNOWFLAKE INC-CLASS A	EQUITY	N/A	N/A	17,332	4,409,281	2,410,188
	SNOWFLAKE INC-CLASS A	EQUITY	N/A	N/A	2,198	516,954	305,654
	SOFI TECHNOLOGIES INC	EQUITY	N/A	N/A	14,605	89,526	76,968
	SOFTBRANDS INC CONTRA	EQUITY	N/A	N/A	5,163	1	5
	SONOCO PRODUCTS CO	EQUITY	N/A	N/A	1,788	107,298	101,988

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
(a)							
	SONY CORP	EQUITY	N/A	N/A	48,400	\$ 2,315,270	\$ 3,911,688
	SONY GROUP CORPORATION ADR	EQUITY	N/A	N/A	53,300	5,730,507	4,358,341
	SOUTH JERSEY INDUSTRIES INC	EQUITY	N/A	N/A	30,110	763,928	1,027,955
	SOUTHSTATE CORPORATION	EQUITY	N/A	N/A	9,319	713,758	718,961
	SOUTHSTATE CORPORATION	EQUITY	N/A	N/A	12,749	873,896	983,585
	SOUTHWEST AIRLINES CO	EQUITY	N/A	N/A	10,882	514,047	393,058
	SOUTHWEST GAS HOLDINGS INC	EQUITY	N/A	N/A	8,030	724,585	699,252
	SOUTHWESTERN ENERGY CO	EQUITY	N/A	N/A	18,993	133,135	118,706
	SPECTRUM BRANDS HLDGS INC	EQUITY	N/A	N/A	10,573	936,950	867,197
	SPECTRUM BRANDS HLDGS INC	EQUITY	N/A	N/A	715	48,153	58,644
	SPIRIT AEROSYSTEMS HOLD	EQUITY	N/A	N/A	98	4,573	2,871
	SPIRIT REALTY CAPITAL INC	EQUITY	N/A	N/A	2,458	98,689	92,863
	SPOTIFY TECHNOLOGY SA	EQUITY	N/A	N/A	12,712	3,355,213	1,192,768
	SPOTIFY TECHNOLOGY SA	EQUITY	N/A	N/A	2,998	583,102	281,302
	SPROUT SOCIAL INC - CLASS A	EQUITY	N/A	N/A	16,383	1,061,699	951,361
	SQUARESPACE INC - CLASS A	EQUITY	N/A	N/A	34,423	1,001,731	720,129
	SS&C TECHNOLOGIES HOLDINGS	EQUITY	N/A	N/A	4,100	293,961	238,087
	SSR MINING INC	EQUITY	N/A	N/A	3,894	73,360	65,030
	STAG INDUSTRIES INC	EQUITY	N/A	N/A	22,987	633,767	709,839
	STANLEY BLACK & DECKER INC	EQUITY	N/A	N/A	2,771	496,931	290,567
	STARWOOD PROPERTY TRUST INC	EQUITY	N/A	N/A	5,365	104,480	112,075
	STATE STR CORP	EQUITY	N/A	N/A	6,742	511,935	415,644
	STEEL DYNAMICS INC	EQUITY	N/A	N/A	3,287	144,163	217,435
	STEM INC	EQUITY	N/A	N/A	42,313	378,497	302,961
	STEPSTONE GROUP INC-CLASS A	EQUITY	N/A	N/A	15,897	487,843	413,799
	STERICYCLE INC	EQUITY	N/A	N/A	1,684	115,069	73,843
	STERIS PLC	EQUITY	N/A	N/A	1,566	305,760	322,831
	STIFEL FINL CORP	EQUITY	N/A	N/A	11,845	195,664	663,557
	STIFEL FINL CORP	EQUITY	N/A	N/A	1,898	124,276	106,326
	STOKE THERAPEUTICS INC	EQUITY	N/A	N/A	12,116	230,430	160,052
	STORE CAPITAL CORP	EQUITY	N/A	N/A	4,667	150,729	121,715
	STRYKER CORP	EQUITY	N/A	N/A	6,056	853,443	1,204,720
	SUN CMNTYS INC	EQUITY	N/A	N/A	11,700	2,202,212	1,864,512
	SUN CMNTYS INC	EQUITY	N/A	N/A	2,204	337,645	351,229
	SUNNOVA ENERGY INTERNATIONAL	EQUITY	N/A	N/A	14,882	422,531	274,275
	SUNRUN INC	EQUITY	N/A	N/A	3,772	195,773	88,114
	SUPER MICRO COMPUTER INC	EQUITY	N/A	N/A	15,407	575,255	621,672
	SUPERNUS PHARMACEUTICALS INC	EQUITY	N/A	N/A	26,503	856,338	766,467
	SVB FINANCIAL GROUP	EQUITY	N/A	N/A	390	151,603	154,046
	SVENSKA HANDELSBANKEN AB PUBL	EQUITY	N/A	N/A	233,756	2,169,262	1,983,420
	SWITCH INC - A	EQUITY	N/A	N/A	1,084	36,302	36,314
	SYMBOTIC INC	EQUITY	N/A	N/A	8,705	86,955	95,494
	SYNAPTICS INC	EQUITY	N/A	N/A	7,089	919,263	836,856
	SYNCHRONY FINANCIAL	EQUITY	N/A	N/A	9,182	295,187	253,607
	SYNDAX PHARMACEUTICALS INC	EQUITY	N/A	N/A	17,343	263,883	333,679
	SYNEOS HEALTH INC	EQUITY	N/A	N/A	1,548	107,068	110,961
	SYNOVUS INC	EQUITY	N/A	N/A	6,598	1,094,158	2,003,813
	SYNOVUS FINANCIAL CORP	EQUITY	N/A	N/A	2,645	89,096	95,352
	TABOOOLA.COM LTD	EQUITY	N/A	N/A	49,856	423,893	126,136
	TAIWAN SEMICONDUCTOR MTG CO	EQUITY	N/A	N/A	20,929	819,619	1,710,946
	TAIWAN SEMICONDUCTOR MTG CO	EQUITY	N/A	N/A	6,225	749,188	508,894
	TAKE TWO INTERACTIVE SOFTWARE	EQUITY	N/A	N/A	500	81,884	61,265
	TANDEM DIABETES CARE INC	EQUITY	N/A	N/A	63	5,891	3,729
	TANGER FACTORY OUTLET	EQUITY	N/A	N/A	27,971	499,919	397,748
	TAPESTRY INC	EQUITY	N/A	N/A	4,172	123,888	127,329
	TD SYNEX CORP	EQUITY	N/A	N/A	7,897	613,412	719,417
	TD SYNEX CORP	EQUITY	N/A	N/A	783	37,380	71,331
	TE CONNECTIVITY LTD	EQUITY	N/A	N/A	2,600	276,583	294,190
	TECHTRONIC INDUSTRIES CO LTD	EQUITY	N/A	N/A	93,200	614,056	973,940
	TELADOC HEALTH INC	EQUITY	N/A	N/A	2,639	434,978	87,641
	TELEDYNE TECHNOLOGIES INC	EQUITY	N/A	N/A	851	338,182	319,219
	TELEFLEX INC	EQUITY	N/A	N/A	862	317,039	211,923
	TELEFLEX INC	EQUITY	N/A	N/A	1,608	632,942	395,327
	TEMPUR SEALY INTERNATIONAL INC	EQUITY	N/A	N/A	3,147	74,455	67,251
	TENCENT HOLDINGS LTD	EQUITY	N/A	N/A	26,300	842,138	1,185,867
	TENCENT HOLDINGS LTD	EQUITY	N/A	N/A	7,400	350,951	333,666
	TENCENT HOLDINGS LTD	EQUITY	N/A	N/A	10,923	315,133	495,797
	TENET HEALTHCARE CORP	EQUITY	N/A	N/A	1,953	113,738	102,650
	TERADATA CORP	EQUITY	N/A	N/A	877	30,620	32,458
	TERADYNE INCORPORATED	EQUITY	N/A	N/A	273	26,513	24,447
	TERMINIX GLOBAL HOLDINGS INC	EQUITY	N/A	N/A	2,232	111,531	90,731
	TERUMO CORP	EQUITY	N/A	N/A	61,200	1,822,653	1,817,885
	TESCO PLC	EQUITY	N/A	N/A	701,031	2,507,453	2,162,681

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

Form 5500, Schedule H, Line 4i

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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
						(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	TESLA INC	EQUITY	N/A	N/A	17,932	\$ 1,294,550	\$ 12,075,767
	TESLA INC	EQUITY	N/A	N/A	9,543	9,622,632	6,426,447
	TETRA TECH INC NEW	EQUITY	N/A	N/A	577	79,029	78,789
	TEXAS INSTRUMENTS INC	EQUITY	N/A	N/A	5,403	849,196	830,171
	TEXAS ROADHOUSE INC	EQUITY	N/A	N/A	16,232	1,523,760	1,188,182
	TEXTRON INC	EQUITY	N/A	N/A	3,947	197,782	241,043
	TFS FINANCIAL CORP	EQUITY	N/A	N/A	827	14,520	11,355
	TG THERAPEUTICS INC	EQUITY	N/A	N/A	27,943	412,176	118,758
	THE HERSHEY COMPANY	EQUITY	N/A	N/A	365	55,315	78,533
	THE SCOTTS MIRACLE-GRO COMPANY	EQUITY	N/A	N/A	5,080	604,277	401,269
	THE SCOTTS MIRACLE-GRO COMPANY	EQUITY	N/A	N/A	488	40,146	38,547
	THERMO FISHER SCIENTIFIC INC	EQUITY	N/A	N/A	2,215	450,985	1,203,365
	THOR INDUSTRIES INC	EQUITY	N/A	N/A	972	87,468	72,638
	THRYV HOLDINGS INC	EQUITY	N/A	N/A	15,835	423,074	354,546
	TIMKEN CO	EQUITY	N/A	N/A	1,126	63,838	59,734
	TJX COMPANIES INC NEW	EQUITY	N/A	N/A	42,568	2,791,097	2,377,423
	TJX COMPANIES INC NEW	EQUITY	N/A	N/A	49,700	3,507,193	2,775,745
	TJX COMPANIES INC NEW	EQUITY	N/A	N/A	5,824	374,612	325,270
	T-MOBILE US INC	EQUITY	N/A	N/A	3,912	511,730	526,320
	TOKIO MARINE HOLDINGS INC	EQUITY	N/A	N/A	44,600	1,556,077	2,597,066
	TOLL BROTHERS INC	EQUITY	N/A	N/A	973	37,597	43,396
	TOPBUILD CORP	EQUITY	N/A	N/A	97	18,621	16,215
	TORONTO-DOMINION BANK	EQUITY	N/A	N/A	39,133	2,818,804	2,566,342
	TOWER SEMICONDUCTOR	EQUITY	N/A	N/A	15,777	373,472	728,579
	TOYOTA MOTOR CORPORATION	EQUITY	N/A	N/A	199,800	1,992,268	3,068,928
	TRADE DESK INC/THE -CLASS A	EQUITY	N/A	N/A	44,630	1,303,197	1,869,551
	TRADEWEB MARKETS INC-CLASS A	EQUITY	N/A	N/A	728	60,231	49,686
	TRANE TECHNOLOGIES PLC	EQUITY	N/A	N/A	1,797	256,208	233,376
	TRANSDIGM GROUP INC	EQUITY	N/A	N/A	592	144,522	317,709
	TRANSUNION	EQUITY	N/A	N/A	944	100,556	75,511
	TRANSUNION	EQUITY	N/A	N/A	3,424	359,713	273,886
	TRAVEL + LEISURE CO	EQUITY	N/A	N/A	486	15,851	18,867
	TRICON RESIDENTIAL INC	EQUITY	N/A	N/A	35,872	465,437	363,742
	TRIMBLE INCORPORATED	EQUITY	N/A	N/A	4,588	292,533	267,159
	TRINET GROUP INC	EQUITY	N/A	N/A	18,477	711,071	1,434,185
	TRIPADVISOR INC CLASS I	EQUITY	N/A	N/A	18,445	476,886	328,321
	TRIPADVISOR INC CLASS I	EQUITY	N/A	N/A	1,724	40,633	30,687
	TRIUMPH BANCORP INC	EQUITY	N/A	N/A	16,656	285,684	1,041,999
	TRIUMPH BANCORP INC	EQUITY	N/A	N/A	11,551	532,428	722,631
	TRUIST FINANCIAL CORP	EQUITY	N/A	N/A	58,600	3,455,721	2,779,398
	TRUPANION INC	EQUITY	N/A	N/A	4,980	137,446	300,095
	TTM TECHNOLOGIES	EQUITY	N/A	N/A	53,187	662,876	664,838
	TURNING POINT THERAPEUTICS I	EQUITY	N/A	N/A	5,770	289,743	434,193
	TWILIO INC - A	EQUITY	N/A	N/A	16,668	2,991,441	1,396,945
	TWILIO INC - A	EQUITY	N/A	N/A	1,960	194,267	164,268
	TWITTER INC	EQUITY	N/A	N/A	1,014	48,644	37,913
	TYLER TECHNOLOGIES INC	EQUITY	N/A	N/A	95	43,009	31,586
	TYLER TECHNOLOGIES INC	EQUITY	N/A	N/A	7,929	3,483,229	2,636,234
	TYSON FOODS INC	EQUITY	N/A	N/A	41,100	3,238,964	3,537,066
	TYSON FOODS INC	EQUITY	N/A	N/A	5,234	339,775	450,438
	UBER TECHNOLOGIES INC	EQUITY	N/A	N/A	137,722	5,268,135	2,817,792
	UBIQUITI INC	EQUITY	N/A	N/A	78	20,582	19,360
	UCB SA	EQUITY	N/A	N/A	27,531	2,231,456	2,326,563
	UDR INC	EQUITY	N/A	N/A	5,829	247,811	268,367
	UFP INDUSTRIES INC	EQUITY	N/A	N/A	11,306	414,608	770,391
	UFP TECHNOLOGIES INC	EQUITY	N/A	N/A	7,155	476,973	569,323
	UGI HOLDING CORP NEW	EQUITY	N/A	N/A	3,846	127,236	148,494
	UIPATH INC - CLASS A	EQUITY	N/A	N/A	6,224	136,424	113,215
	ULICO INC CLASS A	EQUITY	N/A	N/A	1,844,816	40,014,221	53,462,768
	ULTRAGENYX PHARMACEUTICAL INC	EQUITY	N/A	N/A	283	26,552	16,884
	ULTRAGENYX PHARMACEUTICAL INC	EQUITY	N/A	N/A	7,443	561,598	444,049
	UMICORE	EQUITY	N/A	N/A	35,567	888,530	1,233,108
	UMPQUA HLDGS C	EQUITY	N/A	N/A	3,969	58,815	66,560
	UNDER ARMOUR INC CLASS A	EQUITY	N/A	N/A	3,305	56,053	27,531
	UNDER ARMOUR INC-CLASS C-W/I	EQUITY	N/A	N/A	4,007	57,305	30,373
	UNILEVER PLC	EQUITY	N/A	N/A	49,168	1,842,943	2,245,503
	UNISYS CORP	EQUITY	N/A	N/A	32,527	471,876	391,300
	UNITED AIRLINES HOLDINGS INC	EQUITY	N/A	N/A	5,993	307,979	212,272
	UNITED COMMUNITY BANKS/GA	EQUITY	N/A	N/A	74,882	2,343,882	2,260,688
	UNITED RENTALS INC	EQUITY	N/A	N/A	710	174,642	172,466
	UNITED STATES CELLULAR CORP	EQUITY	N/A	N/A	22,557	755,158	653,251
	UNITED STS STL CORP NEW	EQUITY	N/A	N/A	4,744	111,310	84,965
	UNITED THERAPEUTICS CORP DEL	EQUITY	N/A	N/A	4,387	377,712	1,033,753

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(b) Identity of issuer, borrower, lessor or similar party						(d) Cost	(e) Current value
(a)		Description	Maturity date	Rate of interest	Par/Maturity value or shares		
	UNITED THERAPEUTICS CORP DEL	EQUITY	N/A	N/A	819	\$ 115,670	\$ 192,989
	UNITEDHEALTH GROUP INC	EQUITY	N/A	N/A	4,676	2,278,481	2,401,734
	UNITEDHEALTH GROUP INC	EQUITY	N/A	N/A	13,149	3,806,529	6,753,721
	UNITY SOFTWARE INC	EQUITY	N/A	N/A	1,251	58,557	46,062
	UNIVAR SOLUTIONS INC	EQUITY	N/A	N/A	3,075	59,364	76,475
	UNIVERSAL HEALTH SERVICES INC	EQUITY	N/A	N/A	1,193	139,840	120,147
	UNUM GROUP	EQUITY	N/A	N/A	3,679	102,216	125,160
	UPSTART HOLDINGS INC	EQUITY	N/A	N/A	1,091	44,675	34,497
	URBAN OUTFITTERS INC	EQUITY	N/A	N/A	25,149	783,537	469,280
	US BANCORP DEL	EQUITY	N/A	N/A	56,300	3,405,697	2,590,926
	US FOODS HOLDING CORP	EQUITY	N/A	N/A	4,089	143,696	125,451
	UWM HOLDINGS CORP	EQUITY	N/A	N/A	770	6,320	2,726
	VAIL RESORTS INC	EQUITY	N/A	N/A	40	9,293	8,722
	VALARIS LTD	EQUITY	N/A	N/A	6,515	294,409	275,196
	VALMONT INDUSTRIES INC	EQUITY	N/A	N/A	332	56,477	74,577
	VALVOLINE INC	EQUITY	N/A	N/A	28,103	355,595	810,209
	VARONIS SYSTEMS INC	EQUITY	N/A	N/A	38,319	2,150,989	1,123,513
	VEEVA SYSTEMS INC-CLASS A	EQUITY	N/A	N/A	2,444	584,506	484,010
	VENTAS INC	EQUITY	N/A	N/A	7,336	364,500	377,290
	VERACYTE INC	EQUITY	N/A	N/A	23,250	751,952	462,675
	VERIS RESIDENTIAL INC	EQUITY	N/A	N/A	43,741	810,444	579,131
	VERISIGN INC	EQUITY	N/A	N/A	1,573	343,272	263,210
	VERISK ANALYTICS INC	EQUITY	N/A	N/A	9,199	1,670,879	1,592,255
	VERITEX HOLDINGS INC	EQUITY	N/A	N/A	5,978	222,553	174,916
	VERIZON COMMUNICATIONS INC	EQUITY	N/A	N/A	56,600	3,083,734	2,872,450
	VERTIV HOLDINGS LLC	EQUITY	N/A	N/A	4,695	48,028	38,593
	VESTAS WIND SYSTEMS A/S	EQUITY	N/A	N/A	105,731	1,858,741	2,223,734
	V-F CORP	EQUITY	N/A	N/A	6,423	388,267	283,704
	VIASAT INC	EQUITY	N/A	N/A	1,300	50,223	39,819
	VIATRIS INC-W/I	EQUITY	N/A	N/A	22,263	384,514	233,094
	VIAVI SOLUTIONS INC -W/I	EQUITY	N/A	N/A	62,645	673,849	828,793
	VIAVI SOLUTIONS INC -W/I	EQUITY	N/A	N/A	77,646	1,025,250	1,027,257
	VICI PROPERTIES INC	EQUITY	N/A	N/A	17,676	491,531	526,568
	VICOR CORP	EQUITY	N/A	N/A	3,423	218,961	187,341
	VICTORIA'S SECRET & CO	EQUITY	N/A	N/A	433	9,840	12,111
	VICTORIA'S SECRET & CO	EQUITY	N/A	N/A	17,967	1,026,160	502,537
	VIMEO INC-WHEN ISSUED	EQUITY	N/A	N/A	34,399	1,578,101	207,082
	VIPER ENERGY PARTNERS LP	EQUITY	N/A	N/A	28,225	457,757	753,043
	VIRTU FINANCIAL INC-CLASS A	EQUITY	N/A	N/A	1,829	49,132	42,817
	VISA INC	EQUITY	N/A	N/A	35,038	4,361,059	6,898,632
	VISA INC	EQUITY	N/A	N/A	25,279	1,826,602	4,977,182
	VISTRA CORP	EQUITY	N/A	N/A	3,313	81,463	75,702
	VISTRY GROUP PLC	EQUITY	N/A	N/A	430	-	4,376
	VODAFONE GROUP PLC	EQUITY	N/A	N/A	1,368,667	2,258,994	2,154,282
	VONTIER CORP-W/I	EQUITY	N/A	N/A	43,860	1,282,116	1,008,341
	VONTIER CORP-W/I	EQUITY	N/A	N/A	1,114	36,601	25,611
	VORNADO REALTY TRUST	EQUITY	N/A	N/A	3,241	130,419	92,660
	VOYA FINL INC COM	EQUITY	N/A	N/A	1,866	108,335	111,083
	VSE CORP	EQUITY	N/A	N/A	8,328	407,533	312,966
	VULCAN MATERIALS CO	EQUITY	N/A	N/A	1,246	183,014	177,057
	W P CAREY INC	EQUITY	N/A	N/A	3,473	248,432	287,773
	WABASH NATIONAL CORP	EQUITY	N/A	N/A	22,015	408,810	298,964
	WABTEC CORP	EQUITY	N/A	N/A	3,326	253,233	272,998
	WARNER BROS DISCOVERY INC - A	EQUITY	N/A	N/A	11,531	301,290	154,746
	WARRIOR MET COAL INC	EQUITY	N/A	N/A	2,556	98,066	78,239
	WATSCO INC	EQUITY	N/A	N/A	285	63,586	68,064
	WATSCO INC	EQUITY	N/A	N/A	4,625	1,254,189	1,104,543
	WAYFAIR INC- CLASS A	EQUITY	N/A	N/A	517	157,280	22,521
	WEBSTER FINANCIAL CORP	EQUITY	N/A	N/A	3,277	132,112	138,126
	WEC ENERGY GROUP INC	EQUITY	N/A	N/A	5,799	542,761	583,611
	WELLTOWER INC	EQUITY	N/A	N/A	8,352	569,452	687,787
	WESCO INTERNATIONAL INC	EQUITY	N/A	N/A	385	43,727	41,234
	WESCO INTERNATIONAL INC	EQUITY	N/A	N/A	11,267	1,486,022	1,206,696
	WEST PHARMACEUTICAL SVCS INC	EQUITY	N/A	N/A	8,428	2,483,710	2,548,374
	WESTERN ALLIANCE BANCORP	EQUITY	N/A	N/A	754	43,943	53,232
	WESTERN DIGITAL CORP	EQUITY	N/A	N/A	5,759	298,665	258,176
	WESTERN UNION CO - W/I	EQUITY	N/A	N/A	4,694	93,914	77,310
	WESTLAKE CORPORATION	EQUITY	N/A	N/A	606	52,218	59,400
	WESTROCK CO-WHEN ISSUED	EQUITY	N/A	N/A	4,656	188,347	185,495
	WEWORK INC	EQUITY	N/A	N/A	2,387	14,775	11,983
	WEX INC	EQUITY	N/A	N/A	1,622	41,166	252,318
	WEX INC	EQUITY	N/A	N/A	228	43,589	35,468
	WEYERHAEUSER CO	EQUITY	N/A	N/A	13,679	419,507	453,048

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

JUNE 30, 2022

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(b)		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	WHIRLPOOL CORP	EQUITY	N/A	N/A	1,006	\$ 67,660	\$ 155,799
	WHITE MOUNTAINS INSURANCE GRP	EQUITY	N/A	N/A	52	51,094	64,799
	WHITEBREAD PLC	EQUITY	N/A	N/A	29,883	1,073,546	901,412
	WHITING PETROLEUM CORP	EQUITY	N/A	N/A	8,103	252,027	551,247
	WHOLE EARTH BRANDS INC	EQUITY	N/A	N/A	76,024	925,182	471,349
	WIDEPENWEST INC	EQUITY	N/A	N/A	30,021	608,432	546,682
	WILEY JOHN A SONS INC	EQUITY	N/A	N/A	9,546	345,209	455,917
	WILLIAMS COMPANIES INC	EQUITY	N/A	N/A	22,384	498,477	698,605
	WILLIAMS SONOMA INC	EQUITY	N/A	N/A	267	29,005	29,624
	WILLIS TOWERS WATSON PLC	EQUITY	N/A	N/A	2,037	432,301	402,083
	WILLSCOT MOBILE MINI HLDGS CORP	EQUITY	N/A	N/A	1,863	64,271	60,398
	WINGSTOP INC	EQUITY	N/A	N/A	7,087	1,225,469	529,895
	WINTRUST FINL CORP	EQUITY	N/A	N/A	15,671	638,054	1,256,031
	WINTRUST FINL CORP	EQUITY	N/A	N/A	1,101	68,968	88,245
	WIX.COM LTD	EQUITY	N/A	N/A	219	15,082	14,344
	WOLFSPEED INC	EQUITY	N/A	N/A	2,123	193,833	134,704
	WOODWARD INC	EQUITY	N/A	N/A	1,082	126,747	100,074
	WORKDAY INC CL A	EQUITY	N/A	N/A	16,301	1,935,396	2,275,294
	WORKIVA INC	EQUITY	N/A	N/A	24,771	2,351,451	1,634,638
	WORTHINGTON INDUSTRIES INC	EQUITY	N/A	N/A	3,053	168,257	134,637
	WR BERKLEY CORP	EQUITY	N/A	N/A	3,782	171,323	258,159
	WSFS FINANCIAL CORP	EQUITY	N/A	N/A	17,838	595,954	715,125
	WYNDHAM HOTELS & RESORTS I	EQUITY	N/A	N/A	509	30,054	33,451
	WYNN RESORTS LTD	EQUITY	N/A	N/A	1,706	99,439	97,208
	XCEL ENERGY INC	EQUITY	N/A	N/A	69,405	4,696,782	4,911,098
	XCEL ENERGY INC	EQUITY	N/A	N/A	10,022	666,717	709,157
	XENIA HOTELS & RESORTS INC	EQUITY	N/A	N/A	56,149	960,573	815,845
	XPO LOGISTICS INC	EQUITY	N/A	N/A	1,737	92,174	83,654
	XYLEM INC	EQUITY	N/A	N/A	43,000	5,215,611	3,361,739
	XYLEM INC	EQUITY	N/A	N/A	2,830	245,629	221,249
	YUM! BRANDS INC	EQUITY	N/A	N/A	4,647	544,977	527,481
	ZALANDO SE	EQUITY	N/A	N/A	32,965	3,092,714	860,188
	ZEBRA TECHNOLOGIES CORP CLASS A	EQUITY	N/A	N/A	567	175,145	166,670
	ZENTALIS PHARMACEUTICALS INC	EQUITY	N/A	N/A	14,697	536,670	412,986
	ZIFF DAVIS INC	EQUITY	N/A	N/A	4,072	301,981	303,486
	ZILLOW GROUP INC	EQUITY	N/A	N/A	1,004	35,831	31,937
	ZILLOW GROUP INC - C W/I	EQUITY	N/A	N/A	2,828	100,277	89,789
	ZIMMER BIOMET HOLDINGS INC	EQUITY	N/A	N/A	3,855	400,921	405,006
	ZIONS BANCORPORATION N.A.	EQUITY	N/A	N/A	2,736	77,485	139,262
	ZOETIS INC	EQUITY	N/A	N/A	6,099	864,001	1,048,357
	ZOOM VIDEO COMMUNICATIONS-A	EQUITY	N/A	N/A	2,302	282,306	248,547
	ZOOMINFO TECHNOLOGIES INC	EQUITY	N/A	N/A	30,346	1,875,622	1,008,701
	ZOOMINFO TECHNOLOGIES INC	EQUITY	N/A	N/A	26,315	921,249	874,711
	Total common and preferred stocks					1,188,646,637	1,272,263,915
	Mutual funds						
	BLUEBAY EM SELECT BOND FUND	MUTUAL FUND	N/A	N/A	935,789	83,305,832	74,095,789
	FRONTIER MFG CORE INFRASTRUCTURE FUND	MUTUAL FUND	N/A	N/A	3,393,243	49,375,547	64,618,523
	VANGUARD REAL ESTATE INDEX FUND	MUTUAL FUND	N/A	N/A	2,767,281	50,326,533	55,262,610
	WELLINGTON - ISHARES TRUST RUSSELL	MUTUAL FUND	N/A	N/A	22,269	4,306,373	3,771,478
	WELLINGTON CIF II MID CAP OPPORTUNITIES SER 3	MUTUAL FUND	N/A	N/A	9,235,559	204,744,980	152,294,366
	Total mutual funds					392,059,265	350,042,766
	Common collective trusts						
	AFL-CIO BUILDING INVESTMENT TRUST	CCT	N/A	N/A	20,991	86,403,338	187,353,169
	MULTI EMPLOYER PROPERTY TRUST	CCT	N/A	N/A	13,875	22,082,431	226,844,442
	AFL-CIO SL STOCK INDEX FUND	CCT	N/A	N/A	61,390,775	795,456,296	755,106,533
	BELL AUSTRALIA TRUST	103-12	N/A	N/A	1,631,098	24,589,487	204,717,815
	BELL INT'L TRUST	103-12	N/A	N/A	2,773,394	72,026,876	93,248,122
	INVESCO BALANCED RISK ALLOCATION TRUST	CCT	N/A	N/A	7,847,066	162,274,087	208,888,889
	JP MORGAN EMERGING MARKETS EQUITY FOCUSED FUND	CCT	N/A	N/A	3,574,333	62,350,486	91,109,737
	LOOMIS SAYLES BOND NHIT	CCT	N/A	N/A	4,562,771	53,778,853	63,057,500
	NIS PREFERRED STOCK FUND II (TITANIUM)	CCT	N/A	N/A	9,546,076	40,000,000	54,491,144
	NORTHERN TRUST AGGREGATE BOND INDEX FUND	CCT	N/A	N/A	3,225,339	493,949,147	467,061,289
	NORTHERN TRUST COLLECTIVE RUSSELL 1000 VALUE INDEX FD	CCT	N/A	N/A	183,401	77,199,375	86,419,130
	NORTHERN TRUST COLLECTIVE RUSSELL 2000 GROWTH INDEX FD	CCT	N/A	N/A	171,044	48,388,767	66,823,403
	RBC EMERGING MARKETS EQUITY SERIES	103-12	N/A	N/A	106,816,985	101,189,995	106,816,985
	SCHRODER DIVERSIFIED GROWTH TRUST	CCT	N/A	N/A	16,702,278	168,497,237	204,769,931
	VOYA SENIOR LOAN TRUST FUND	CCT	N/A	N/A	6,291,001	92,149,934	115,026,856
	Total common collective trusts					2,300,336,309	2,931,734,945
	Pooled separate accounts						
	ULLICO J FOR JOBS MORTGAGE FUND	PSA	N/A	N/A	6,817,575	82,516,281	115,063,274

UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	<u>Limited partnerships</u>						
	1849 LIQUIDATING TRUST F/K/A GESD INVESTORS, LP	LP	N/A	N/A	N/A	\$ 5,624,658	\$ -
	50 SOUTH CAPITAL PRIVATE EQUITY CORE FUND VIII, LP	LP	N/A	N/A	N/A	28,740,687	42,022,347
	AMERICAN STRATEGIC VALUE REALY FUND	LP	N/A	N/A	N/A	14,872,500	15,321,027
	BOYD WATERSON GSA FUND LP (TITANIUM)	LP	N/A	N/A	N/A	48,000,000	75,563,676
	CORBIN PRIVATE CREDIT MANAGER FUND, LP	LP	N/A	N/A	N/A	39,095,943	35,914,956
	CORBIN PRIVATE CREDIT MANAGER FUND II, LP	LP	N/A	N/A	N/A	3,500,000	3,457,897
	ENTRUST CAPITAL DIVERSIFIED FUND, LTD - CLASS X	LP	N/A	N/A	N/A	1,553,205	1,356,779
	GCM GROSVENOR CIS II ONSHORE FEEDER FUND, LP	LP	N/A	N/A	N/A	47,494,498	59,392,492
	GCM GROSVENOR SECONDARY OPPORTUNITIES FEEDER FUND II, LP	LP	N/A	N/A	N/A	27,781,524	32,491,567
	GCM LABOR IMPACT FEEDER FUND, LP	LP	N/A	N/A	N/A	25,940,817	32,032,117
	GLOBAL ALPHA INTERNATIONAL SMALL CAP FUND, LP	LP	N/A	N/A	N/A	93,334,757	99,992,312
	GERDING EDLEN GREEN CITIES II, L.P.	LP	N/A	N/A	N/A	15,717,500	17,509,462
	GERDING EDLEN GREEN CITIES III, LP	LP	N/A	N/A	N/A	22,891,499	21,665,204
	GERDING EDLEN GREEN CITIES IV, L.P.	LP	N/A	N/A	N/A	21,079,382	21,909,107
	HAMILTON LANE SECONDARY FEEDER FUND IV, LP	LP	N/A	N/A	N/A	19,284,090	48,272,175
	HARRISON STREET REAL ESTATE PARTNERS IV, LP	LP	N/A	N/A	N/A	1,039,701	6,352,296
	HARRISON STREET REAL ESTATE PARTNERS VII, LP	LP	N/A	N/A	N/A	21,797,484	27,738,109
	HARRISON STREET REAL ESTATE PARTNERS VIII, LP	LP	N/A	N/A	N/A	14,677,803	15,242,317
	JP MORGAN INFRASTRUCTURE INVESTMENT FUND	LP	N/A	N/A	N/A	100,094,740	159,948,351
	LANDMARK EQUITY PARTNERS XVI LP	LP	N/A	N/A	N/A	10,360,487	22,523,315
	MC CREDIT FUND III SM LP	LP	N/A	N/A	N/A	32,947,942	36,083,206
	MESIROW FINANCIAL PRIVATE EQUITY PARTNERSHIP FUND VI, LP	LP	N/A	N/A	N/A	35,745,261	130,628,312
	MESIROW FINANCIAL REAL ESTATE VALUE FUND II, LP	LP	N/A	N/A	N/A	36,507,652	9,078,015
	MESIROW FINANCIAL REAL ESTATE VALUE FUND III, LP	LP	N/A	N/A	N/A	38,077,300	54,193,444
	MESIROW FINANCIAL REAL ESTATE VALUE FUND IV, LP	LP	N/A	N/A	N/A	3,097,416	7,692,203
	SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND IV, LP	LP	N/A	N/A	N/A	59,365,005	86,215,493
	THE REALTY ASSOCIATES FUND XII UTP, L.P.	LP	N/A	N/A	N/A	57,643,292	93,857,236
	ULLICO INFRASTRUCTURE FUND LP	LP	N/A	N/A	N/A	22,242,710	34,481,026
	Total limited partnerships					<u>848,507,853</u>	<u>1,190,934,441</u>
	<u>Guaranteed investment contract with insurance company</u>						
	BRIGHTHOUSE FINANCIAL LIFE INSURANCE COMPANY	GIC	N/A	N/A	N/A	<u>2,140,976</u>	<u>2,130,667</u>
	Total assets held (at end of year)					<u>\$ 5,443,006,804</u>	<u>\$ 6,416,996,412</u>

Exhibit 5

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

AGE/SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

PARTICIPANTS AS OF JULY 1, 2021

AGE	COMPLETED YEARS OF CREDITED SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	2,381	922	0	0	0	0	0	0	0	3,303
25 to 29	0	3,121	4,634	429	0	0	0	0	0	0	8,184
30 to 34	0	2,704	4,738	2,592	497	0	0	0	0	0	10,531
35 to 39	0	1,841	3,301	2,837	2,594	275	0	0	0	0	10,848
40 to 44	0	1,361	2,265	2,093	2,872	1,780	158	0	0	0	10,529
45 to 49	0	857	1,372	1,545	1,996	2,196	1,229	90	0	0	9,285
50 to 54	0	584	947	1,277	1,548	1,836	1,657	965	111	0	8,925
55 to 59	0	384	596	969	1,184	1,603	1,253	1,155	873	11	8,028
60 to 64	0	197	351	588	624	839	666	512	810	30	4,617
65 to 69	0	62	82	131	139	157	99	77	183	10	940
70 & up	0	13	12	21	17	11	9	4	13	0	100
Total	0	13,505	19,220	12,482	11,471	8,697	5,071	2,803	1,990	51	75,290
Average Age =				42.8	Average Service =				12.2		

Exhibit 1

Schedule MB, Line 3 – Withdrawal Liability amounts

Date	Amount
January-2022	\$592,040

Exhibit 6

Schedule MB, Line 9c and 9h - Schedule of Funding Standard Account Bases

The Fund had an automatic 5-year amortization extension under IRC 431(d) for all charge bases established on or before July 1, 2009. The Fund has elected to revoke this extension for the July 1, 2021 to June 30, 2022 Plan year. The one-time charge of \$283,707,374 shown on the table that follows reflects the sum of each Redetermined Prospective Revocation Balance, determined without regard to the extension previously granted. All future bases represent the remaining amortization payments had the extension never been in place.

Exhibit 6

Schedule MB, Line 9c and 9h - Schedule of Funding Standard Account Bases

Table V-5 Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2021				
Type of Base	Date Established	7/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES				
1. Change Assumptions	7/1/2001	\$ 5,049,821	10	\$ 678,146
2. Experience Loss	7/1/2001	156,630,155	10	21,034,049
3. Plan Amendment	7/1/2002	82,444,422	11	10,379,339
4. Plan Amendment	7/1/2003	87,212,920	12	10,374,857
5. Benefit Level Increase	7/1/2004	72,525,716	13	8,206,188
6. Benefit Change	7/1/2006	22,215,850	15	2,310,338
7. Plan Amendment	7/1/2007	14,126,716	16	1,417,516
8. Change Assumptions	7/1/2007	56,882,764	16	5,707,784
9. Plan Merger	7/1/2008	1,279,498	2	662,129
10. Experience Loss	7/1/2008	4,726,888	2	2,446,122
11. Plan Merger	7/1/2009	5,855,064	3	2,089,771
12. Recognized Eligible Net Investment Los	7/1/2009	721,375,847	17	70,089,955
13. Bifurcation Base	7/1/2009	13,735,250	3	4,902,343
14. Recognized Eligible Net Investment Los	7/1/2010	44,425,677	17	4,316,465
15. Recognized Eligible Net Investment Los	7/1/2012	63,415,739	17	6,161,568
16. Bifurcation Base	7/1/2012	30,502,926	6	6,012,920
17. Recognized Eligible Net Investment Los	7/1/2013	214,417,480	17	20,833,123
18. Change Assumptions	7/1/2014	7,438,747	8	1,172,817
19. Recognized Eligible Net Investment Los	7/1/2014	226,089,853	17	21,967,228
20. Change Assumptions	7/1/2015	3,255,893	9	470,921
21. Experience Loss	7/1/2015	165,873,436	9	23,991,378
22. Plan Merger	7/1/2016	8,193,674	10	1,100,338
23. Experience Loss	7/1/2016	209,193,480	10	28,092,840
24. Experience Loss	7/1/2017	171,072,735	11	21,537,199
25. Experience Loss	7/1/2018	289,008,193	12	34,380,441
26. Experience Loss	7/1/2019	126,724,008	13	14,338,652
27. Experience Loss	7/1/2020	29,336,360	14	3,174,761
28. Change Assumptions	7/1/2021	208,320,161	15	21,664,258
29. Eliminate 431(d) Amort Extension	7/1/2021	283,707,374	1	283,707,374
TOTAL CHARGES		\$ 3,325,036,647		\$ 633,220,820

Exhibit 6

Schedule MB, Line 9c and 9h - Schedule of Funding Standard Account Bases

Table V-6 Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2021				
Type of Base	Date Established	7/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Bifurcation Base	7/1/2014	\$ 164,163,469	8	\$ 25,882,543
2. Change Assumptions	7/1/2016	45,112,699	10	6,058,238
3. Experience Gain	7/1/2021	252,064,775	15	26,213,479
4. Method Change	7/1/2021	<u>745,756,976</u>	10	<u>100,148,586</u>
TOTAL CREDITS		<u>\$ 1,207,097,919</u>		<u>\$ 158,302,846</u>
NET CHARGE		\$ 2,117,938,728		\$ 474,917,974

Exhibit 7

Schedule MB, Line 11 - Justification for Changes in Actuarial Assumptions

The interest assumption for the measurement of the current liabilities for minimum funding was decreased from 2.68% to 2.33%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

The discount rate assumption was decreased from 7.50% to 7.25% to better reflect future investment expectations.

The assumed administrative expenses were also increased from \$24,720,000 as of July 1, 2020 to \$27,153,000 as of July 1, 2021.

Exhibit 3
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

A. Actuarial Assumptions

years and generational mortality improvement using 75% of Scale AA.

Rationale for Economic and Demographic Assumptions

Assumptions were set on the basis of recommendations made by Cheiron as a result of an experience study presented in September 2016 to the Board of Trustees. This study analyzed experience between July 1, 2010 and June 30, 2015. This presentation is incorporated by reference as the rationale for both economic and demographic assumptions. Furthermore, the Fund's investment consultant was projecting a long-term annual return of 7.8% at the time of the experience study.

The Fund's investment consultant recently updated their expectation to be a long-term annual return of 6.9%. However, this expectation includes a lower inflation of 2.3% per year and does not account for any long-term inflation nor active management.

Disabled Lives – RP-2000 Disabled Mortality with ages set forward two years and generational mortality improvements using 75% of Scale AA.

(b) RPA '94 Current Liability:

2021 Current Liability Mortality Table pursuant to Internal Revenue Service

1. Rate of Investment Return

Funding and disclosure purposes: 7.25% compounded annually

Current Liability under RPA 1994: Minimum funding 2.33%

All investment returns are net of investment expenses.

2. Rate of Mortality

(a) Funding:

Healthy Lives – RP-2000 Combined Mortality (Blue Collar) with ages set forward two

3. Rate of Retirement

Annual retirements for eligible members (male and female) are based on the following table:

Age	Retirement Probability	Age	Retirement Probability
55	10.0 %	63	30.0%
56	10.0	64	30.0
57	10.0	65	35.0
58	10.0	66	45.0
59	15.0	67	45.0
60	20.0	68	32.5
61	25.0	69	32.5
62	40.0	70	100.0

Exhibit 3
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

Terminated vested participants are assumed to retire as follows:

Age	Retirement Probability
62	50.0%
63	30.0
64	30.0
65	100.0

4. Rate of Turnover

Illustrative rates of terminations are shown below:

Years of Service	Rate (%)
1	15.00
2	13.00
3	11.00
4	9.00
5-12	7.00
13-14	6.00
15	5.50
16-18	5.00
19-27	4.00
28-38	3.00
39 & Up	2.50

5. Disability

Illustrative disability incidence rates are shown below:

Age	Rate (%)
25	0.026
30	0.033
35	0.045
40	0.067
45	0.109
50	0.367
55	0.762
60	1.229
62	1.473
65	0.000

6. Percent Married

Social Security awards during 1972. Sample rates as follows:

Age	Percent Married	
	Males	Females
40-44	71.4%	63.1%
45-49	73.3	61.0
50-54	75.7	64.0
55-59	77.0	57.6
60-64	74.0	49.5
65-69	69.9	22.7

Exhibit 3
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

7. Spouse's Age

It is assumed that husbands are three-years older than their spouses.

8. Administrative Expenses

\$27,153,000 as of the beginning of the year is added to the normal cost.

For determining the Present Value of Accumulated Benefits FASB ASC 960, the mid-year expense assumption is \$172.62 per participant for the current plan year increasing at the rate of 3% per year.

9. Average Annual Service Credits

It is assumed actives will earn 1.02 years of service per year based on the average annual hours of service.

10. Load for New Entrants

A 2.5% load was applied to the normal cost to anticipate accruals for new entrants in the upcoming plan year.

11. Assumption for Suspended Retirees

Benefit payments were assumed to resume on the valuation date for retirees currently under suspension.

12. Future Benefit Accruals

The benefit accrual rate is calculated based on the contribution rate and benefit accrual schedule in effect as of January 1, 2021. We were provided information on those employers adopting the higher contribution rate for their members to be eligible for accrual under Schedule D of the Plan. Employers who did not adopt the higher contribution rate for their members would be eligible for accrual under Schedule G of the Plan, which is a 75% reduction of the accrual under Schedule D. We assumed that this rate remained the same for benefit accrual on future service.

13. Changes in Assumptions Since Last Valuation

The discount rate assumption was decreased from 7.50% to 7.25% to better reflect future investment expectations.

The interest assumption for the measurement of the current liabilities for minimum funding was decreased from 2.68% to 2.33%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

The current year assumed administrative expenses were increased for this valuation from \$24,720,000 as of July 1, 2020 to \$27,153,000 as of July 1, 2021.

Exhibit 3
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

B. Actuarial Methods

1. Asset Valuation Method

The Actuarial asset value was reset to the market value this year. Starting next year the Actuarial asset value will be based on the Market Value of Assets less a portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. However, the 2009 investment loss is recognized at a rate of 10% per Plan year due to PRA 2010 Funding Relief. The actuarial value is further adjusted to be within 20% of market value. If such a further adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

2. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of

each participant's benefit attributable to service earned prior to the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost would increase over time.

3. Active Participants

- (a) Active Data Collection Date: January 1, 2021
- (b) Active participants include all employees who had at least one year of earned future service credit as of the data collection date.
- (c) For purposes of the valuation, the active data was rolled forwarded by six months to the valuation date.

4. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under § 431(b)(8) of the Code and § 304(b)(8) of ERISA, specifically:

- The "special amortization rule," which allows the Plan's investment losses for the plan year ended June 30, 2009 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years.

Exhibit 3

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

5. Changes in Methods Since Last Valuation

The Trustees elected to reset the Actuarial Value of Assets to equal the Market Value of Assets as of July 1, 2021. Future investment gains and losses will be recognized over a four year period.

The Fund had an automatic 5-year amortization extension under IRC 431(d) for all charge bases established on or before July 1, 2009. The Fund has elected to revoke this extension for the July 1, 2021 to June 30, 2022 Plan year.

Exhibit 4

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

Plan Year ending June 30,	Expected Annual Benefit Payments
2022	\$ 662,902,747
2023	\$ 683,877,088
2024	\$ 699,656,056
2025	\$ 710,844,389
2026	\$ 718,801,938
2027	\$ 721,328,719
2028	\$ 722,093,308
2029	\$ 720,110,246
2030	\$ 716,315,802
2031	\$ 710,878,417

Notes on the Expected Annual Benefit Payments:

- Based on the 2021 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants or expected expenses

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

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

5 Total number of participants at the beginning of the plan year	5	174,555
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)	79,779
a (2) Total number of active participants at the end of the plan year	6a(2)	81,342
b Retired or separated participants receiving benefits	6b	45,230
c Other retired or separated participants entitled to future benefits	6c	43,814
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	170,386
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	7,651
f Total. Add lines 6d and 6e	6f	178,037
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
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	4,464

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

1A

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

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

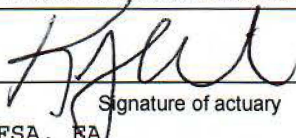
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information <p>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).</p> <p>► File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</u>		
► 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 <u>United Association National Pension Fund</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>B/O/T United Association National Pension Fund</u>		D Employer Identification Number (EIN) <u>52-6152779</u>
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2021</u>		
b Assets		
(1) Current value of assets	1b(1)	<u>7,506,245,545</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>7,506,245,545</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>8,702,781,499</u>
(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)	<u>8,702,781,499</u>
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)	<u>18,006,849,813</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>452,903,809</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>653,236,890</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>691,022,829</u>
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	 Signature of actuary	<u>3/29/2023</u> Date
<u>Kevin Woodrich, FSA, EA</u> Type or print name of actuary		<u>20-07086</u> Most recent enrollment number
<u>Cheiron, Inc.</u> Firm name		<u>(703) 893-1456</u> Telephone number (including area code)
<u>9115 Harris Corners Parkway</u> <u>Suite 380</u> <u>Charlotte NC 28269</u> 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 ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	7,506,245,545
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	52,809	8,493,097,503
(2) For terminated vested participants	29,196	2,525,726,319
(3) For active participants:		
(a) Non-vested benefits		408,825,356
(b) Vested benefits		6,579,200,635
(c) Total active	75,290	6,988,025,991
(4) Total	157,295	18,006,849,813
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	41.69 %

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
01/01/2022	411,187,898				
Totals ▶			3(b)	411,187,898	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					592,040

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	86.3 %
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, were any benefits reduced (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 rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	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	2.33 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Expense loading	6e	19.8 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☐ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	11.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	29.3 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	208,320,161	21,664,258
5	-745,756,976	-100,148,586
1	-252,064,775	-26,213,479

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the 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 line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(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	164,017,695
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	3,325,036,647
(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	57,799,792
e Total charges. Add lines 9a through 9d.....	9e	855,038,307

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	921,402,774
g Employer contributions. Total from column (b) of line 3.....	9g	411,187,898
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	1,207,097,919
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	92,923,426

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	2,447,398,264	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	9,064,453,499	
(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	1,583,816,944	
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	728,778,637	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n		

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... ☒ Yes ☐ No

Attachments to Schedule MB (Form 5500)
Actuarial Information

Plan: Plumbers and Pipefitters National Pension Fund
PN: 001
EIN: 52-6152779

1. Schedule MB, Line 3 – Withdrawal Liability Amounts
2. Schedule MB, Line 6 – Summary of Plan Provisions
3. Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods
4. Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments
5. Schedule MB, Line 8b(2) - Schedule of Active Participant Data
6. Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases
7. Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions