

<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>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
A	This return/report is for: <div>☒ 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) _____</div>
B	This return/report is: <div>☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)</div>
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: <div>☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)</div>
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 UNITED ASSOCIATION NATIONAL PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/23/1968
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) B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND 103 ORONOCO STREET ALEXANDRIA, VA 22314-2015	2b Employer Identification Number (EIN) 52-6152779
		2c Plan Sponsor's telephone number 703-739-9020
		2d Business code (see instructions) 238220

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.	03/20/2024	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/21/2024	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

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		<div style="display: flex; justify-content: space-between;"> 5 178037 </div>
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		<div style="display: flex; justify-content: space-between;"> 6a(1) 81342 </div>
a(2) Total number of active participants at the end of the plan year		<div style="display: flex; justify-content: space-between;"> 6a(2) 84317 </div>
b Retired or separated participants receiving benefits		<div style="display: flex; justify-content: space-between;"> 6b 46633 </div>
c Other retired or separated participants entitled to future benefits.....		<div style="display: flex; justify-content: space-between;"> 6c 44070 </div>
d Subtotal. Add lines 6a(2) , 6b , and 6c		<div style="display: flex; justify-content: space-between;"> 6d 175020 </div>
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		<div style="display: flex; justify-content: space-between;"> 6e 10069 </div>
f Total. Add lines 6d and 6e		<div style="display: flex; justify-content: space-between;"> 6f 185089 </div>
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<div style="display: flex; justify-content: space-between;"> 6g </div>
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<div style="display: flex; justify-content: space-between;"> 6h </div>
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<div style="display: flex; justify-content: space-between;"> 7 4499 </div>
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) ☒ 2 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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</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>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
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	185089	07/01/2022	06/30/2023

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	2140976
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	74935	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	74935
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	2215911
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2215911
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>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>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
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	185089	07/01/2022	06/30/2023

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.
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(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

(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
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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	

(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	117850291

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	
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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
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	
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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
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

► 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.

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

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

1a Enter the valuation date: Month 07 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 6499934198
(2) Actuarial value of assets for funding standard account	1b(2) 7428373195
c (1) Accrued liability for plan using immediate gain methods	1c(1) 8845050597
(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) 8845050597
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) 18829430245
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 490064785
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 670065550
(3) Expected plan disbursements for the plan year	1d(3) 707711155

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.

<div>SIGN HERE</div>	<div>04/03/2024</div>
<div>Signature of actuary</div>	<div>Date</div>
<div>KEVIN WOODRICH, FSA, EA</div>	<div>23-07086</div>
<div>Type or print name of actuary</div>	<div>Most recent enrollment number</div>
<div>CHEIRON, INC</div>	<div>703-893-1456</div>
<div>Firm name</div>	<div>Telephone number (including area code)</div>
<div>9115 HARRIS CORNERS PARKWAY, CHARLOTTE, NC 28269</div>	
<div>Address of the firm</div>	

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 ☐

a Current value of assets (see instructions)		2a	6499934198
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....		53631	8826152008
(2) For terminated vested participants		29455	2645918724
(3) For active participants:			
(a) Non-vested benefits			437483733
(b) Vested benefits.....			6919875780
(c) Total active		75118	7357359513
(4) Total.....		158204	18829430245
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	34.52 %

(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	
01/01/2023	446898361					
			Totals ►	3(b)	446898361	
(d) Total withdrawal liability amounts included in line 3(b) total.....					3(c)	
					3(d)	333098

a	Funded percentage for monitoring plan's status (line 1b(3) divided by line 1c(3)).....	4a	84.0 %
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 plan is in critical status or critical and declining status, and is: <ul style="list-style-type: none"> Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐ Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." 	4f	

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	2.27 %
	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 Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-9.6 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	27731000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	329875481	34305405
3	53440799	5557577

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or 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	172327815

c Amortization charges as of valuation date:

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

(2) Funding waivers.....

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

	Outstanding balance	
9c(1)	3270288754	389376426
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d**

40723557

e Total charges. Add lines 9a through 9d.....**9e**

602427798

Credits to funding standard account:**f** Prior year credit balance, if any**9f**

728778637

g Employer contributions. Total from column (b) of line 3.....**9g**

446898361

h Amortization credits as of valuation date.....**9h**

Outstanding balance

1124832715

158302846

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i**

80230032

j Full funding limitation (FFL) and credits:

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

9j(1)

3481574008

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

9j(2)

9931480949

(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**

1414209876

m Credit balance: If line 9l is greater than line 9e, enter the difference**9m**

811782078

n Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date.....

9o(2)(a)

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

9o(2)(b)

(3) Total as of valuation date

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

<div>SCHEDULE C</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>Service Provider 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>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
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

BRIGADE CAPITAL MANAGEMENT

151 WEST 42ND STREET
NEW YORK, NY 10036

(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)

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	2553572	Yes ☐ No ☒	Yes ☐ No ☐		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	2366650	Yes ☐ No ☒	Yes ☐ No ☐		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	1351483	Yes ☒ No ☐	Yes ☒ No ☐	133	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	975940	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	967535	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

3700 KOPPERS STREET
BALTIMORE, 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	868058	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	843889	Yes ☒ No ☐	Yes ☒ No ☐	0	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	744342	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	704145	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)

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	697143	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	693820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	661644	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	626724	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	614942	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	608587	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)

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	599954	Yes ☒ No ☐	Yes ☒ No ☐	0	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	598219	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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	522674	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	379094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	340380	Yes ☐ No ☒	Yes ☐ No ☐		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	332525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	328140	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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	315494	Yes ☐ No ☒	Yes ☐ No ☐		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	309189	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)

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	279607	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	249065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	236948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	229020	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	217617	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEUJA, KUMAR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	203659	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

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30	EMPLOYEE	193685	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	174270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	168284	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	165841	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

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30	EMPLOYEE	162875	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	162725	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	158999	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

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30	EMPLOYEE	154068	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	152972	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	150793	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	148084	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	141845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'REILLY-WALKER, ARLETTE 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	138656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	138592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	135246	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)

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	132153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEOHAGAN, WAYNE 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	128106	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	126375	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)

GALBREATH-HALL, KIM 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	125081	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	123293	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	120729	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)

THE SEGAL COMPANY SVC, INC.

PO BOX 4058
NEW YORK, NY 10001

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	119461	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	111752	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	110098	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)

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	109420	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	105861	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	105600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YIMER, TSEDAY

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	104368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD, CHANTELE Y.

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	104340	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	103255	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN CALIFORNIA PIPE TRADES

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	101041	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

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30	EMPLOYEE	100482	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

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30	EMPLOYEE	99945	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	99888	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOACK, LADONNA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	99412	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	98910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	95479	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	95381	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	93853	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	93576	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	93277	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	91478	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	88609	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	87596	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	86995	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)

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	86948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	84313	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	83732	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	83672	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	83616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	83616	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)

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	83582	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	83568	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	83378	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)

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	82952	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	82834	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	82741	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)

CONLON, 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	82424	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	81971	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

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30	EMPLOYEE	81332	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)

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	80496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	80351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	80296	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)

COLLINS, ZENA

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	79706	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	78426	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	77770	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)

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	77348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	77284	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	77276	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)

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	76867	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	75816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	74266	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)

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	73897	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	73548	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	73548	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)

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	73530	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	73479	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	73188	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)

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	73020	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	71400	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	70521	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	70356	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	69068	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	68019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLER, BRIANNA

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	67669	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	67656	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	67601	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	67597	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHALOBAN, EDWARD

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	66437	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	65681	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)

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	65623	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	65623	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	65000	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	64312	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	63855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRITT, NICOLE

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	63712	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)

MURPHY, KAREN 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	63029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	62511	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	62338	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	61815	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	61231	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	60763	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	54089	Yes ☒ No ☐	Yes ☒ No ☐	6604	Yes ☐ No ☒

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

FIELDS, KYANA

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	60198	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	59477	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)

ATSBHA, NATHNAEL

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	57711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	55896	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	55589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROBERT HALF

12400 COLLECTIONS CENTER DR
CHICAGO, IL 60693

94-1648752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	54230	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	50811	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	49094	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)

EDWARDS, MONIQUE

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	48892	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	47350	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	44533	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)

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	43139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAGE, DOUGLAS

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	42829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXANDER, JOCELINE M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	41811	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	40494	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 ☐

(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	39607	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCKAY, JAMAL

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	37784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAWRENCE, DEVIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	37026	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KARAWA, CAROLYN SANARE

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	34958	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)

JONES, VICTORIA YVONNE

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	34437	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	33365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	33148	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)

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	30910	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	28168	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐

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

FRANKENBERG, MI JUNG

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	26250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IFEBP

PO BOX 68-9952
CHICAGO, IL 53045

39-1034021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	24585	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	24551	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLER KAPLAN ARASE, LLP

4123 LANKERSHIM BLVD
NORTH HOLLYWOOD, CA 91602

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	23420	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	22718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	19721	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)

FRED PRYOR SEMINARS

PO BOX 219468
KANSAS CITY, MO 64121

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)

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	17530	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	17186	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)

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	16380	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	15265	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RETIREMENT CLEARINGHOUSE, LLC

1916 AYRSLEY TOWN BLVD STE 200
CHARLOTTE, NC 28273

26-0008851

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	15158	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)

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	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY & COMPANY LLC

1585 BROADWAY
NEW YORK, NY 10036

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	14220	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	13532	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)

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	13398	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	13342	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	12983	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)

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	12396	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AIR CONDITIONING & REFRIDGERATION

3500 ORANGEWOOD AVE
ORANGE, CA 92868

95-6035386

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	10729	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	10261	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARCHITECTS GROUP PRACTICE, LTD

415 N. ALFRED ST
ALEXANDRIA, VA 22314

26-1583310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10093	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)

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 ☐

(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	9122	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	9058	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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)

FORD CREDIT

PO BOX 220564
PITTSBURGH, PA 15220

38-1612444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8937	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	8813	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	8585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYCOM PAYROLL, LLC

7501 W. MEMORIAL RD
OKLAHOMA CITY, OK 73142

45-4895734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7812	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	7574	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)

BARLOW COUGHRAN MORALES

1325 4TH AVENUE
SEATTLE, WA 98101

91-0889948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7055	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	6708	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRGINIA AMERICAN WATER

PO BOX 371880
PITTSBURGH, PA 15220

54-0119650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6477	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	5926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUBINBROWN, LLP

10801 W CHARLESTON BLVD
LAS VEGAS, NV 89135

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5334	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	5057	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	1350
(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	1559
(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	58442
(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	10695

(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	8666

(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	27689

(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 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	4984
(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	FIDELITY BOND	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan or DFE 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 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: AFL-CIO BUILDING INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): PNC BANK, NATIONAL ASSOCIATION		
c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121907690
a Name of MTIA, CCT, PSA, or 103-12 IE: NEWTOWER TRUST COMPANY MULTI-EMPLOY		
b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 200153126
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO SL STOCK INDEX FUND		
b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 927796106
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED-RISK ALLOCATION TR		
b Name of sponsor of entity listed in (a): INVESCO		
c EIN-PN 26-6399613-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 185961776
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND (EMER		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA		
c EIN-PN 13-4179575-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98303660
a Name of MTIA, CCT, PSA, or 103-12 IE: MESIROW COLLECTIVE INVESTMENT MASTE		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 82-0633167-105	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76806909
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT WORLD BOND TRUST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 20-8080381-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61925695

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II, LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 16-1626084-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55487255
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) 309243128
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 VALUE IN		
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: NT COLLECTIVE RUSSELL 2000 GROWTH I		
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) 89155475
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) 193843885
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) 125570187
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) 203405449
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) 107774596
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 (U.S.) 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) 117026705
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 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117850291

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
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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

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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
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		
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	6491865370721323
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	2726721028951367
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	2299440114056431
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	5444898643964735
(2) U.S. Government securities		1c(2)	151810210163559077
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	348567208198633229
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	12722639151497477756
(5) Partnership/joint venture interests		1c(5)	11909344411236470875
(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)	25269520232532574022
(10) Value of interest in pooled separate accounts		1c(10)	115063274117850291
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	404782922428206750
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	350042766358613406
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	21306672215911
(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	4301378	4180369
f Total assets (add all amounts in lines 1a through 1e)	1f	6536478054	6697475542

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	36203867	26381921
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	36203867	26381921

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6500274187	6671093621
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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)	446565263	
(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)		446565263
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1914358	
(B) U.S. Government securities	2b(1)(B)	3913331	
(C) Corporate debt instruments	2b(1)(C)	18030732	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	111234933	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		135093354
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	25303167	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2321476	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		27624643
(3) Rents	2b(3)		75908
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1598307109	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1647078945	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-48771836
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	138743017	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		138743017

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		170903856
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3385236
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		40977399
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7610127
c Other income	2c		406200
d Total income. Add all income amounts in column (b) and enter total	2d		922613167
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	704725494	
(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)		704725494
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)	2828487	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	16832969	
(4) Other	2i(4)	27406783	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		47068239
j Total expenses. Add all expense amounts in column (b) and enter total	2j		751793733
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		170819434
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?			
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?			
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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		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 498487.

<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>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
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.....		3 900
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **JOHNSON CONTROLS, INC.**

b EIN **39-0380010**

c Dollar amount contributed by employer **8460797**

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 **APOLLO MECHANICAL CONTRACTORS**

b EIN **91-1178943**

c Dollar amount contributed by employer **6492394**

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 **DYNAMIC SYSTEMS, INC.**

b EIN **74-2519426**

c Dollar amount contributed by employer **5096233**

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 **MURPHY COMPANY**

b EIN **43-0705361**

c Dollar amount contributed by employer **4147923**

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 **ACCO ENGINEERED SYSTEM**

b EIN **95-1625123**

c Dollar amount contributed by employer **3224769**

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 **HARDER MECHANICAL CONTRACTORS**

b EIN **93-0525328**

c Dollar amount contributed by employer **3125424**

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): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **US ENGINEERING CONSTRUCTION**

b EIN **36-4906225**

c Dollar amount contributed by employer **3343164**

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 **THE BRANDT COMPANIES, LLC**

b EIN **37-1652957**

c Dollar amount contributed by employer **3246942**

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 **MCKINSTRY CO, LLC**

b EIN **20-4030425**

c Dollar amount contributed by employer **2932117**

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 **THE WALDINGER CORPORATION**

b EIN **42-1230944**

c Dollar amount contributed by employer **2910795**

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	799
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	797
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	792
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	1.06
b The corresponding number for the second preceding plan year.....	15b	1.10
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	11
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	23398
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: 47.0 % Investment-Grade Debt: 15.0 % High-Yield Debt: 6.0 % Real Estate: 13.0 % Other: 19.0 %

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, 2023





UNITED ASSOCIATION NATIONAL PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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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, 2023 and 2022, 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, 2023, and changes therein for the year then ended, and its financial status as of June 30, 2022, 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 Schedule 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 are presented for purposes of additional analysis and are 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.

Calibre CPA Group, PLLC

Bethesda, MD
February 12, 2024

UNITED ASSOCIATION NATIONAL PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments		
Investments, at fair value	\$ 6,577,350,141	\$ 6,414,865,745
Investments, at contract value	2,215,911	2,130,667
Investments on loan	<u>(54,428,962)</u>	<u>(86,832,715)</u>
Investments on hand	<u>6,525,137,090</u>	<u>6,330,163,697</u>
Securities lending		
Investments on loan	54,428,962	86,832,715
Cash collateral held for securities on loan	55,697,514	88,884,881
Obligations to refund collateral	<u>(55,697,514)</u>	<u>(88,884,881)</u>
Net securities lending	<u>54,428,962</u>	<u>86,832,715</u>
Receivables		
Employer contributions and reciprocals	28,944,476	26,927,221
Withdrawal liability (net)	6,891	339,989
Interest and dividends	5,055,025	7,201,629
Due from broker for securities sold	8,557,820	15,387,133
Other	<u>443,586</u>	<u>405,639</u>
Total receivables	<u>43,007,798</u>	<u>50,261,611</u>
Prepaid expenses and deposits	<u>103,374</u>	<u>100,175</u>
Property and equipment (net of depreciation and amortization)	<u>4,076,995</u>	<u>4,201,203</u>
Cash, noninterest bearing	<u>70,721,323</u>	<u>64,918,653</u>
Total assets	<u>6,697,475,542</u>	<u>6,536,478,054</u>
Liabilities		
Due to broker for securities purchased	11,982,071	24,201,734
Trade creditors	4,821,758	2,531,363
Others	<u>9,578,092</u>	<u>9,470,770</u>
Total liabilities	<u>26,381,921</u>	<u>36,203,867</u>
Net assets available for benefits	<u>\$ 6,671,093,621</u>	<u>\$ 6,500,274,187</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, 2023 AND 2022

	2023	2022
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value		
of investments and foreign currency translation	\$ 312,847,799	\$ (790,380,771)
Interest and dividends	162,717,997	100,488,106
Commissions recovered	8,536	12,648
Rental income (net of expenses)	<u>75,908</u>	<u>75,301</u>
	475,650,240	(689,804,716)
Less: investment expenses	<u>(16,832,969)</u>	<u>(16,378,171)</u>
Net investment income (loss)	<u>458,817,271</u>	<u>(706,182,887)</u>
Contributions		
Employer contributions and reciprocals (net)	446,565,263	410,595,858
Withdrawal liability	<u>-</u>	<u>678,534</u>
Total contributions	<u>446,565,263</u>	<u>411,274,392</u>
Other income	<u>397,664</u>	<u>374,816</u>
Total additions	<u>905,780,198</u>	<u>(294,533,679)</u>
Deductions		
Benefits paid directly to participants	704,725,494	686,308,396
Administrative expenses	<u>30,235,270</u>	<u>25,707,770</u>
Total deductions	<u>734,960,764</u>	<u>712,016,166</u>
Net change	170,819,434	(1,006,549,845)
Net assets available for benefits		
Beginning of year	<u>6,500,274,187</u>	<u>7,506,824,032</u>
End of year	<u>\$ 6,671,093,621</u>	<u>\$ 6,500,274,187</u>



UNITED ASSOCIATION NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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.

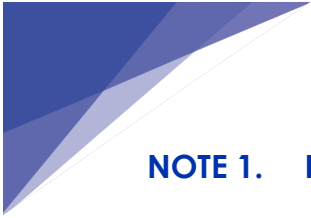
Normal Pension - Participants qualify for a normal pension benefit at age 65 or, if later, the fifth anniversary of participation. A participant receives one full year of pension credit, for each year of 1,500 hours which is prorated for each 150 hours less than 1,500 for service following the contribution 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.

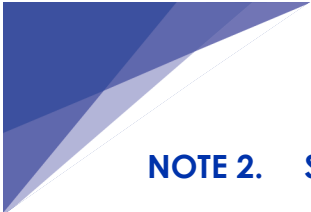
NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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 (except for the fully benefit-responsive investment contract, which is reported at contract 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 \$6,891 and \$339,989 recorded as withdrawal liability contributions receivable at June 30, 2023 and 2022, respectively. An allowance for doubtful collections of \$-0- has been recorded as of both June 30, 2023 and 2022.

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

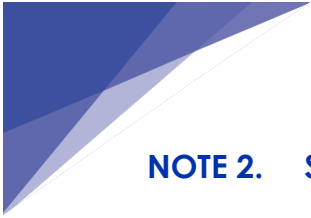
The following is a summary of net property and equipment:

	2023	2022
Land, building and improvements	\$ 12,084,570	\$ 12,017,204
Office furniture and furnishings	1,298,332	1,339,533
Data processing equipment	<u>9,392,403</u>	<u>9,151,149</u>
	22,775,305	22,507,886
Less: accumulated depreciation and amortization	<u>(18,698,310)</u>	<u>(18,306,683)</u>
Net property and equipment	<u>\$ 4,076,995</u>	<u>\$ 4,201,203</u>

Depreciation and amortization expense totaled \$489,026 and \$297,443 for the years ended June 30, 2023 and 2022, 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, 2023 and 2022, is comprised of the following:

	2023	2022
Contributions from employers	\$ 426,814,872	\$ 391,761,108
Reciprocal receipts	<u>46,557,580</u>	<u>46,856,774</u>
	473,372,452	438,617,882
Deduct: reciprocal payments	<u>26,807,189</u>	<u>28,022,024</u>
Employer contributions and reciprocals (net)	<u>\$ 446,565,263</u>	<u>\$ 410,595,858</u>

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

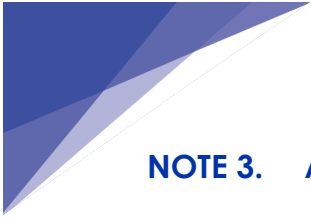
Administrative Expenses - The Plan's expenses are paid by the Plan, as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition,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

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.

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.

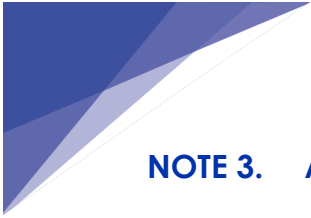
The actuarial present value of accumulated plan benefits is determined by an actuary from Cheiron and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (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, 2022 (most recent valuation date) is as follows:

Vested benefits	
Participants currently receiving benefits	\$ 5,097,012,821
Terminated vested	1,055,532,670
Active participants	<u>2,502,678,191</u>
	8,655,223,682
Non-vested benefits	<u>189,826,915</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 8,845,050,597</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:

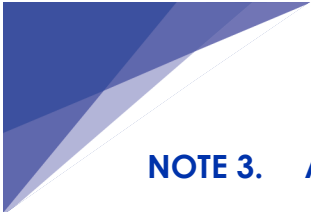
Actuarial present value of accumulated plan benefits at July 1, 2021	<u>\$ 8,702,781,499</u>
Change during the year attributed to	
Benefit accruals	136,864,695
Benefits paid	(686,308,396)
Interest	616,430,955
Experience gains	21,841,045
Plan amendments	<u>53,440,799</u>
Net change	<u>142,269,098</u>
Actuarial present value of accumulated plan benefits at July 1, 2022	<u>\$ 8,845,050,597</u>



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

The significant actuarial assumptions used in the valuations as of July 1, 2022 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 0.026% 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:	Determined by 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; 7.25% for prior valuation.
Interest assumption for current liability:	2.27% for current valuation; 2.33% 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:	\$27,731,000 for current valuation; \$27,153,000 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.

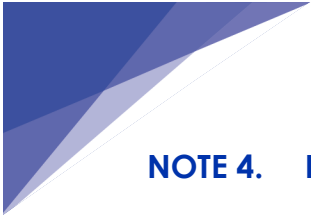
The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial results. Pension benefits in excess of the present assets of the Plan are dependent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

Since information on the accumulated plan benefits at June 30, 2023, 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, 2023, 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, 2023. The complete financial status of the Plan is presented as of June 30, 2022.

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, 2023 and 2022 presented the following:

	2023	2022
Actuarial present value of accumulated plan benefits		
Vested	\$ 46,538,360	\$ 43,232,565
Non-vested	<u>1,123,881</u>	<u>1,436,488</u>
	<u>\$ 47,662,241</u>	<u>\$ 44,669,053</u>



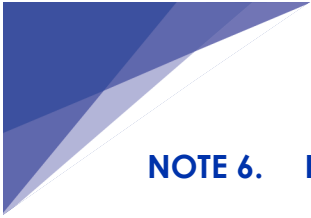
NOTE 4. RETIREMENT PLANS (CONTINUED)

Pension expense totaled \$2,605,419 and \$-0- for the years ended June 30, 2023 and 2022, respectively.

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, 2023 and 2022.

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.

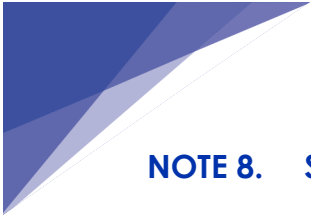
Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan 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 \$155,881 and \$270,949 earned by the Plan during the years ended June 30, 2023 and 2022, 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, 2023 and 2022, the fair value of securities loaned was \$54,428,962 and \$86,832,715, respectively, while the cash collateral held was \$55,697,514 and \$88,884,881, 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, 2023 and 2022.

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.

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, 2023 and 2022:

Description	Assets at Fair Value as of June 30, 2023			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 43,964,735	\$ 43,964,735	\$ -	\$ -
U.S. Government and agency obligations	163,559,077	91,229,543	72,329,534	-
Corporate bonds and notes	177,970,583	-	177,592,637	377,946
Foreign bonds	20,662,646	-	20,662,646	-
Common and preferred stocks	1,497,477,756	1,437,031,883	-	60,445,873
Mutual funds	193,625,825	193,625,825	-	-
Total assets in the fair value hierarchy	2,097,260,622	\$ 1,765,851,986	\$ 270,584,817	\$ 60,823,819
Investment measured at NAV*	4,480,089,519			
Total investments at fair value	\$ 6,577,350,141			

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	-	-
Total assets in the fair value hierarchy	2,103,037,296	\$ 1,649,927,314	\$ 390,861,830	\$ 62,248,152
Investment measured at NAV*	4,311,828,449			
Total investments at fair value	\$ 6,414,865,745			

* 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), was \$-0- for both the years ended June 30, 2023 and 2022.

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, 2023 and 2022.

Description	June 30, 2023 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual funds	\$ 164,987,581	\$ -	Daily, monthly	30 Days
Common collective trusts	2,960,780,772	-	Daily, monthly	30 Days
Pooled separate account	117,850,291	-	Monthly	30 Days
Limited partnerships	<u>1,236,470,875</u>	<u>240,695,534</u>	N/A	N/A
	<u>\$ 4,480,089,519</u>	<u>\$ 240,695,534</u>		

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	<u>1,190,934,441</u>	<u>289,990,347</u>	N/A	N/A
	<u>\$ 4,311,828,449</u>	<u>\$ 289,990,347</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

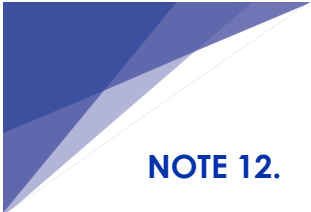
Under ERISA, as amended by the Pension Protection Act of 2006 (PPA), the actuary of the Plan certified that the Plan was in endangered (Yellow Zone) status for the Plan's year beginning July 1, 2009.

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 fully benefit-responsive guaranteed investment contract with Brighthouse Financial Life Insurance Company (the Company) totaling \$2,215,911 and \$2,130,667 for the years ended June 30, 2023 and 2022, respectively. The Company maintains the contributions in an unallocated general account fund to which it adds interest at a rate of 3.50% per annum.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by the Plan if they were to initiate permitted transactions under the terms of the plan. Contract value, as reported to the Plan by the Company, represents contributions made under the contract, plus earnings, less withdrawals, and administrative expenses. The Plan may ordinarily direct



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

the withdrawal or transfer of all or a portion of their investment at contract value.

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 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%. The Interest received by the Plan was \$74,732 and \$72,400 for the years ended June 30, 2023 and 2022, 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.

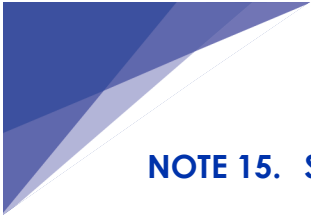
NOTE 14. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation for additions per the financial statements to income per Form 5500 for the year ended June 30, 2023:

Additions per financial statements	\$ 905,780,198
Add: investment expenses	<u>16,832,969</u>
Income per Form 5500	<u>\$ 922,613,167</u>

A reconciliation of deductions per the financial statements to expenses per Form 5500 for the year ended June 30, 2023:

Deductions per financial statements	\$ 734,960,764
Add: investment expenses	<u>16,832,969</u>
Expenses per Form 5500	<u>\$ 751,793,733</u>



NOTE 15. SUBSEQUENT EVENTS

Subsequent events have been evaluated through February 12, 2024, 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, 2023 AND 2022

	2023	2022
Audit and accounting fees and expenses	\$ 895,726	\$ 500,349
Actuarial services and expenses	327,250	312,172
Contribution-staff retirement plan	2,605,419	-
Depreciation and amortization	489,026	297,443
Dues and subscriptions	27,489	23,566
Employees' benefits	3,227,319	2,988,969
Equipment, rent, maintenance and repairs	469,846	394,565
Insurance expense	708,325	686,710
Legal fees and expenses	1,605,511	1,419,138
Other expenses	98,926	49,659
Outside services	878,375	721,799
Payroll expenses	9,815,083	9,687,044
Pension Benefit Guaranty Corporation premiums	5,463,902	5,184,519
Postage, freight and express	346,989	367,170
Printing, stationery, and office supplies	309,235	292,616
Records storage expenses	176,049	166,388
Software expenses	1,130,597	852,584
Taxes		
Payroll	721,699	728,807
Other	194,411	194,838
Telephone and communications	167,102	231,226
Travel	114,863	142,047
Virginia property expense	462,128	466,161
Total administrative expenses	<u>\$ 30,235,270</u>	<u>\$ 25,707,770</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 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.

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

Effective January 1, 2022, the Normal pension benefit is no longer subject to a maximum of 35 years of credited service for those participants with an Effective Date of Benefits after that date. In addition, benefits accrued after January 1, 2022 are no longer subject to a non-standard level of benefit.

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

A. Actuarial Assumptions

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.

1. Rate of Investment Return

Funding and disclosure purposes: 7.25% compounded annually

Current Liability under RPA 1994: Minimum funding 2.27%

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

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:

2022 Current Liability Mortality Table pursuant to Internal Revenue Service



UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2023

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
<u>Short-term investments</u>							
	DREYFUS TREASURY PRIME CASH	MONEY MARKET	N/A	N/A	9,242,257	\$ 9,242,257	\$ 9,242,257
	FEDERATED HERMES GOVERNMENT	MONEY MARKET	N/A	N/A	34,323,623	34,323,623	34,323,623
	RESERVE INVT FDS INC #25	MONEY MARKET	N/A	N/A	266,097	266,097	266,097
	USA TREASURY BILLS	TREASURY BILL	10/26/2023	N/A	135,000	134,565	132,758
	Total short-term investments					43,966,542	43,964,735
<u>U.S. Government and agency obligations</u>							
	FEDERAL HOME LN MTG CORP	U.S. GOV/AGENCY OBL.	07/01/2032	7.00%	6,990	7,236	7,254
	FEDERAL HOME LN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2032	7.00%	19,142	19,815	19,807
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2052	5.00%	545,007	527,893	534,570
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	4.50%	1,121,342	1,100,953	1,078,260
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2052	4.50%	792,953	767,240	762,471
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	664,407	641,888	651,398
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2052	5.50%	1,855,805	1,830,756	1,848,623
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2032	7.00%	16,760	17,349	17,244
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2032	7.00%	16,656	17,242	17,180
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2049	4.50%	52,100	54,892	50,830
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	07/15/2031	0.00%	70,000	60,006	49,644
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2051	2.00%	75,292	61,516	61,757
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2049	4.00%	9,156	9,521	8,696
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	07/01/2049	4.50%	47,085	50,690	45,944
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2049	4.50%	98,984	107,382	96,166
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2049	3.00%	17,544	18,396	15,582
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2049	3.00%	55,992	58,712	49,712
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2050	4.50%	118,577	128,878	115,285
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2050	2.00%	73,870	60,354	60,742
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2050	2.00%	304,864	252,275	250,653
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2051	2.00%	75,535	61,715	62,098
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	03/01/2051	2.00%	31,108	25,417	25,743
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	03/01/2051	2.00%	325,860	268,478	267,890
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	04/01/2051	2.00%	166,603	137,213	136,759
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2051	1.50%	95,860	76,688	74,152
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2051	1.50%	151,260	121,008	117,007
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2051	3.00%	91,280	95,730	80,816
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	3.00%	136,410	142,996	120,603
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	3.00%	189,826	199,495	167,829
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	4.00%	128,591	138,035	120,793
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2051	3.00%	362,587	380,150	321,803
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2051	4.00%	146,098	137,377	137,265
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	147,420	152,948	130,518
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	131,280	135,649	116,582
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	208,861	210,721	184,163
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	232,976	220,890	205,420
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	03/01/2052	3.00%	79,547	70,299	70,076
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2052	5.50%	167,687	175,050	167,126
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2052	5.00%	366,009	364,065	358,740
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	07/01/2052	5.50%	349,850	363,297	349,392
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2053	6.50%	457,998	472,561	467,671
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2053	6.50%	274,947	282,605	283,371
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2053	6.50%	230,000	235,103	235,046
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2053	5.50%	475,000	475,223	473,338
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2051	2.00%	180,492	147,468	148,392
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	03/01/2046	2.00%	55,221	45,117	45,850
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	358,681	319,170	317,106
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2052	5.50%	141,137	140,431	140,777
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2052	6.00%	171,118	171,720	173,018
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	04/01/2042	2.50%	900,091	840,895	781,621
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2037	2.50%	450,511	419,397	412,037
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2037	2.50%	222,320	206,062	202,780
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2050	2.00%	93,210	76,155	77,466
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2051	3.00%	177,451	150,528	157,874
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	5.50%	233,048	231,209	232,694
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	2.50%	240,660	205,840	204,963
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2051	2.00%	199,434	163,411	163,258
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2053	6.00%	439,533	450,041	447,590
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2050	1.50%	1,176,071	996,352	909,608
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2050	1.50%	1,481,418	1,246,590	1,145,773
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2053	6.00%	1,044,841	1,063,289	1,053,994
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2047	3.50%	59,354	63,676	55,017
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	2.50%	1,192,176	1,011,924	1,011,812
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	2.50%	1,683,241	1,728,298	1,429,896
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	04/01/2052	3.00%	576,513	509,629	507,678
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2052	3.50%	1,140,261	1,121,698	1,039,291
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2052	4.00%	1,039,705	1,029,796	976,262
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2052	4.50%	257,161	258,688	247,288
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2052	5.00%	1,320,608	1,319,297	1,295,358

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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 HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	4.50%	1,071,206	\$ 1,046,189	\$ 1,030,050
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	5.00%	522,681	523,498	512,531
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	1,071,589	1,064,054	1,050,607
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2053	5.50%	1,045,723	1,060,105	1,040,808
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2053	6.00%	506,365	519,776	510,801
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2052	4.50%	1,608,365	1,561,518	1,546,572
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2052	5.00%	558,731	540,201	547,735
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	1,187,267	1,148,124	1,164,055
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2052	5.50%	1,334,881	1,321,931	1,332,372
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2029	7.00%	139	166	141
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2032	7.00%	15,651	16,260	16,027
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2029	7.00%	6,225	6,467	6,310
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2037	VAR%	131	132	128
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2048	3.50%	54,634	58,040	50,421
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2049	3.00%	101,618	105,936	90,120
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2033	3.50%	8,514	8,800	8,157
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2048	4.50%	8,812	9,298	8,603
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2027	3.82%	28,961	31,629	27,919
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2029	4.20%	200,000	225,031	194,402
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2026	3.02%	240,000	252,000	224,374
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2049	5.00%	11,778	12,566	11,659
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	2.00%	1,035,487	878,627	850,580
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2049	4.00%	10,312	10,731	9,842
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2049	3.50%	52,999	55,947	48,830
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2049	3.00%	69,348	72,718	61,634
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2049	3.50%	35,333	36,589	32,719
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2050	3.00%	26,908	28,236	23,794
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2050	3.50%	72,960	76,380	67,339
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2050	3.50%	28,276	30,119	26,063
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2050	3.50%	77,943	81,597	71,291
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2050	2.00%	282,322	233,710	232,137
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	2.00%	238,781	197,591	196,325
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2051	2.00%	74,521	60,886	61,294
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	2.00%	35,429	28,947	29,153
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2051	2.00%	70,062	57,243	58,250
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2051	2.00%	196,297	166,239	162,442
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2051	3.00%	199,873	210,928	176,961
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2051	1.50%	200,250	169,149	155,116
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	2.00%	117,872	97,171	96,189
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	93,670	94,328	83,257
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.00%	407,514	385,292	362,365
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.00%	267,460	252,833	237,708
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	161,389	141,115	142,239
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.50%	47,459	48,698	43,282
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2052	4.00%	191,693	180,461	179,992
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2052	5.00%	121,186	124,660	118,824
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2053	6.00%	453,114	462,141	457,514
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2053	6.00%	314,070	320,400	316,880
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2053	6.00%	399,181	405,356	403,229
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2050	2.00%	31,197	25,489	25,754
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	3.00%	178,860	182,046	158,186
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	4.50%	46,590	51,184	44,897
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2050	2.00%	35,196	28,756	28,943
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2036	2.50%	679,714	632,453	620,946
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2051	3.00%	340,328	330,012	300,084
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2051	4.00%	172,923	188,769	162,665
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.50%	113,095	103,455	103,182
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	252,951	223,545	222,966
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2052	2.50%	237,585	203,618	201,733
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	80,996	74,060	73,887
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	1,139,562	1,034,553	1,039,542
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2052	6.00%	225,116	225,890	227,988
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2049	4.00%	16,824	17,502	16,040
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2050	4.00%	18,266	19,214	17,353
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2049	4.00%	114,334	122,391	108,917
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2050	3.00%	75,367	79,123	66,843
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	2.00%	70,925	57,948	58,639
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	2.00%	35,316	28,854	29,091
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2050	2.00%	76,459	62,469	62,675
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2051	2.00%	71,683	58,567	58,937
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2051	2.00%	77,878	63,628	64,144
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2051	2.00%	36,621	29,921	30,263
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2050	3.50%	250,013	265,404	231,289
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2050	4.50%	104,078	113,576	101,191

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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.	07/01/2051	3.00%	147,093	\$ 151,897	\$ 131,198
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2051	2.00%	182,492	149,173	148,892
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2051	2.50%	138,665	120,942	118,190
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	222,081	223,642	197,412
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	179,960	185,500	159,825
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	460,199	467,749	409,080
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	82,761	83,912	73,512
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.50%	438,029	449,117	400,157
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2052	3.00%	165,247	167,029	146,854
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	558,228	542,964	512,844
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2052	2.50%	496,101	421,918	423,040
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	2.00%	334,272	274,521	274,307
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2052	2.50%	934,476	795,765	796,267
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2050	2.00%	1,792,308	1,492,446	1,473,994
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2050	1.50%	587,923	494,728	454,717
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2051	4.00%	39,216	42,071	36,876
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2051	4.00%	242,510	262,062	228,039
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2051	4.00%	83,548	90,258	78,557
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2042	2.50%	473,484	439,896	411,164
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2052	2.50%	1,015,067	887,708	865,365
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2051	2.00%	2,248,526	1,857,357	1,836,034
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2051	2.00%	947,547	945,975	773,985
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2051	2.50%	1,382,103	1,419,100	1,174,083
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	2.00%	1,268,171	1,004,828	1,034,562
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2052	2.00%	2,351,765	1,945,879	1,919,158
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	1,138,154	1,119,357	1,037,371
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2052	4.00%	1,040,123	1,030,209	976,655
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2052	3.00%	582,554	514,696	513,026
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2052	4.50%	804,834	797,123	773,937
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2052	5.00%	1,837,283	1,836,846	1,802,154
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2052	5.00%	507,996	481,882	497,999
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2053	5.50%	1,034,778	1,048,914	1,029,832
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2053	6.00%	497,624	510,803	501,983
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/20/2052	6.00%	1,036,259	1,048,889	1,043,482
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/20/2053	5.50%	1,084,491	1,080,212	1,079,686
	GOVT NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/15/2028	7.50%	187	472	189
	GOVT NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/15/2043	3.00%	38,920	40,315	35,439
	GOVT NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/15/2046	3.00%	32,049	33,216	28,863
	GOVT NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/15/2046	3.00%	31,415	32,559	28,302
	GOVT NATL MTG ASSN I	U.S. GOV/AGENCY OBL.	10/15/2029	7.50%	137	154	139
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	02/20/2053	5.50%	790,331	791,566	786,948
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	04/20/2053	5.50%	1,413,207	1,415,415	1,406,946
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	05/20/2053	5.50%	977,984	978,634	973,652
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	06/20/2053	5.00%	1,110,000	1,096,472	1,091,041
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	06/20/2053	5.50%	730,000	730,057	726,868
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	09/20/2046	3.00%	19,393	20,062	17,817
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	11/20/2050	4.00%	54,545	59,003	51,920
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	07/20/2048	5.00%	7,500	7,908	7,469
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	07/20/2048	5.00%	3,193	3,362	3,155
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	08/20/2049	3.50%	46,095	48,126	42,839
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	08/01/2041	3.50%	2,235,000	2,077,677	2,065,095
	RESOLUTION FUNDING STRIP	U.S. GOV/AGENCY OBL.	01/15/2030	0.00%	240,000	210,842	180,043
	RFCSP STRIP PRINCIPAL	U.S. GOV/AGENCY OBL.	04/15/2030	0.00%	310,000	272,577	229,825
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2032	1.88%	1,930,000	1,766,950	1,653,161
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2052	2.25%	2,840,000	2,509,678	2,052,354
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2052	3.00%	4,000,000	3,658,815	3,400,920
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2033	3.50%	17,780,000	18,044,354	17,318,787
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	01/31/2025	VAR	2,840,000	2,853,225	2,844,856
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	04/30/2027	0.50%	985,000	871,315	853,719
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	10/31/2028	1.38%	1,190,000	1,175,568	1,035,300
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2041	1.75%	1,975,000	1,612,191	1,387,517
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2041	2.00%	8,000,000	7,739,799	5,855,920
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	07/31/2029	2.63%	7,885,000	7,638,828	7,284,084
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	04/30/2027	2.75%	2,050,000	1,957,228	1,936,533
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2052	2.88%	2,495,000	2,135,994	2,067,631
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	07/15/2025	3.00%	1,745,000	1,723,764	1,681,814
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2052	3.00%	1,065,000	944,562	905,495
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2042	3.25%	1,105,000	1,077,875	986,036
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2053	3.63%	195,000	185,600	187,140
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	10/15/2025	4.25%	3,370,000	3,373,669	3,332,357
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2050	1.25%	201,000	117,452	113,024
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2052	2.88%	4,584,000	3,958,349	3,798,807
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2052	3.00%	4,152,000	3,710,079	3,530,155
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/31/2024	3.25%	5,613,500	5,539,823	5,478,664
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2033	3.38%	1,923,000	1,875,526	1,854,503
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2042	3.38%	6,627,400	6,205,807	6,015,691
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2033	3.50%	213,500	212,692	207,962

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	09/15/2025	3.50%	3,825,200	\$ 3,771,654	\$ 3,721,805
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2053	3.63%	459,000	457,391	440,498
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	03/31/2028	3.63%	347,000	346,681	338,922
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	03/31/2030	3.63%	511,000	512,517	499,860
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/31/2028	3.63%	1,518,000	1,500,345	1,484,801
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	04/15/2026	3.75%	677,000	675,546	662,614
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2043	3.88%	560,000	562,778	546,000
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	03/31/2025	3.88%	354,000	352,189	347,044
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2043	3.88%	618,000	603,188	603,032
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2026	4.00%	124,000	121,849	122,097
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2042	4.00%	159,000	161,484	157,981
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2052	4.00%	1,160,000	1,205,893	1,191,540
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	12/15/2025	4.00%	74,000	74,367	72,841
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/31/2025	4.25%	876,000	870,457	864,980
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2025	4.50%	1,203,000	1,212,162	1,196,756
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/30/2042	4.50%	950,000	952,352	939,911
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	09/30/2024	4.25%	823,000	820,525	812,202
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	10/31/2024	4.38%	1,047,000	1,043,960	1,034,358
	Total U.S. Government and agency obligations					171,632,894	163,559,077
<u>Corporate bonds and notes</u>							
	1011778 BC / NEW RED FIN	CORPORATE DEBT	01/15/2028	3.88%	305,000	284,825	278,822
	1011778 BC / NEW RED FIN	CORPORATE DEBT	02/15/2029	3.50%	95,000	83,327	83,313
	1011778 BC / NEW RED FIN	CORPORATE DEBT	10/15/2030	4.00%	110,000	110,151	94,141
	180 MEDICAL INC	CORPORATE DEBT	10/15/2029	3.88%	140,000	121,076	122,095
	ABBVIE INC	CORPORATE DEBT	11/21/2029	3.20%	125,000	120,182	113,035
	ABBVIE INC	CORPORATE DEBT	11/21/2049	4.25%	335,000	334,670	289,149
	ABBVIE INC	CORPORATE DEBT	11/21/2029	3.20%	592,000	591,852	535,334
	ABERCROMBIE & FITCH STOR	CORPORATE DEBT	07/15/2025	8.75%	95,000	95,796	96,427
	ACADIA HEALTHCARE CO INC	CORPORATE DEBT	04/15/2029	5.00%	45,000	41,629	41,495
	ADIENT GLOBAL HOLDINGS	CORPORATE DEBT	08/15/2026	4.88%	145,000	136,365	137,744
	ADIENT GLOBAL HOLDINGS SER 144A	CORPORATE DEBT	04/15/2031	8.25%	40,000	40,250	40,616
	ADT SEC CORP	CORPORATE DEBT	08/01/2029	4.13%	275,000	275,000	237,531
	ADVANCED DRAINAGE SYSTEM	CORPORATE DEBT	06/15/2030	6.38%	145,000	145,000	143,444
	AERCAP GLOBAL AVIATION	CORPORATE DEBT	06/15/2045	VAR%	135,000	122,850	130,488
	AERCAP IRELAND CAP/GLOBA	CORPORATE DEBT	10/29/2024	1.65%	365,000	364,555	342,994
	AERCAP IRELAND CAP/GLOBA	CORPORATE DEBT	10/29/2033	3.40%	160,000	124,446	128,512
	AERCAP IRELAND CAP/GLOBA	CORPORATE DEBT	06/06/2028	5.75%	230,000	227,771	228,098
	AERCAP IRELAND CAP/GLOBA	CORPORATE DEBT	01/30/2032	3.30%	634,000	631,616	518,675
	AES CORP/THE	CORPORATE DEBT	06/01/2028	5.45%	648,000	647,611	636,297
	AHEAD DB HOLDINGS LLC	CORPORATE DEBT	05/01/2028	6.63%	345,000	304,363	280,578
	ALABAMA POWER CO	CORPORATE DEBT	12/01/2047	3.70%	155,000	154,800	120,345
	ALBERTSONS COS LLC/SAFEW	CORPORATE DEBT	02/15/2028	5.88%	45,000	43,594	43,728
	ALBERTSONS COS/SAFEWAY	CORPORATE DEBT	02/15/2030	4.88%	115,000	98,900	106,170
	ALBERTSONS COS/SAFEWAY	CORPORATE DEBT	02/15/2028	6.50%	280,000	280,369	280,465
	ALBERTSONS COS/SAFEWAY	CORPORATE DEBT	03/15/2029	3.50%	125,000	101,250	108,205
	ALEXANDRIA REAL ESTATE E	CORPORATE DEBT	05/18/2032	2.00%	322,000	321,005	243,113
	ALLEGHENY TECHNOLOGIES	CORPORATE DEBT	10/01/2029	4.88%	140,000	140,820	126,027
	ALLEGHENY TECHNOLOGIES	CORPORATE DEBT	12/01/2027	5.88%	85,000	78,796	82,260
	ALLIANT HOLD / CO-ISSUER	CORPORATE DEBT	04/15/2028	6.75%	355,000	355,000	352,068
	ALLIANT HOLD / CO-ISSUER	CORPORATE DEBT	10/15/2027	6.75%	310,000	320,458	291,400
	ALLIANT HOLD / CO-ISSUER	CORPORATE DEBT	11/01/2029	5.88%	60,000	60,000	52,195
	ALLIED UNIVERSAL	CORPORATE DEBT	06/01/2029	6.00%	80,000	80,529	59,033
	ALLWYN ENTERTAINMENT FIN 144A	CORPORATE DEBT	04/30/2029	7.88%	200,000	200,000	202,302
	ALLY FINANCIAL INC	CORPORATE DEBT	11/02/2028	2.20%	365,000	360,043	291,310
	ALTICE FRANCE HLDG SA SER 144A	CORPORATE DEBT	02/15/2028	6.00%	385,000	383,735	187,684
	ALTICE FRANCE SA	CORPORATE DEBT	10/15/2029	5.50%	170,000	124,925	121,574
	ALTICE FRANCE SA	CORPORATE DEBT	01/15/2028	5.50%	340,000	344,004	256,737
	AMAZON.COM INC	CORPORATE DEBT	08/22/2037	3.88%	265,000	305,962	241,985
	AMERICAN AIRLINES (3/21) TL	CORPORATE DEBT	12/31/2089	N/A	255,000	260,187	260,100
	AMERICAN AIRLINES INC	CORPORATE DEBT	02/15/2028	7.25%	145,000	145,000	144,136
	AMERICAN AIRLINES/AADVAN	CORPORATE DEBT	04/20/2026	5.50%	565,000	555,183	559,740
	AMERICAN AIRLINES/AADVAN	CORPORATE DEBT	04/20/2029	5.75%	870,000	842,619	844,753
	AMERICAN EXPRESS CO	CORPORATE DEBT	08/01/2025	3.95%	155,000	154,203	150,437
	AMERICAN FIN TR/FINAN OP	CORPORATE DEBT	09/30/2028	4.50%	170,000	170,000	130,773
	AMERICAN HOMES 4 RENT	CORPORATE DEBT	04/17/2052	3.47%	532,508	543,813	509,360
	AMERICAN INTL GROUP	CORPORATE DEBT	04/01/2026	3.90%	52,000	51,974	49,963
	AMERICAN INTL GROUP	CORPORATE DEBT	01/15/2035	3.88%	40,000	37,432	34,502
	AMERICAN TOWER CORP	CORPORATE DEBT	10/15/2030	1.88%	385,000	383,283	303,780
	AMERICAN TOWER CORP	CORPORATE DEBT	01/15/2051	2.95%	130,000	80,025	81,978
	AMERICREDIT AUTOMOBILE RECEIVA	CORPORATE DEBT	01/20/2026	2.05%	86,626	86,621	86,150
	AMGEN INC	CORPORATE DEBT	02/21/2040	3.15%	105,000	108,904	80,297
	AMGEN INC	CORPORATE DEBT	03/02/2053	5.65%	115,000	114,834	116,462
	AMGEN INC	CORPORATE DEBT	01/15/2032	2.00%	480,000	476,774	379,075
	AMGEN INC	CORPORATE DEBT	11/15/2041	5.15%	53,000	52,833	51,218
	AMGEN INC	CORPORATE DEBT	02/21/2050	3.38%	120,000	85,009	87,918
	AMKOR TECHNOLOGY INC	CORPORATE DEBT	09/15/2027	6.63%	110,000	109,621	110,208

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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	
	AMSTED INDUSTRIES	CORPORATE DEBT	07/01/2027	5.63%	45,000	\$ 43,188	\$ 43,524	
	AMWINS GROUP INC	CORPORATE DEBT	06/30/2029	4.88%	140,000	119,268	126,417	
	ANHEUSER-BUSCH INBEV WOR	CORPORATE DEBT	01/23/2049	5.55%	120,000	119,600	126,479	
	ANTERO MIDSTREAM PART/FI	CORPORATE DEBT	03/01/2027	5.75%	105,000	100,464	101,266	
	ANTERO MIDSTREAM PART/FI	CORPORATE DEBT	05/15/2026	7.88%	195,000	210,303	197,765	
	ANTHEM INC	CORPORATE DEBT	12/01/2024	3.35%	140,000	139,955	135,363	
	ANTHEM INC	CORPORATE DEBT	12/01/2027	3.65%	450,000	449,096	424,854	
	API ESCROW CORP	CORPORATE DEBT	10/15/2029	4.75%	65,000	65,514	58,539	
	API GROUP DE INC	CORPORATE DEBT	07/15/2029	4.13%	115,000	114,371	99,188	
	APPLE INC	CORPORATE DEBT	05/13/2045	4.38%	190,000	189,307	180,434	
	APX GROUP INC	CORPORATE DEBT	07/15/2029	5.75%	250,000	250,000	216,975	
	ARAMARK SERVICES (3/17)	CORPORATE DEBT	12/31/2089	N/A	54,745	54,576	54,745	
	ARCONIC CORP	CORPORATE DEBT	05/15/2025	6.00%	120,000	120,855	120,954	
	ARDAGH METAL PACKAGING	CORPORATE DEBT	09/01/2029	4.00%	35,000	28,452	27,720	
	ARDAGH METAL PACKAGING SER 144A	CORPORATE DEBT	06/15/2027	6.00%	150,000	153,254	147,356	
	ARDAGH PKG FIN/HLDGS USA	CORPORATE DEBT	08/15/2027	5.25%	55,000	46,750	46,589	
	ARDAGH PKG FIN/HLDGS USA	CORPORATE DEBT	08/15/2027	5.25%	400,000	333,644	338,832	
	ARDAGH PKG FIN/HLDGS USA 144A	CORPORATE DEBT	04/30/2025	5.25%	40,000	39,200	39,124	
	ARDAGH PKG FIN/HLDGS USA 144A	CORPORATE DEBT	08/15/2026	4.13%	285,000	275,059	265,460	
	ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	12/31/2028	8.25%	285,000	289,651	280,269	
	ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	06/30/2029	5.88%	140,000	139,629	124,900	
	ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	11/01/2026	7.00%	110,000	98,033	106,444	
	ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	11/01/2027	9.00%	55,000	109,075	68,377	
	ASGN INCORPORATED	CORPORATE DEBT	05/15/2028	4.63%	285,000	281,974	257,834	
	ASSUREDPARTNERS INC	CORPORATE DEBT	08/15/2025	7.00%	215,000	212,177	212,328	
	ASSUREDPARTNERS INC	CORPORATE DEBT	01/15/2029	5.63%	65,000	63,271	56,260	
	AT&T INC	CORPORATE DEBT	09/15/2053	3.50%	516,000	389,146	365,287	
	AT&T INC	CORPORATE DEBT	05/15/2035	4.50%	70,000	83,350	64,351	
	AT&T INC	CORPORATE DEBT	02/01/2028	1.65%	235,000	234,704	201,964	
	AT&T INC	CORPORATE DEBT	03/01/2029	4.35%	772,000	880,844	741,622	
	AT&T INC	CORPORATE DEBT	06/01/2031	2.75%	412,000	411,337	347,629	
	ATLAS LUXCO 4 / ALL UNI	CORPORATE DEBT	06/01/2028	4.63%	185,000	185,000	155,631	
	AUTOMATION TOOLING SYSTE	CORPORATE DEBT	12/15/2028	4.13%	95,000	85,344	85,029	
	AVALONBAY COMMUNITIES	CORPORATE DEBT	01/15/2031	2.45%	310,000	308,621	260,806	
	AVANTOR FUNDING INC	CORPORATE DEBT	11/01/2029	3.88%	165,000	149,769	144,462	
	AVIENT CORP	CORPORATE DEBT	08/01/2030	7.13%	265,000	256,449	268,026	
	AXA EQUITABLE HOLDINGS I	CORPORATE DEBT	04/20/2028	4.35%	429,000	437,905	401,480	
	BACARDI LTD / MARTINI BV 144A	CORPORATE DEBT	06/15/2033	5.40%	763,000	760,154	756,255	
	BALL CORP	CORPORATE DEBT	06/15/2029	6.00%	180,000	180,000	178,650	
	BALL CORP	CORPORATE DEBT	08/15/2030	2.88%	175,000	150,168	145,273	
	BANK	CORPORATE DEBT	08/15/2055	4.40%	475,000	489,219	445,032	
	BANK	CORPORATE DEBT	06/15/2055	VAR%	175,000	180,249	164,929	
	BANK OF AMERICA CORP	CORPORATE DEBT	03/03/2026	4.45%	275,000	276,080	267,281	
	BANK OF AMERICA CORP	CORPORATE DEBT	06/14/2029	VAR%	535,000	533,871	456,441	
	BANK OF AMERICA CORP	CORPORATE DEBT	10/01/2025	VAR%	200,000	200,000	192,374	
	BANK OF AMERICA CORP	CORPORATE DEBT	12/20/2028	VAR%	35,000	33,219	32,096	
	BANK OF AMERICA CORP	CORPORATE DEBT	12/31/2089	VAR%	155,000	153,414	151,458	
	BANK OF AMERICA CORP	CORPORATE DEBT	03/08/2037	VAR%	356,000	356,000	304,423	
	BANK OF AMERICA CORP	CORPORATE DEBT	04/02/2026	VAR%	637,000	637,000	610,571	
	BANK OF AMERICA CORP	CORPORATE DEBT	08/01/2025	3.88%	310,000	320,440	301,205	
	BANK OF AMERICA CORP	CORPORATE DEBT	04/24/2028	VAR%	414,000	410,063	388,026	
	BANK OF AMERICA CORPORATION	CORPORATE DEBT	10/24/2026	VAR%	155,000	154,710	139,467	
	BANK OF AMERICA CORPORATION	CORPORATE DEBT	04/22/2032	VAR%	659,000	544,301	546,146	
	BANK OF NY MELLON CORP	CORPORATE DEBT	02/01/2029	VAR%	310,000	310,000	301,714	
	BANK OF NY MELLON CORP	CORPORATE DEBT	12/31/2049	VAR%	140,000	124,257	123,585	
	BARCLAYS COMMERCIAL MORTGAGES	CORPORATE DEBT	12/15/2055	5.71%	195,000	200,846	202,080	
	BARCLAYS PLC	CORPORATE DEBT	11/02/2026	VAR%	396,000	396,000	404,847	
	BARCLAYS PLC	CORPORATE DEBT	09/23/2035	3.56%	897,000	897,000	709,805	
	BAT CAPITAL CORP	CORPORATE DEBT	03/16/2052	5.65%	50,000	48,252	43,437	
	BATH & BODY WORKS INC	CORPORATE DEBT	07/01/2036	6.75%	215,000	182,750	193,440	
	BCPE EMPIRE HOLDINGS INC	CORPORATE DEBT	05/01/2027	7.63%	275,000	274,958	255,750	
	BENTELER INTERNATIONAL SER 144A	CORPORATE DEBT	05/15/2028	10.50%	165,000	165,000	166,650	
	BERKSHIRE HATHAWAY ENERG	CORPORATE DEBT	05/15/2051	2.85%	25,000	24,969	16,159	
	BERKSHIRE HATHAWAY ENERG	CORPORATE DEBT	05/15/2031	1.65%	568,000	543,150	440,450	
	BERKSHIRE HATHAWAY ENERG	CORPORATE DEBT	07/15/2030	3.70%	262,000	261,958	241,014	
	BERRY GLOBAL ESCROW CORP	CORPORATE DEBT	07/15/2027	5.63%	320,000	319,861	313,200	
	BMW VEHICLE LEASE TRUST	CORPORATE DEBT	11/25/2025	5.16%	60,000	59,999	59,596	
	BOMBARDIER INC	CORPORATE DEBT	04/15/2027	7.88%	150,000	146,250	149,615	
	BOSTON PROPERTIES INC	CORPORATE DEBT	06/21/2029	3.40%	180,000	179,667	150,518	
	BOSTON PROPERTIES INC	CORPORATE DEBT	06/21/2029	3.40%	740,000	738,631	618,795	
	BOSTON PROPERTIES LP	CORPORATE DEBT	10/01/2033	2.45%	672,000	671,724	484,223	
	BP CAP MARKETS AMERICA	CORPORATE DEBT	09/11/2033	4.89%	225,000	224,996	222,676	
	BP CAP MARKETS AMERICA	CORPORATE DEBT	02/13/2033	4.81%	330,000	330,000	325,205	
	BPR TRUST	CORPORATE DEBT	08/15/2039	VAR%	490,000	487,395	485,673	
	BROADSTREET PARTNERS INC	CORPORATE DEBT	04/15/2029	5.88%	130,000	123,872	112,780	
	BUCKEYE PARTNERS LP	CORPORATE DEBT	10/15/2044	5.60%	200,000	144,802	144,000	
	BUCKEYE PARTNERS LP	CORPORATE DEBT	11/15/2043	5.85%	225,000	197,060	166,500	

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	BUCKEYE PARTNERS LP	CORPORATE DEBT	10/15/2024	4.35%	130,000	\$ 125,390	\$ 126,932
	BUCKEYE PARTNERS LP	CORPORATE DEBT	03/01/2028	4.50%	25,000	22,229	22,399
	BUILDERS FIRSTSOURCE INC	CORPORATE DEBT	03/01/2030	5.00%	90,000	81,798	84,152
	BUILDERS FIRSTSOURCE INC	CORPORATE DEBT	06/15/2032	6.38%	160,000	160,000	158,960
	BURLINGTON NORTH SANTA FE	CORPORATE DEBT	04/01/2044	4.90%	55,000	58,585	53,195
	BWAY HOLDING TL (4/17)	CORPORATE DEBT	12/31/2049	N/A	198,672	196,351	195,568
	CAESARS ENTERTAIN INC	CORPORATE DEBT	02/15/2030	7.00%	25,000	-	100
	CAESARS ENTERTAIN INC	CORPORATE DEBT	10/15/2029	4.63%	295,000	270,588	257,597
	CALDERYS FINANCING LLC	CORPORATE DEBT	06/01/2028	11.25%	240,000	240,000	245,950
	CALLON PETROLEUM CO	CORPORATE DEBT	07/01/2026	6.38%	120,000	115,500	116,807
	CALLON PETROLEUM CO	CORPORATE DEBT	06/15/2030	7.50%	40,000	40,000	37,755
	CALPINE CORP	CORPORATE DEBT	02/01/2029	4.63%	357,000	358,059	301,194
	CALPINE CORP	CORPORATE DEBT	02/01/2031	5.00%	239,000	239,617	197,670
	CALPINE CORP	CORPORATE DEBT	02/15/2028	4.50%	75,000	75,077	67,900
	CAMDEN PROPERTY TRUST	CORPORATE DEBT	05/15/2030	2.80%	70,000	69,950	60,750
	CAMDEN PROPERTY TRUST	CORPORATE DEBT	07/01/2029	3.15%	150,000	149,627	132,821
	CAMELOT RETURN MERGER SU	CORPORATE DEBT	08/01/2028	8.75%	250,000	229,718	236,248
	CAPITAL ONE FINANCIAL CO	CORPORATE DEBT	03/01/2030	VAR%	402,000	402,000	341,330
	CAPITAL ONE PRIME AUTO RECEIVA	CORPORATE DEBT	05/17/2027	4.14%	300,000	299,979	290,130
	CARNIVAL (6/20) TL	CORPORATE DEBT	12/31/2049	N/A	77,907	77,323	77,907
	CARNIVAL CORP	CORPORATE DEBT	08/01/2027	9.88%	190,000	211,119	197,910
	CARNIVAL CORP	CORPORATE DEBT	03/01/2026	7.63%	120,000	129,579	117,528
	CARNIVAL HLDGS BM LTD	CORPORATE DEBT	05/01/2028	10.38%	195,000	192,007	213,277
	CARPENTER TECHNOLOGY	CORPORATE DEBT	03/15/2030	7.63%	190,000	191,012	192,147
	CARPENTER TECHNOLOGY	CORPORATE DEBT	07/15/2028	6.38%	25,000	24,138	24,500
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	01/15/2034	4.25%	140,000	100,189	105,808
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	02/01/2032	4.75%	100,000	82,018	81,548
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	05/01/2027	5.13%	90,000	84,312	83,813
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	02/01/2028	5.00%	175,000	182,438	159,441
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	03/01/2030	4.75%	190,000	198,132	162,465
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	09/01/2029	6.38%	155,000	155,000	146,035
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	05/01/2032	4.50%	690,000	662,484	550,937
	CDW LLC/CDW FINANCE	CORPORATE DEBT	12/01/2031	3.57%	145,000	121,395	122,354
	CDW LLC/CDW FINANCE	CORPORATE DEBT	04/01/2028	4.25%	135,000	125,463	123,813
	CEDAR FAIR/CAN/MAGNUM/MI	CORPORATE DEBT	05/01/2025	5.50%	35,000	34,913	34,736
	CEDAR FAIR/CAN/MAGNUM/MI	CORPORATE DEBT	10/01/2028	6.50%	200,000	197,769	195,042
	CENOVUS ENERGY INC	CORPORATE DEBT	11/15/2039	6.75%	74,000	102,947	77,575
	CENOVUS ENERGY INC	CORPORATE DEBT	01/15/2032	2.65%	108,000	106,671	87,180
	CENTRAL PARENT/MERGER SU	CORPORATE DEBT	06/15/2029	7.25%	180,000	180,000	177,982
	CENTURYLINK INC	CORPORATE DEBT	02/15/2027	4.00%	75,000	50,775	55,891
	CHARLES SCHWAB CORP	CORPORATE DEBT	05/19/2029	VAR%	405,000	405,000	404,514
	CHART INDUSTRIES INC	CORPORATE DEBT	01/01/2030	7.50%	405,000	399,577	413,205
	CHART INDUSTRIES INC	CORPORATE DEBT	01/01/2031	9.50%	25,000	24,487	26,525
	CHARTER COMM OPT LLC/CAP	CORPORATE DEBT	03/01/2050	4.80%	30,000	30,160	22,635
	CHARTER COMM OPT LLC/CAP	CORPORATE DEBT	01/15/2029	2.25%	542,000	541,106	451,313
	CHARTER COMM OPT LLC/CAP	CORPORATE DEBT	06/01/2041	3.50%	657,000	654,004	444,395
	CHEEVER ESCROW ISSUER	CORPORATE DEBT	10/01/2027	7.13%	95,000	94,050	85,652
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	01/15/2029	6.00%	130,000	122,707	109,363
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	03/15/2026	8.00%	90,000	87,975	87,669
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	05/15/2030	5.25%	210,000	200,149	165,423
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	12/15/2027	8.00%	65,000	71,013	62,923
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	03/15/2027	5.63%	115,000	115,000	101,343
	CHURCHILL DOWNS INC	CORPORATE DEBT	01/15/2028	4.75%	90,000	83,859	83,466
	CHURCHILL DOWNS INC	CORPORATE DEBT	04/01/2027	5.50%	105,000	104,475	100,950
	CHURCHILL DOWNS INC	CORPORATE DEBT	05/01/2031	6.75%	290,000	290,000	286,738
	CIGNA CORP	CORPORATE DEBT	01/31/2030	4.00%	45,000	40,256	39,206
	CIGNA CORP	CORPORATE DEBT	03/15/2050	3.40%	30,000	28,440	21,923
	CIGNA GROUP/THE	CORPORATE DEBT	03/15/2026	5.69%	1,070,000	1,069,979	1,071,241
	CIM TRUST	CORPORATE DEBT	08/25/2048	VAR%	13,157	13,560	12,117
	CINTAS CORPORATION NO. 2	CORPORATE DEBT	05/01/2032	4.00%	315,000	314,820	299,200
	CITIBANK CREDIT CARD ISSUANCE	CORPORATE DEBT	05/14/2029	VAR%	600,000	598,846	599,340
	CITIGROUP INC	CORPORATE DEBT	05/25/2034	VAR%	125,000	125,000	126,089
	CITIGROUP INC	CORPORATE DEBT	10/21/2026	3.20%	140,000	142,776	131,046
	CITIGROUP INC	CORPORATE DEBT	09/29/2026	VAR%	755,000	755,000	753,973
	CITIGROUP INC	CORPORATE DEBT	06/03/2031	VAR%	160,000	145,590	133,491
	CIVITAS RESOURCES INC	CORPORATE DEBT	07/01/2028	8.38%	205,000	205,000	207,317
	CIVITAS RESOURCES INC	CORPORATE DEBT	07/01/2031	8.75%	245,000	245,000	248,381
	CLARIOS GLOBAL LP SER 144A	CORPORATE DEBT	05/15/2025	6.75%	155,000	160,272	155,095
	CLEAN HARBORS INC	CORPORATE DEBT	07/15/2029	5.13%	45,000	43,200	42,575
	CLEARWAY ENERGY OP LLC	CORPORATE DEBT	01/15/2032	3.75%	235,000	206,051	191,269
	CNH EQUIPMENT TRUST	CORPORATE DEBT	11/15/2027	3.89%	195,000	194,970	189,526
	CNH EQUIPMENT TRUST	CORPORATE DEBT	04/17/2028	5.15%	360,000	359,939	358,592
	COLGATE ENERGY	CORPORATE DEBT	07/01/2029	5.88%	180,000	182,209	169,562
	COLT MERGER SUB INC	CORPORATE DEBT	07/01/2025	6.25%	250,000	263,433	248,843
	COMCAST CORP	CORPORATE DEBT	08/15/2035	4.40%	405,000	404,753	380,676
	COMCAST CORP	CORPORATE DEBT	02/15/2031	1.50%	550,000	548,147	437,492
	COMMONSPIRIT HEALTH	CORPORATE DEBT	10/01/2029	3.35%	657,000	683,342	577,996

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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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)	(e)
						Cost	Current value
	COMMONWEALTH BANK AUST SER 144A	CORPORATE DEBT	03/14/2025	VAR%	1,490,000	\$ 1,491,354	\$ 1,493,442
	COMMScope FINANCE LLC	CORPORATE DEBT	03/01/2027	8.25%	165,000	158,568	131,997
	COMMScope INC	CORPORATE DEBT	07/01/2028	7.13%	55,000	55,000	39,050
	COMMScope INC	CORPORATE DEBT	09/01/2029	4.75%	90,000	90,000	70,956
	COMMScope TECH LLC	CORPORATE DEBT	03/15/2027	5.00%	380,000	367,004	264,507
	COMSTOCK RESOURCES INC	CORPORATE DEBT	01/15/2030	5.88%	465,000	474,540	403,699
	COMSTOCK RESOURCES INC	CORPORATE DEBT	03/01/2029	6.75%	393,000	381,024	359,575
	CONDOR MERGER SUB INC	CORPORATE DEBT	02/15/2030	7.38%	325,000	325,000	282,594
	CONOCOPHILLIPS COMPANY	CORPORATE DEBT	11/15/2034	4.15%	72,000	71,970	65,608
	CONS EDISON CO OF NY	CORPORATE DEBT	03/15/2044	4.45%	300,000	299,748	263,319
	CONSENSUS CLOUD SOLUTION	CORPORATE DEBT	10/15/2028	6.50%	190,000	189,194	162,450
	CONSTELLATION EN GEN LLC	CORPORATE DEBT	03/01/2028	5.60%	275,000	274,962	277,107
	COREBRIDGE FINANCIAL INC	CORPORATE DEBT	04/05/2027	3.65%	392,000	391,451	365,963
	CORNERSTONE BUILDING	CORPORATE DEBT	01/15/2029	6.13%	150,000	130,892	118,500
	CORNING INC	CORPORATE DEBT	11/15/2079	5.45%	130,000	130,898	117,425
	COTY INC	CORPORATE DEBT	04/15/2026	5.00%	210,000	199,699	201,247
	CRESTWOOD MID PARTNER LP	CORPORATE DEBT	04/01/2025	5.75%	35,000	35,000	34,388
	CRESTWOOD MID PARTNER LP	CORPORATE DEBT	02/01/2029	6.00%	35,000	32,375	32,681
	CRESTWOOD MID PARTNER LP	CORPORATE DEBT	02/01/2031	7.38%	420,000	416,025	413,973
	CRESTWOOD MID PARTNER LP	CORPORATE DEBT	04/01/2029	8.00%	25,000	24,281	25,310
	CRESTWOOD MID PARTNER LP	CORPORATE DEBT	05/01/2027	5.63%	95,000	89,680	90,060
	CROCS (2/22) TL	CORPORATE DEBT	12/31/2089	N/A	215,821	215,601	215,821
	CROWN AMER/CAP CORP VI	CORPORATE DEBT	02/01/2026	4.75%	80,000	79,544	77,534
	CROWN CASTLE INTL CORP	CORPORATE DEBT	07/15/2031	2.50%	123,000	122,684	101,047
	CROWN CASTLE INTL CORP	CORPORATE DEBT	02/15/2028	3.80%	420,000	418,383	391,461
	CSC HOLDINGS LLC	CORPORATE DEBT	04/01/2028	7.50%	140,000	149,960	79,796
	CSC HOLDINGS LLC	CORPORATE DEBT	01/15/2030	5.75%	385,000	403,741	181,785
	CSC HOLDINGS LLC	CORPORATE DEBT	02/01/2028	5.38%	150,000	123,913	120,531
	CSC HOLDINGS LLC	CORPORATE DEBT	11/15/2031	5.00%	225,000	225,000	104,785
	CSC HOLDINGS LLC	CORPORATE DEBT	12/01/2030	4.13%	430,000	326,280	300,798
	CSC HOLDINGS LLC	CORPORATE DEBT	12/01/2030	4.63%	235,000	240,670	104,561
	CSC HOLDINGS LLC	CORPORATE DEBT	06/01/2024	5.25%	45,000	42,413	41,852
	CVS HEALTH CORP	CORPORATE DEBT	04/01/2030	3.75%	150,000	149,666	137,592
	CVS HEALTH CORP	CORPORATE DEBT	04/01/2027	3.63%	50,000	50,208	47,464
	CVS HEALTH CORP	CORPORATE DEBT	03/25/2038	4.78%	30,000	29,422	27,686
	CVS HEALTH CORP	CORPORATE DEBT	02/21/2030	5.13%	682,000	677,451	677,294
	CVS HEALTH CORP SER 144A	CORPORATE DEBT	02/20/2026	5.00%	445,000	443,487	442,935
	CYXTERA DC HOLDINGS	CORPORATE DEBT	05/01/2024	VAR%	198,146	194,679	97,092
	DAIMLER FINANCE NA LLC	CORPORATE DEBT	06/14/2024	2.70%	230,000	229,602	223,979
	DANA INC	CORPORATE DEBT	02/15/2032	4.50%	80,000	80,000	66,402
	DANA INC	CORPORATE DEBT	11/15/2027	5.38%	130,000	123,906	123,144
	DARLING INGREDIENTS INC	CORPORATE DEBT	06/15/2030	6.00%	145,000	144,886	141,614
	DAVITA INC	CORPORATE DEBT	02/15/2031	3.75%	215,000	160,515	171,899
	DAVITA INC	CORPORATE DEBT	06/01/2030	4.63%	100,000	82,067	85,848
	DELL INT LLC / EMC CORP	CORPORATE DEBT	12/15/2041	3.38%	488,000	486,380	344,128
	DELTA AIR LINES INC	CORPORATE DEBT	01/15/2026	7.38%	195,000	210,795	203,284
	DIAGEO CAPITAL PLC	CORPORATE DEBT	01/24/2033	5.50%	285,000	283,490	301,333
	DIAMOND (BC) (9/17)	CORPORATE DEBT	12/31/2089	N/A	104,470	102,842	104,470
	DIAMOND SPORTS GR/DIAMON	CORPORATE DEBT	08/15/2026	5.38%	340,000	158,100	11,475
	DISH DBS CORP	CORPORATE DEBT	07/01/2028	7.38%	225,000	233,111	120,375
	DISH DBS CORP	CORPORATE DEBT	06/01/2029	5.13%	265,000	240,696	123,053
	DISH DBS CORP	CORPORATE DEBT	12/01/2026	5.25%	70,000	57,750	56,152
	DISH NETWORK CORP	CORPORATE DEBT	11/15/2027	11.75%	150,000	147,257	146,387
	DISH NETWORK CORPORATION CL A	CORPORATE DEBT	08/15/2026	3.38%	285,000	232,390	143,881
	DLLAD LLC	CORPORATE DEBT	01/20/2028	4.79%	385,000	384,907	377,323
	DLLST LLC	CORPORATE DEBT	01/21/2025	3.40%	410,000	409,940	402,899
	DOW CHEMICAL CO/THE	CORPORATE DEBT	05/15/2049	4.80%	85,000	84,493	73,994
	DOWDUPONT INC	CORPORATE DEBT	11/15/2025	4.49%	175,000	175,000	171,386
	DT MIDSTREAM INC	CORPORATE DEBT	06/15/2029	4.13%	330,000	295,462	289,601
	DTE ENERGY CO	CORPORATE DEBT	10/01/2024	2.53%	210,000	209,931	201,077
	DTE ENERGY CO	CORPORATE DEBT	06/01/2025	1.05%	290,000	289,649	265,620
	DUKE ENERGY CORP	CORPORATE DEBT	09/15/2025	0.90%	205,000	204,900	186,581
	DUKE ENERGY CORP	CORPORATE DEBT	09/01/2046	3.75%	125,000	93,165	94,553
	DUKE ENERGY CORP	CORPORATE DEBT	03/15/2028	4.30%	238,000	237,636	228,623
	DUKE ENERGY CORP	CORPORATE DEBT	06/01/2030	2.45%	626,000	624,003	525,677
	DUKE ENERGY FLORIDA LLC	CORPORATE DEBT	01/15/2027	3.20%	230,000	229,862	217,893
	DUKE ENERGY INDIANA LLC	CORPORATE DEBT	04/01/2050	2.75%	70,000	69,914	44,703
	EDVESTINU PRIVATE EDUCATION LO	CORPORATE DEBT	11/25/2040	5.25%	177,597	173,202	170,956
	EMERALD DEBT MERGER	CORPORATE DEBT	12/15/2030	6.63%	165,000	165,000	163,556
	EMERSON ELECTRIC CO	CORPORATE DEBT	12/21/2051	2.80%	75,000	74,834	51,094
	ENBRIDGE INC	CORPORATE DEBT	03/08/2033	5.70%	378,000	377,516	383,190
	ENCOMPASS HEALTH CORP	CORPORATE DEBT	02/01/2028	4.50%	100,000	92,875	93,035
	ENDURANCE ACQ MERGER	CORPORATE DEBT	02/15/2029	6.00%	245,000	243,326	183,917
	ENEL FINANCE INTL NV SER 144A	CORPORATE DEBT	06/15/2027	4.63%	906,000	904,079	876,890
	ENEL FINANCE INTL NV SER 144A	CORPORATE DEBT	10/14/2032	7.50%	427,000	419,530	473,423
	ENERGIZER HOLDINGS INC	CORPORATE DEBT	12/31/2027	6.50%	330,000	321,907	317,269
	ENLINK MIDSTREAM LLC	CORPORATE DEBT	09/01/2030	6.50%	65,000	65,000	64,921

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
	ENTAIN (7/21)	CORPORATE DEBT	03/11/2026	N/A	368,150	\$ 363,052	\$ 368,150
	ENVISION HEALTHCARE CORP	CORPORATE DEBT	10/15/2026	8.75%	260,000	168,755	3,900
	EPR PROPERTIES	CORPORATE DEBT	06/01/2027	4.50%	130,000	129,414	116,615
	EPR PROPERTIES	CORPORATE DEBT	08/15/2029	3.75%	325,000	295,319	264,202
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	07/15/2048	6.50%	50,000	37,000	45,218
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	12/01/2026	4.13%	240,000	222,161	223,207
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	06/01/2030	7.50%	100,000	100,000	101,195
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	07/01/2027	6.50%	25,000	27,593	24,657
	EQT MIDSTREAM PARTNERS L	CORPORATE DEBT	07/15/2028	5.50%	165,000	161,134	156,126
	EQUINIX INC	CORPORATE DEBT	04/15/2032	3.90%	460,000	431,280	412,786
	EQUINIX INC	CORPORATE DEBT	04/15/2032	3.90%	304,000	302,401	272,797
	EQUINOR ASA	CORPORATE DEBT	04/06/2027	3.00%	55,000	54,728	51,472
	EQUIPMENTSHARE.COM INC	CORPORATE DEBT	05/15/2028	9.00%	220,000	206,919	213,558
	ESC ENERGY CONVERSION DEVICE	CORPORATE DEBT	06/15/2013	3.00%	7,408,000	726,209	74
	EVERI HOLDINGS INC	CORPORATE DEBT	07/15/2029	5.00%	175,000	158,813	153,258
	EVERSOURCE ENERGY	CORPORATE DEBT	10/01/2024	2.90%	380,000	379,141	365,723
	EXELON CORP	CORPORATE DEBT	06/15/2025	3.95%	200,000	199,590	193,382
	FAIR ISAAC CORP	CORPORATE DEBT	05/15/2026	5.25%	110,000	112,200	107,327
	FANNIEMAE STRIP	CORPORATE DEBT	02/25/2048	3.50%	314,441	45,987	60,442
	FEDERAL HOME LOAN MTG CORP	CORPORATE DEBT	07/25/2050	4.50%	197,698	30,705	31,606
	FEDERAL HOME LOAN MTG CORP	CORPORATE DEBT	09/25/2050	4.00%	737,463	92,183	127,493
	FEDERAL HOME LOAN MTG CORP	CORPORATE DEBT	02/25/2051	4.00%	624,904	91,685	113,033
	FEDERAL NATL MTG ASSN	CORPORATE DEBT	01/25/2047	3.50%	166,836	21,219	26,080
	FEDERAL NATL MTG ASSN	CORPORATE DEBT	09/25/2050	4.00%	241,924	33,529	46,241
	FEDERAL NATL MTG ASSN	CORPORATE DEBT	09/25/2050	4.00%	281,378	44,449	52,106
	FEDERAL NATL MTG ASSN	CORPORATE DEBT	09/25/2050	4.00%	418,916	63,361	77,160
	FEDERAL NATL MTG ASSN	CORPORATE DEBT	09/25/2050	4.00%	496,776	85,772	87,507
	FHLMC MULTIFAMILY STRUCTURED P	CORPORATE DEBT	05/25/2025	3.33%	70,000	77,109	67,446
	FIRST QUANTUM MINERALS 144A	CORPORATE DEBT	06/01/2031	8.63%	555,000	554,600	568,808
	FIRST QUANTUM MINERALS L	CORPORATE DEBT	03/01/2026	6.88%	70,000	66,675	68,908
	FIRST QUANTUM MINERALS SER 144A	CORPORATE DEBT	04/01/2025	7.50%	290,000	285,202	289,640
	FIRST QUANTUM MINERALS SER 144A	CORPORATE DEBT	10/15/2027	6.88%	40,000	38,600	39,020
	FIRSTKEY HOMES 2020-SFR1 TRUST	CORPORATE DEBT	10/19/2037	1.27%	886,638	889,161	795,953
	FLORIDA POWER & LIGHT CO	CORPORATE DEBT	05/15/2028	4.40%	470,000	469,690	461,169
	FMG RESOURCES AUG 2006 SER 144A	CORPORATE DEBT	09/15/2027	4.50%	155,000	144,967	144,344
	FMG RESOURCES AUG 2006 SER 144A	CORPORATE DEBT	04/15/2032	6.13%	40,000	39,118	38,120
	FMG RESOURCES AUG 2006 SER 144A	CORPORATE DEBT	04/01/2031	4.38%	45,000	39,399	38,421
	FOOT LOCKER INC	CORPORATE DEBT	10/01/2029	4.00%	150,000	146,550	112,958
	FORD MOTOR CO	CORPORATE DEBT	07/16/2031	7.45%	235,000	274,207	250,411
	FORD MOTOR COMPANY	CORPORATE DEBT	04/22/2030	9.63%	70,000	90,758	81,429
	FORD MOTOR COMPANY	CORPORATE DEBT	08/19/2032	6.10%	85,000	80,738	82,379
	FORD MOTOR COMPANY	CORPORATE DEBT	12/08/2046	5.29%	70,000	61,425	57,637
	FORD MOTOR COMPANY	CORPORATE DEBT	01/15/2043	4.75%	95,000	77,900	73,037
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	06/17/2031	3.63%	50,000	41,000	40,982
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	03/06/2030	7.35%	80,000	81,716	81,699
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	05/03/2029	5.11%	35,000	32,346	32,459
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	03/06/2026	6.95%	185,000	185,158	185,981
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	06/10/2030	7.20%	125,000	125,000	126,151
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	06/09/2025	4.69%	100,000	102,876	96,327
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	05/12/2028	6.80%	60,000	59,992	60,055
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	06/10/2026	6.95%	135,000	135,000	135,666
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	08/17/2027	4.13%	160,000	164,742	146,104
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	11/01/2024	4.06%	175,000	176,033	169,344
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	11/04/2027	7.35%	180,000	180,000	183,802
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	01/08/2026	4.39%	275,000	240,517	260,260
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	03/06/2026	VAR%	180,000	180,649	180,450
	FORTREA HOLDINGS INC	CORPORATE DEBT	07/01/2030	7.50%	45,000	45,000	46,079
	FRONTIER COMMUNICATIONS	CORPORATE DEBT	11/01/2029	5.88%	175,000	180,423	127,750
	FRONTIER COMMUNICATIONS	CORPORATE DEBT	05/15/2030	8.75%	50,000	50,000	48,869
	FRONTIER COMMUNICATIONS	CORPORATE DEBT	10/15/2027	5.88%	115,000	115,146	105,542
	GAINWELL (10/20) 1ST LIEN)	CORPORATE DEBT	12/31/2049	N/A	247,701	244,824	241,974
	GARDA WORLD SECURITY	CORPORATE DEBT	02/15/2028	7.75%	65,000	65,000	64,520
	GARDA WORLD SECURITY SER 144A	CORPORATE DEBT	06/01/2029	6.00%	90,000	90,000	73,751
	GATES GLOBAL (7/14)	CORPORATE DEBT	07/26/2026	N/A	104,464	104,334	104,464
	GENERAL DYNAMICS CORP	CORPORATE DEBT	04/01/2040	4.25%	220,000	281,292	202,415
	GENERAL MOTORS FINL CO	CORPORATE DEBT	04/06/2026	5.40%	1,440,000	1,443,629	1,423,526
	GENERAL MOTORS FINL CO	CORPORATE DEBT	04/09/2027	5.00%	45,000	44,950	43,790
	GENERAL MOTORS FINL CO	CORPORATE DEBT	06/10/2026	1.50%	523,000	522,048	462,170
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	02/01/2028	7.75%	140,000	138,250	133,158
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	05/15/2026	6.25%	25,000	23,640	23,673
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	04/15/2030	8.88%	155,000	155,000	151,435
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	10/01/2025	6.50%	70,000	69,954	68,935
	GENUINE PARTS CO	CORPORATE DEBT	02/01/2032	2.75%	387,000	382,395	317,557
	GLATFELTER	CORPORATE DEBT	11/15/2029	4.75%	105,000	75,461	68,699
	GLOBAL AIR LEASE CO LTD	CORPORATE DEBT	09/15/2024	6.50%	251,936	659,720	230,610
	GLOBAL INFRASTRUCTURE SO	CORPORATE DEBT	04/15/2032	7.50%	215,000	200,556	182,750
	GLP CAPITAL LP / FIN II	CORPORATE DEBT	01/15/2032	3.25%	130,000	100,994	104,963

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	GM FINANCIAL AUTOMOBILE LEASIN	CORPORATE DEBT	09/22/2025	4.00%	235,000	\$ 234,978	\$ 231,285
	GOLDEN CREDIT CARD TRUST	CORPORATE DEBT	09/15/2027	4.31%	350,000	349,941	341,936
	GOLDEN ENTERTAINMENT INC	CORPORATE DEBT	04/15/2026	7.63%	105,000	107,363	105,448
	GOLDEN ST TOBACCO SECURITIZATI	CORPORATE DEBT	06/01/2046	3.00%	1,015,000	938,055	934,551
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	10/21/2032	VAR%	95,000	91,269	77,437
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	02/25/2026	3.75%	135,000	134,688	129,576
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	09/10/2027	VAR%	900,000	900,000	791,010
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	06/05/2028	VAR%	130,000	146,675	122,140
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	11/16/2026	3.50%	425,000	410,087	398,438
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	04/23/2029	VAR%	958,000	958,000	889,292
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	04/30/2031	5.25%	185,000	193,002	162,493
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	07/15/2029	5.00%	260,000	237,631	234,452
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	05/31/2026	5.00%	105,000	105,467	102,601
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	05/31/2025	9.50%	160,000	168,700	163,611
	GREAT AMERICA LEASING RECEIVAB	CORPORATE DEBT	09/15/2026	5.08%	210,000	209,964	207,556
	GREAT CANADIAN GAMING	CORPORATE DEBT	12/31/2089	N/A	104,472	104,401	104,472
	GS MORTGAGE-BACKED SECURITIES	CORPORATE DEBT	06/25/2052	VAR%	216,906	214,805	188,836
	GTCR AP FINANCE INC	CORPORATE DEBT	05/15/2027	8.00%	195,000	197,871	191,147
	GYP HOLDINGS III CORP	CORPORATE DEBT	05/01/2029	4.63%	120,000	120,000	105,600
	H.B. FULLER CO	CORPORATE DEBT	10/15/2028	4.25%	175,000	176,401	155,757
	HARVEST MIDSTREAM I LP	CORPORATE DEBT	09/01/2028	7.50%	290,000	286,830	287,518
	HCP INC	CORPORATE DEBT	07/15/2026	3.25%	180,000	179,831	167,634
	HEALTHCARE TRUST OF AMER	CORPORATE DEBT	03/15/2030	2.40%	194,000	193,350	153,526
	HEALTHQUITY INC	CORPORATE DEBT	10/01/2029	4.50%	280,000	277,192	246,772
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	02/01/2029	5.75%	47,000	47,000	42,558
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	02/01/2031	6.00%	34,000	34,000	30,307
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	04/15/2030	6.00%	95,000	95,000	86,504
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	11/01/2028	6.25%	100,000	86,753	94,130
	HOLOGIC INC	CORPORATE DEBT	02/01/2028	4.63%	85,000	82,513	79,946
	HOME PARTNERS OF AMERICA TRUST	CORPORATE DEBT	10/19/2039	2.70%	357,879	357,869	318,097
	HOME PARTNERS OF AMERICA TRUST	CORPORATE DEBT	04/17/2039	3.93%	551,184	545,635	515,170
	HONDA AUTO RECEIVABLES OWNER T	CORPORATE DEBT	07/20/2026	3.73%	160,000	159,990	155,794
	HOWARD MIDSTREAM ENERGY	CORPORATE DEBT	01/15/2027	6.75%	240,000	235,096	228,600
	HOWARD MIDSTREAM ENERGY	CORPORATE DEBT	07/15/2028	8.88%	175,000	175,000	176,531
	HSBC HOLDINGS PLC	CORPORATE DEBT	03/08/2026	4.30%	200,000	199,710	193,306
	HSBC HOLDINGS PLC	CORPORATE DEBT	11/23/2026	4.38%	210,000	208,580	198,475
	HUB INTERNATIONAL LTD	CORPORATE DEBT	05/01/2026	7.00%	70,000	69,545	69,815
	HUB INTERNATIONAL LTD	CORPORATE DEBT	06/15/2030	7.25%	500,000	500,000	516,300
	HUB INTERNATIONAL LTD	CORPORATE DEBT	12/01/2029	5.63%	150,000	132,000	134,562
	HUDBAY MINERALS INC	CORPORATE DEBT	04/01/2026	4.50%	445,000	422,061	414,357
	HUDBAY MINERALS INC SER 144A	CORPORATE DEBT	04/01/2029	6.13%	220,000	207,961	202,569
	HUMANA INC	CORPORATE DEBT	10/01/2024	3.85%	350,000	349,535	341,807
	HUMANA INC	CORPORATE DEBT	03/23/2029	3.70%	202,000	201,741	185,008
	HYUNDAI AUTO LEASE SECURITIZAT	CORPORATE DEBT	10/15/2025	4.49%	175,000	174,995	172,398
	HYUNDAI AUTO LEASE SECURITIZAT	CORPORATE DEBT	06/15/2026	5.38%	355,000	354,992	352,444
	IHO VERWALTUNGS GMBH SER 144A	CORPORATE DEBT	05/15/2029	6.38%	110,000	119,488	101,945
	ILIAD HOLDING SAS	CORPORATE DEBT	10/15/2026	6.50%	120,000	120,000	113,258
	ILIAD HOLDING SAS	CORPORATE DEBT	10/15/2028	7.00%	95,000	95,000	87,556
	IMOLA MERGER CORP	CORPORATE DEBT	05/15/2029	4.75%	370,000	371,159	321,793
	INEOS (11/17)	CORPORATE DEBT	12/31/2089	N/A	105,000	103,679	104,245
	INEOS FINANCE PLC SER 144A	CORPORATE DEBT	05/15/2028	6.75%	415,000	406,036	398,641
	INEOS QUATTRO FINANCE 2	CORPORATE DEBT	01/15/2026	3.38%	135,000	125,350	123,194
	INTERNATIONAL GAME TECH	CORPORATE DEBT	04/15/2026	4.13%	175,000	164,385	166,189
	IQVIA INC	CORPORATE DEBT	05/15/2027	5.00%	295,000	291,913	283,752
	IRON MOUNTAIN INC	CORPORATE DEBT	07/15/2030	5.25%	150,000	150,000	135,159
	IRON MOUNTAIN INC	CORPORATE DEBT	07/15/2032	5.63%	160,000	160,991	143,133
	IRON MOUNTAIN INC	CORPORATE DEBT	09/15/2027	4.88%	270,000	265,183	255,045
	IRON MOUNTAIN INC	CORPORATE DEBT	09/15/2029	4.88%	325,000	327,589	290,921
	IRON MOUNTAIN INC	CORPORATE DEBT	03/15/2028	5.25%	380,000	374,026	355,285
	ITT HOLDINGS LLC	CORPORATE DEBT	08/01/2029	6.50%	265,000	252,487	223,257
	J2 GLOBAL	CORPORATE DEBT	10/15/2030	4.63%	290,000	273,103	251,175
	JACKSON NATL LIFE GLOBAL	CORPORATE DEBT	06/28/2024	VAR%	1,390,000	1,390,000	1,391,807
	JAGUAR LAND ROVER AUTO SER 144A	CORPORATE DEBT	07/15/2029	5.50%	180,000	180,000	153,578
	JAGUAR LAND ROVER AUTOMO	CORPORATE DEBT	10/15/2025	7.75%	40,000	38,911	40,160
	JAGUAR LAND ROVER AUTOMO	CORPORATE DEBT	01/15/2028	5.88%	105,000	104,475	96,909
	JELD-WEN INC	CORPORATE DEBT	12/15/2025	4.63%	275,000	253,775	266,406
	JELD-WEN INC	CORPORATE DEBT	12/15/2027	4.88%	135,000	120,970	119,563
	JOHNSON & JOHNSON	CORPORATE DEBT	09/01/2060	2.45%	250,000	247,413	161,708
	JP MORGAN CHASE & CO	CORPORATE DEBT	10/15/2025	VAR%	290,000	290,000	276,344
	JP MORGAN CHASE & CO	CORPORATE DEBT	05/13/2031	VAR%	70,000	70,000	60,022
	JP MORGAN CHASE & CO	CORPORATE DEBT	12/31/2049	VAR%	280,000	253,057	261,100
	JP MORGAN MORTGAGE TRUST	CORPORATE DEBT	06/25/2050	VAR%	36,675	37,385	31,131
	JP MORGAN MORTGAGE TRUST	CORPORATE DEBT	01/25/2052	VAR%	1,202	1,101	971
	JP MORGAN MORTGAGE TRUST	CORPORATE DEBT	08/25/2052	VAR%	133,475	127,281	111,404
	JPMORGAN CHASE & CO	CORPORATE DEBT	04/22/2027	VAR%	205,000	205,000	184,133
	JPMORGAN CHASE & CO	CORPORATE DEBT	09/22/2027	VAR%	460,000	460,000	406,097
	JPMORGAN CHASE & CO	CORPORATE DEBT	02/24/2026	VAR%	435,000	435,274	412,484

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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	
	KB HOME	CORPORATE DEBT	07/15/2030	7.25%	225,000	\$ 218,887	\$	227,835
	KENVUE INC	CORPORATE DEBT	03/22/2026	5.35%	202,000	201,885		203,555
	KEURIG DR PEPPER INC	CORPORATE DEBT	05/25/2025	4.42%	17,000	17,000		16,664
	KEYCORP	CORPORATE DEBT	04/06/2027	2.25%	90,000	71,117		74,669
	KINDER MORGAN ENER PART	CORPORATE DEBT	03/01/2044	5.50%	65,000	69,886		59,238
	KINDER MORGAN INC	CORPORATE DEBT	03/01/2048	5.20%	75,000	74,819		65,670
	KINDER MORGAN INC/DELAWA	CORPORATE DEBT	06/01/2025	4.30%	110,000	109,558		107,292
	KINETIK HOLDINGS LP	CORPORATE DEBT	06/15/2030	5.88%	105,000	104,567		99,801
	KNIFE RIVER HOLD CO	CORPORATE DEBT	05/01/2031	7.75%	225,000	226,362		227,817
	KORN/FERRY INTERNATIONAL	CORPORATE DEBT	12/15/2027	4.63%	90,000	91,226		84,568
	KROGER CO	CORPORATE DEBT	02/01/2047	4.45%	20,000	23,689		17,363
	L BRANDS INC	CORPORATE DEBT	11/01/2035	6.88%	140,000	123,409		128,099
	L BRANDS INC	CORPORATE DEBT	10/01/2030	6.63%	230,000	235,150		222,040
	LATAM AIRLINES GR SA SER 144A	CORPORATE DEBT	10/15/2027	13.38%	75,000	70,817		81,134
	LATAM AIRLINES GR SA SER 144A	CORPORATE DEBT	10/15/2029	13.38%	95,000	88,448		102,800
	LEEWARD RENEWABL	CORPORATE DEBT	07/01/2029	4.25%	140,000	140,000		124,453
	LEGENDS HOSPITALITY HOLD	CORPORATE DEBT	02/01/2026	5.00%	85,000	84,363		76,500
	LEVEL 3 FINANCING INC	CORPORATE DEBT	07/15/2029	3.75%	315,000	310,024		189,750
	LEVEL 3 FINANCING INC	CORPORATE DEBT	05/15/2030	10.50%	129,000	234,214		130,887
	LEVEL 3 FINANCING INC	CORPORATE DEBT	11/15/2029	3.88%	205,000	153,721		163,123
	LEVEL 3 FINANCING INC	CORPORATE DEBT	09/15/2027	4.63%	305,000	311,972		212,219
	LIGHTSTONE HOLDCO (1/17)	CORPORATE DEBT	03/21/2024	N/A	344,465	312,519		344,465
	LIGHTSTONE HOLDCO (1/17)	CORPORATE DEBT	01/30/2027	N/A	40,407	36,635		40,407
	LINDBLAD EXPEDITIONS HO	CORPORATE DEBT	05/15/2028	9.00%	65,000	65,000		65,951
	LINDBLAD EXPEDITIONS LLC	CORPORATE DEBT	02/15/2027	6.75%	65,000	65,003		61,913
	LIONS GATE CAPITAL HOLD	CORPORATE DEBT	04/15/2029	5.50%	70,000	70,094		50,694
	LIVE NATION ENTERTAINMENT	CORPORATE DEBT	01/15/2028	3.75%	45,000	40,500		40,163
	LIVE NATION ENTERTAINMENT	CORPORATE DEBT	03/15/2026	5.63%	55,000	54,725		53,725
	LIVE NATION ENTERTAINMENT	CORPORATE DEBT	10/15/2027	4.75%	255,000	248,444		237,788
	LLOYDS BANKING GROUP PLC	CORPORATE DEBT	05/11/2027	VAR%	200,000	200,000		176,904
	LOUISIANA ST LOCAL GOVT ENVRNM	CORPORATE DEBT	02/01/2033	4.15%	980,000	980,000		946,504
	LOWES COS INC	CORPORATE DEBT	04/15/2040	5.00%	185,000	248,645		173,985
	LPL HOLDINGS INC	CORPORATE DEBT	03/15/2029	4.00%	250,000	248,860		219,330
	LPL HOLDINGS INC	CORPORATE DEBT	11/15/2027	4.63%	80,000	80,000		75,015
	MACQUARIE GROUP LTD SER 144A	CORPORATE DEBT	11/22/2024	6.21%	860,000	860,000		858,942
	MACYS RETAIL HLDGS INC	CORPORATE DEBT	12/15/2034	4.50%	180,000	134,235		129,397
	MACYS RETAIL HLDGS LLC	CORPORATE DEBT	02/15/2043	4.30%	65,000	40,300		39,369
	MACYS RETAIL HLDGS LLC	CORPORATE DEBT	03/15/2030	5.88%	160,000	141,055		142,578
	MACYS RETAIL HLDGS LLC	CORPORATE DEBT	04/01/2029	5.88%	125,000	113,122		114,063
	MACY'S RETAIL HLDGS LLC	CORPORATE DEBT	01/15/2042	5.13%	55,000	38,413		37,315
	MADISON IAQ LLC	CORPORATE DEBT	06/30/2029	5.88%	40,000	31,706		32,396
	MAGNA INTERNATIONAL INC	CORPORATE DEBT	03/21/2026	5.98%	794,000	794,000		794,365
	MANITOWOC COMPANY INC	CORPORATE DEBT	04/01/2026	9.00%	95,000	92,819		94,525
	MANUF & TRADERS TRUST CO	CORPORATE DEBT	08/17/2027	3.40%	300,000	299,898		257,358
	MASONITE INTERNATIONAL C	CORPORATE DEBT	02/01/2028	5.38%	70,000	65,800		66,725
	MASONITE INTERNATIONAL SER 144A	CORPORATE DEBT	02/15/2030	3.50%	50,000	41,702		42,000
	MASTER CREDIT CARD TRUST	CORPORATE DEBT	06/21/2027	4.70%	385,000	384,942		378,432
	MATTAMY GROUP CORP SER 144A	CORPORATE DEBT	12/15/2027	5.25%	55,000	50,084		51,255
	MATTAMY GROUP CORP SER 144A	CORPORATE DEBT	03/01/2030	4.63%	120,000	100,385		103,739
	MAUSER PACKAGING SOLUT	CORPORATE DEBT	08/15/2026	7.88%	260,000	260,117		258,313
	MAUSER PACKAGING SOLUTIONS	CORPORATE DEBT	04/15/2027	9.25%	475,000	451,457		438,425
	MAV ACQUISITION CORP	CORPORATE DEBT	08/01/2028	5.75%	100,000	100,000		86,649
	MAV ACQUISITION CORP	CORPORATE DEBT	08/01/2029	8.00%	125,000	125,000		106,689
	MCDONALDS CORP	CORPORATE DEBT	09/01/2049	3.63%	30,000	31,362		23,659
	MDC HOLDINGS INC	CORPORATE DEBT	01/15/2031	2.50%	145,000	97,520		113,918
	MERITAGE HOMES CORP	CORPORATE DEBT	06/06/2027	5.13%	40,000	39,094		38,432
	MET LIFE GLOB FUNDING I	CORPORATE DEBT	12/18/2026	3.45%	435,000	434,709		406,755
	MET LIFE GLOB FUNDING I	CORPORATE DEBT	01/06/2026	5.00%	320,000	320,000		316,544
	MET LIFE GLOB FUNDING I	CORPORATE DEBT	03/28/2033	5.15%	197,000	196,726		194,833
	MEX BONOS DESARR FIX RT	CORPORATE DEBT	07/31/2053	8.00%	314,000	1,433,055		284,720
	MICROSOFT CORP	CORPORATE DEBT	08/08/2036	3.45%	225,000	270,525		205,220
	MICROSOFT CORP	CORPORATE DEBT	02/12/2035	3.50%	65,000	64,253		60,807
	MIDAMERICAN ENERGY CO	CORPORATE DEBT	10/15/2036	5.80%	320,000	244,509		331,341
	MIDCONTINENT COMM & FIN	CORPORATE DEBT	08/15/2027	5.38%	130,000	121,100		121,772
	MIDWEST GAMING BORROWER	CORPORATE DEBT	05/01/2029	4.88%	145,000	129,174		128,042
	MILL CITY MORTGAGE TRUST	CORPORATE DEBT	11/25/2060	VAR%	82,699	83,319		76,203
	MINERVA MERGER SUB INC	CORPORATE DEBT	02/15/2030	6.50%	165,000	140,331		138,871
	MIWD HLDGO II/MIWD FIN	CORPORATE DEBT	02/01/2030	5.50%	125,000	120,409		103,125
	MOLINA HEALTHCARE INC	CORPORATE DEBT	05/15/2032	3.88%	295,000	295,000		247,313
	MOLINA HEALTHCARE INC	CORPORATE DEBT	06/15/2028	4.38%	200,000	200,097		184,370
	MONEYGRAM INTERNATIONAL (7/21)	CORPORATE DEBT	N/A	N/A	469	464		469
	MORGAN STANLEY	CORPORATE DEBT	04/01/2031	VAR%	255,000	255,000		229,778
	MORGAN STANLEY	CORPORATE DEBT	10/20/2032	VAR%	65,000	52,712		52,502
	MORGAN STANLEY	CORPORATE DEBT	01/24/2029	VAR%	781,000	781,000		729,126
	MORGAN STANLEY	CORPORATE DEBT	05/04/2027	VAR%	333,000	333,000		298,108
	MORGAN STANLEY SR UNSEC	CORPORATE DEBT	07/20/2027	VAR%	170,000	158,166		150,615
	MORGAN STANLEY SR UNSEC	CORPORATE DEBT	07/20/2027	VAR%	596,000	585,212		528,038

UNITED ASSOCIATION NATIONAL PENSION FUND

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

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(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares			
MOZART DEBT MERGER SUB	CORPORATE DEBT	04/01/2029	3.88%	305,000	\$	268,959	\$ 265,063
MOZART DEBT MERGER SUB	CORPORATE DEBT	10/01/2029	5.25%	310,000		260,388	268,987
MPH ACQUISITION HOLDINGS	CORPORATE DEBT	09/01/2028	5.50%	170,000		170,000	144,913
MPH ACQUISITION HOLDINGS	CORPORATE DEBT	11/01/2028	5.75%	115,000		111,714	86,538
MPLX LP	CORPORATE DEBT	03/01/2033	5.00%	222,000		220,157	212,652
MPT OPER PARTNERSP/FINL	CORPORATE DEBT	08/01/2029	4.63%	145,000		139,200	109,614
MSCI INC	CORPORATE DEBT	02/15/2031	3.88%	40,000		35,488	34,661
MSCI INC	CORPORATE DEBT	08/15/2033	3.25%	65,000		49,679	52,348
MSCI INC	CORPORATE DEBT	11/15/2029	4.00%	140,000		130,530	126,703
NABORS INDUSTRIES INC	CORPORATE DEBT	05/15/2027	7.38%	280,000		283,182	266,428
NABORS INDUSTRIES LTD	CORPORATE DEBT	01/15/2026	7.25%	55,000		53,625	51,344
NABORS INDUSTRIES LTD SER 144A	CORPORATE DEBT	01/15/2028	7.50%	55,000		51,219	48,128
NATIONAL RURAL UTIL COOP	CORPORATE DEBT	02/07/2025	1.88%	75,000		74,998	70,808
NATIONAL SECS CLEARING	CORPORATE DEBT	05/30/2028	5.00%	345,000		344,065	342,854
NATWEST GROUP PLC	CORPORATE DEBT	11/10/2026	VAR%	202,000		202,000	206,598
NATWEST GROUP PLC	CORPORATE DEBT	06/14/2027	VAR%	300,000		300,000	264,012
NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/15/2059	3.82%	56,888		59,732	54,852
NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/15/2059	4.00%	201,822		197,632	192,417
NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/15/2059	3.39%	74,280		78,064	70,164
NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	02/15/2068	3.13%	97,008		99,827	91,673
NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	05/15/2069	1.69%	37,803		38,340	33,935
NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/26/2069	1.31%	106,684		106,652	90,808
NCL CORPORATION LTD	CORPORATE DEBT	03/15/2026	5.88%	35,000		34,045	32,745
NCL CORPORATION LTD	CORPORATE DEBT	12/15/2024	3.63%	70,000		66,204	67,360
NCL CORPORATION LTD SER 144A	CORPORATE DEBT	02/15/2027	5.88%	215,000		210,585	209,283
NCL FINANCE LTD	CORPORATE DEBT	03/15/2028	6.13%	70,000		71,888	63,001
NELNET STUDENT LOAN TRUST	CORPORATE DEBT	10/25/2067	2.53%	162,512		139,989	144,873
NEPTUNE BIDCO US INC	CORPORATE DEBT	04/15/2029	9.29%	130,000		121,650	119,341
NEW FORTRESS ENERGY INC	CORPORATE DEBT	09/30/2026	6.50%	860,000		837,946	769,442
NEW FORTRESS ENERGY INC	CORPORATE DEBT	09/15/2025	6.75%	170,000		175,207	159,467
NISSAN AUTO LEASE TRUST	CORPORATE DEBT	07/15/2026	5.92%	210,000		209,983	209,983
NMG HLDGO/NEIMAN MARCUS	CORPORATE DEBT	04/01/2026	7.13%	180,000		172,558	167,542
NOBLE FINANCE II LLC	CORPORATE DEBT	04/15/2030	8.00%	270,000		271,350	274,504
NORTHERN OIL AND GAS INC	CORPORATE DEBT	03/01/2028	8.13%	70,000		74,538	68,600
NORTHWEST FIBER LLC/NORT	CORPORATE DEBT	02/15/2028	6.00%	90,000		89,853	71,879
NORTHWEST FIBER LLC/NORT	CORPORATE DEBT	06/01/2028	10.75%	120,000		135,604	109,681
NORTHWEST FIBER LLC/NORT	CORPORATE DEBT	04/30/2027	4.75%	90,000		90,000	79,488
NORTHWESTERN MUTUAL LIFE	CORPORATE DEBT	09/30/2059	3.63%	304,000		246,613	214,539
NORTONLIFELOCK INC	CORPORATE DEBT	09/30/2027	6.75%	95,000		95,000	94,733
NORTONLIFELOCK INC	CORPORATE DEBT	09/30/2030	7.13%	155,000		154,794	155,259
NOURYON FINANCE	CORPORATE DEBT	01/30/2027	N/A	62,111		61,926	62,111
NOVA CHEMICALS CORP	CORPORATE DEBT	06/01/2024	4.88%	85,000		80,963	83,043
NOVA CHEMICALS CORP	CORPORATE DEBT	06/01/2027	5.25%	119,000		145,650	105,829
NOVELIS CORP	CORPORATE DEBT	08/15/2031	3.88%	95,000		84,075	78,148
NOVELIS CORP	CORPORATE DEBT	11/15/2026	3.25%	60,000		56,400	54,310
NRG ENERGY INC	CORPORATE DEBT	02/15/2032	3.88%	205,000		175,398	157,950
NRG ENERGY INC	CORPORATE DEBT	12/31/2089	VAR%	305,000		307,137	287,606
NRG ENERGY INC	CORPORATE DEBT	06/15/2029	5.25%	45,000		41,725	40,240
NUSTAR LOGISTICS LP	CORPORATE DEBT	10/01/2025	5.75%	75,000		75,000	73,121
OCCIDENTAL PETROLEUM COR	CORPORATE DEBT	12/01/2025	5.50%	190,000		200,031	187,581
OCCIDENTAL PETROLEUM COR	CORPORATE DEBT	03/15/2026	5.55%	70,000		74,200	69,108
OCCIDENTAL PETROLEUM COR	CORPORATE DEBT	06/15/2045	4.63%	135,000		107,325	104,450
OCCIDENTAL PETROLEUM COR	CORPORATE DEBT	05/01/2031	7.50%	25,000		29,530	27,296
OKLAHOMA ST DEV FIN AUTH	CORPORATE DEBT	05/01/2037	3.88%	228,677		228,677	220,937
OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	11/15/2028	9.75%	155,000		155,000	151,172
OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	10/01/2028	4.25%	210,000		210,000	166,016
OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	10/01/2029	6.25%	100,000		100,000	72,330
ON SEMICONDUCTOR CORP	CORPORATE DEBT	09/01/2028	3.88%	160,000		144,637	145,616
ONEMAIN FINANCE CORP	CORPORATE DEBT	01/15/2027	3.50%	155,000		152,853	132,981
ONEMAIN FINANCE CORP	CORPORATE DEBT	01/15/2029	9.00%	330,000		330,000	332,789
ONEMAIN FINANCE CORP	CORPORATE DEBT	09/15/2028	3.88%	80,000		71,400	65,400
ONEOK INC	CORPORATE DEBT	01/15/2031	6.35%	122,000		154,975	125,653
ORACLE CORP	CORPORATE DEBT	11/15/2024	2.95%	80,000		85,287	77,253
ORACLE CORP	CORPORATE DEBT	05/15/2035	3.90%	470,000		466,828	405,540
ORACLE CORP	CORPORATE DEBT	04/01/2050	3.60%	115,000		79,141	82,174
ORACLE CORP	CORPORATE DEBT	05/06/2030	4.65%	833,000		830,351	804,845
ORACLE CORP	CORPORATE DEBT	02/06/2033	4.90%	283,000		271,216	274,711
ORGANON FINANCE I LLC	CORPORATE DEBT	04/30/2031	5.13%	155,000		150,893	127,878
OTIS WORLDWIDE CORP	CORPORATE DEBT	02/15/2040	3.11%	80,000		87,514	61,775
OVINTIV INC	CORPORATE DEBT	05/15/2028	5.65%	397,000		396,893	389,127
PACIFIC GAS & ELECTRIC	CORPORATE DEBT	03/01/2052	5.25%	30,000		29,891	24,364
PACIFIC GAS & ELECTRIC	CORPORATE DEBT	01/15/2033	6.15%	249,000		248,350	243,534
PACIFIC GAS & ELECTRIC COMPANY	CORPORATE DEBT	02/01/2031	2.50%	418,000		417,565	327,244
PACTIVE EVERGREEN GROUP	CORPORATE DEBT	10/15/2028	4.38%	170,000		170,260	147,196
PARKER-HANNIFIN CORP	CORPORATE DEBT	06/14/2024	2.70%	90,000		89,959	87,411
PARKER-HANNIFIN CORP	CORPORATE DEBT	09/15/2027	4.25%	205,000		204,565	198,764
PARTNERS HEALTHCARE SYST	CORPORATE DEBT	07/01/2049	3.19%	30,000		31,744	21,802

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					
(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
PAYPAL HOLDINGS INC		CORPORATE DEBT	06/01/2030	2.30%	355,000	\$ 354,620	\$ 300,955
PECO ENERGY CO		CORPORATE DEBT	10/01/2044	4.15%	280,000	279,040	236,718
PENN NATIONAL GAMING INC		CORPORATE DEBT	01/15/2027	5.63%	130,000	122,650	121,562
PERATON (2/21) 1ST LIEN		CORPORATE DEBT	01/30/2027	N/A	104,456	103,476	104,456
PERFORMANCE FOOD GROUP I		CORPORATE DEBT	10/15/2027	5.50%	380,000	389,371	366,141
PERFORMANCE FOOD GROUP INC		CORPORATE DEBT	08/01/2029	4.25%	230,000	209,762	204,771
PETCO HEALTH AND WELLNESS		CORPORATE DEBT	12/31/2089	N/A	351,888	349,960	351,888
PETROLEOS MEXICANOS		CORPORATE DEBT	01/28/2060	6.95%	1,100,000	721,011	685,982
PETSMART (2/21)		CORPORATE DEBT	12/31/2089	N/A	39,898	39,346	39,898
PETSMART INC/PETSMART FI		CORPORATE DEBT	02/15/2028	4.75%	45,000	41,724	41,585
PETSMART INC/PETSMART FI		CORPORATE DEBT	02/15/2029	7.75%	150,000	144,478	149,037
PFIZER INC		CORPORATE DEBT	12/15/2036	4.00%	130,000	129,375	121,124
PFIZER INVESTMENT ENTER		CORPORATE DEBT	05/19/2033	4.75%	585,000	584,123	582,795
PHILADELPHIA PA AUTH FOR INDL		CORPORATE DEBT	04/15/2026	3.96%	330,000	330,000	319,381
PHILIP MORRIS INTL INC		CORPORATE DEBT	02/15/2033	5.38%	325,000	329,810	324,285
PHILIP MORRIS INTL INC		CORPORATE DEBT	08/17/2027	3.13%	650,000	647,290	606,002
PHILIP MORRIS INTL INC		CORPORATE DEBT	02/15/2033	5.38%	541,000	539,880	539,810
PHILLIPS 66		CORPORATE DEBT	02/15/2026	1.30%	110,000	109,956	99,411
PHILLIPS 66		CORPORATE DEBT	12/01/2027	4.95%	459,000	457,935	454,906
PILGRIMS PRIDE CORP		CORPORATE DEBT	07/01/2033	6.25%	290,000	285,577	280,891
PILGRIMS PRIDE CORP		CORPORATE DEBT	04/15/2031	4.25%	115,000	123,913	98,618
PILGRIMS PRIDE CORP		CORPORATE DEBT	03/01/2032	3.50%	385,000	320,119	304,381
PLAINS ALL AMERICAN PIPE		CORPORATE DEBT	09/15/2030	3.80%	562,000	588,571	498,657
PMHC II INC		CORPORATE DEBT	02/15/2030	9.00%	145,000	145,000	111,106
PNC FINANCIAL SERVICES		CORPORATE DEBT	06/12/2029	VAR%	391,000	391,000	389,158
PNC FINANCIAL SERVICES GRP INC		CORPORATE DEBT	12/31/2089	VAR%	130,000	97,013	95,875
PRESIDIO HOLDING INC		CORPORATE DEBT	02/01/2028	8.25%	525,000	515,189	499,874
PRIME SECSRVCS BRW/FINANC		CORPORATE DEBT	04/15/2026	5.75%	270,000	279,363	265,040
PRIME SECSRVCS BRW/FINANC		CORPORATE DEBT	01/15/2028	6.25%	210,000	198,450	196,728
PROGRESS RESIDENTIAL TRUST		CORPORATE DEBT	09/17/2036	2.27%	276,920	282,174	263,772
PROGRESS RESIDENTIAL TRUST		CORPORATE DEBT	10/17/2036	2.69%	204,503	209,759	196,124
PUBLIC SERVICE ELECTRIC		CORPORATE DEBT	03/15/2053	5.13%	160,000	159,906	161,229
PUBLIC SERVICE ENTERPRIS		CORPORATE DEBT	08/15/2030	1.60%	625,000	623,850	489,544
QORVO INC		CORPORATE DEBT	12/15/2024	1.75%	230,000	229,572	213,866
RACKSPACE TECHNOLOGY		CORPORATE DEBT	02/15/2028	3.50%	155,000	84,479	69,755
RACKSPACE TECHNOLOGY		CORPORATE DEBT	12/01/2028	5.38%	455,000	448,563	141,250
RADIATE HOLDCO / FINANCE		CORPORATE DEBT	09/15/2028	6.50%	135,000	135,000	78,782
RAPTOR ACQ/RAPTOR CO-ISS		CORPORATE DEBT	11/01/2026	4.88%	225,000	211,320	212,063
RATE MORTGAGE TRUST		CORPORATE DEBT	12/25/2051	VAR%	539,962	538,528	430,047
RATE MORTGAGE TRUST		CORPORATE DEBT	07/25/2051	VAR%	94,804	90,893	76,335
RATE MORTGAGE TRUST		CORPORATE DEBT	07/25/2051	VAR%	81,580	79,388	69,489
RATE MORTGAGE TRUST		CORPORATE DEBT	01/25/2052	VAR%	236,170	235,469	198,298
REALOGY GROUP/CO-ISSUER		CORPORATE DEBT	01/15/2029	5.75%	447,000	453,857	334,450
REALOGY GROUP/CO-ISSUER		CORPORATE DEBT	04/15/2030	5.25%	455,000	425,369	323,364
RECKITT BENCKISER TSY		CORPORATE DEBT	06/26/2024	2.75%	270,000	269,708	262,505
REDWOOD STAR MERGER SUB		CORPORATE DEBT	04/01/2030	8.75%	170,000	161,811	152,997
REGAL REXNORD CORP		CORPORATE DEBT	04/15/2033	6.40%	165,000	163,980	164,861
REGAL REXNORD CORP		CORPORATE DEBT	02/15/2026	6.05%	230,000	229,676	230,292
REPUBLIC SERVICES INC		CORPORATE DEBT	02/15/2031	1.45%	440,000	437,875	345,312
RESIDEO FUNDING INC		CORPORATE DEBT	09/01/2029	4.00%	250,000	250,000	207,400
REYNOLDS AMERICAN INC		CORPORATE DEBT	09/15/2043	6.15%	115,000	131,714	110,628
REYNOLDS GRP ISS/REYNOLD		CORPORATE DEBT	10/15/2027	4.00%	130,000	129,342	114,937
RHP HOTEL PPTY/RHP FINAN		CORPORATE DEBT	07/15/2028	7.25%	150,000	150,375	151,535
RITCHIE BROS AUCTIONEERS 144A		CORPORATE DEBT	03/15/2031	7.75%	190,000	192,124	197,112
RITCHIE BROS AUCTIONEERS 144A		CORPORATE DEBT	03/15/2028	6.75%	75,000	75,000	75,594
RLJ LODGING TRUST LP		CORPORATE DEBT	09/15/2029	4.00%	220,000	220,000	184,248
ROCKCLIFF ENERGY II LLC		CORPORATE DEBT	10/15/2029	5.50%	265,000	253,625	244,452
ROPER TECHNOLOGIES INC		CORPORATE DEBT	09/15/2025	1.00%	115,000	114,848	104,561
ROYAL BANK OF SCOTLAND GRP PLC		CORPORATE DEBT	05/22/2028	VAR%	376,000	376,000	338,163
ROYAL CARIBBEAN CRUISES		CORPORATE DEBT	04/01/2028	5.50%	110,000	103,663	102,579
ROYAL CARIBBEAN CRUISES		CORPORATE DEBT	01/15/2030	7.25%	205,000	205,000	207,632
ROYAL CARIBBEAN CRUISES		CORPORATE DEBT	07/01/2026	4.25%	95,000	73,163	87,205
ROYAL CARIBBEAN CRUISES LTD		CORPORATE DEBT	10/15/2027	7.50%	300,000	344,676	301,281
RYAN SPECIALTY GROUP		CORPORATE DEBT	02/01/2030	4.38%	160,000	160,000	141,632
RYMAN HOSPITALITY PROP		CORPORATE DEBT	10/15/2027	4.75%	270,000	267,682	251,370
SABRA HEALTH CARE LP		CORPORATE DEBT	12/01/2031	3.20%	619,000	612,439	461,749
SANTANDER RETAIL AUTO LEASE TR		CORPORATE DEBT	11/20/2025	3.28%	295,000	294,990	287,185
SANTANDER UK GROUP HOLDINGS		CORPORATE DEBT	06/14/2027	VAR%	606,000	606,000	522,093
SCIENTIFIC GAMES HOLDIN		CORPORATE DEBT	03/01/2030	6.63%	245,000	236,675	215,600
SCIENTIFIC GAMES INTERNA		CORPORATE DEBT	05/15/2028	7.00%	120,000	120,356	119,359
SCIL IV LLC / SCIL USA H		CORPORATE DEBT	11/01/2026	5.38%	130,000	130,000	118,513
SEALED AIR CORP		CORPORATE DEBT	02/01/2028	6.13%	185,000	185,483	183,637
SEALED AIR CORP		CORPORATE DEBT	12/01/2027	4.00%	130,000	121,875	118,658
SEAWORLD PARKS & ENTERTA		CORPORATE DEBT	08/15/2029	5.25%	90,000	82,125	80,557
SEMPRA ENERGY		CORPORATE DEBT	04/01/2029	3.70%	297,000	295,889	271,262
SENSATA TECHNOLOGIES BV		CORPORATE DEBT	04/15/2029	4.00%	250,000	254,375	222,573
SENSATA TECHNOLOGIES BV		CORPORATE DEBT	09/01/2030	5.88%	195,000	195,000	189,597

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(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares			(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares		
SERVICE CORP INTL	CORPORATE DEBT	12/15/2027	4.63%	30,000	\$ 28,950	\$ 28,425
SERVICE PROPERTIES TRUST	CORPORATE DEBT	01/15/2028	3.95%	65,000	51,243	50,906
SFS AUTO RECEIVABLES SECURITIZ	CORPORATE DEBT	10/20/2028	5.47%	260,000	259,973	259,973
SHEA HOMES LP/SHEA HOMES FDG	CORPORATE DEBT	02/15/2028	4.75%	230,000	218,082	204,054
SHELL INTERNATIONAL FIN	CORPORATE DEBT	05/11/2035	4.13%	300,000	297,498	278,535
SIEMENS FINANCIERINGSMAT	CORPORATE DEBT	03/11/2026	1.20%	305,000	304,689	275,656
SIRIUS XM RADIO INC	CORPORATE DEBT	07/01/2029	5.50%	53,000	55,517	47,809
SIRIUS XM RADIO INC	CORPORATE DEBT	07/01/2030	4.13%	242,000	249,025	197,608
SMB PRIVATE EDUCATION LOAN TRU	CORPORATE DEBT	01/15/2053	1.59%	113,077	104,570	98,072
SOLARIS MIDSTREAM HOLDIN	CORPORATE DEBT	04/01/2026	7.63%	185,000	184,515	179,036
SOUTHERN CAL EDISON	CORPORATE DEBT	03/01/2028	5.30%	403,000	402,597	402,956
SOUTHWESTERN ELEC POWER	CORPORATE DEBT	03/15/2026	1.65%	425,000	424,958	384,081
SOUTHWESTERN PUBLIC SERV	CORPORATE DEBT	06/15/2049	3.75%	235,000	232,037	180,090
SPA HOLDINGS 3	CORPORATE DEBT	02/04/2028	4.88%	135,000	135,125	111,800
SPCM SA SER 144A	CORPORATE DEBT	03/15/2030	3.38%	15,000	12,413	12,478
SPCM SA SER 144A	CORPORATE DEBT	03/15/2027	3.13%	200,000	179,269	179,340
SPRINGLEAF FINANCE CORP	CORPORATE DEBT	11/15/2029	5.38%	115,000	127,136	97,767
SPRINGLEAF FINANCE CORP	CORPORATE DEBT	03/15/2024	6.13%	25,000	24,594	24,915
SPRINGLEAF FINANCE CORP	CORPORATE DEBT	03/15/2025	6.88%	20,000	20,800	19,803
SPRINGLEAF FINANCE CORP	CORPORATE DEBT	03/15/2026	7.13%	65,000	71,733	63,862
SPRINT CAP CORP	CORPORATE DEBT	11/15/2028	6.88%	180,000	231,075	190,798
SPRINT CAP CORP	CORPORATE DEBT	03/15/2032	8.75%	145,000	199,211	175,248
SPRINT CORP	CORPORATE DEBT	03/01/2026	7.63%	180,000	187,012	186,979
SPRINT CORP	CORPORATE DEBT	02/15/2025	7.63%	105,000	115,763	107,254
SPRINT CORP	CORPORATE DEBT	06/15/2024	7.13%	105,000	118,913	105,939
SRS DISTRIBUTION INC	CORPORATE DEBT	07/01/2029	6.13%	70,000	68,775	60,454
STANDARD BUILDING SOLUTIONS	CORPORATE DEBT	12/31/2089	N/A	117,027	116,968	116,910
STANDARD CHARTERED PLC SR 144A	CORPORATE DEBT	06/29/2032	VAR%	362,000	362,000	283,088
STANDARD INDUSTRIES INC	CORPORATE DEBT	07/15/2030	4.38%	175,000	171,440	151,568
STARBUCKS CORP	CORPORATE DEBT	11/15/2050	3.50%	125,000	124,163	94,885
STARBUCKS CORP	CORPORATE DEBT	03/12/2050	3.35%	30,000	29,338	21,990
STARWOOD PROPERTY MORTGAGE	CORPORATE DEBT	07/26/2026	N/A	203,032	202,779	203,032
SUMMER (BC) BIDC	CORPORATE DEBT	10/31/2026	5.50%	200,000	184,855	168,000
SUMMIT MID HLDS LLC / FI	CORPORATE DEBT	10/15/2026	8.50%	235,000	226,621	228,244
SUNNOVA ENERGY CORP	CORPORATE DEBT	09/01/2026	5.88%	320,000	311,828	292,480
SYNAPTICS INC	CORPORATE DEBT	06/15/2029	4.00%	70,000	58,450	58,686
TAKE-TWO INTERACTIVE SOF	CORPORATE DEBT	04/14/2027	3.70%	139,000	138,993	131,605
TALEN ENERGY SUPPLY LLC	CORPORATE DEBT	06/01/2030	8.63%	170,000	170,000	175,950
TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	01/15/2028	5.50%	140,000	140,134	127,957
TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	03/01/2027	6.00%	5,000	4,930	4,692
TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	09/01/2031	6.00%	80,000	78,354	68,834
TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	10/01/2025	7.50%	170,000	173,747	169,675
TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	12/31/2030	6.00%	75,000	75,642	66,075
TEAM HEALTH \$3.15BN	CORPORATE DEBT	02/06/2017	N/A	270,370	247,016	270,370
TELECOM ITALIA CAPITAL	CORPORATE DEBT	07/18/2036	7.20%	40,000	44,950	34,382
TELECOM ITALIA CAPITAL	CORPORATE DEBT	11/15/2033	6.38%	90,000	95,850	76,348
TELECOM ITALIA SPA	CORPORATE DEBT	05/30/2024	5.30%	70,000	73,588	68,037
TEMPO ACQUISITION (5/17)	CORPORATE DEBT	N/A	N/A	104,470	104,323	104,437
TENET HEALTHCARE CORP	CORPORATE DEBT	06/15/2030	6.13%	160,000	158,700	157,712
TENET HEALTHCARE CORP	CORPORATE DEBT	05/15/2031	6.75%	355,000	355,000	355,866
TENET HEALTHCARE CORP SR	CORPORATE DEBT	10/01/2028	6.13%	280,000	278,930	269,556
TENET HEALTHCARE CORP SR SEC	CORPORATE DEBT	01/01/2026	4.88%	125,000	122,911	121,749
TEREX CORP	CORPORATE DEBT	05/15/2029	5.00%	225,000	219,263	209,178
TEVA PHARMACEUTICALS NE SER *	CORPORATE DEBT	09/15/2029	7.88%	295,000	303,775	304,006
TEXAS ELEC MKT STAB	CORPORATE DEBT	08/01/2034	4.26%	277,967	277,963	264,449
TEXAS NATURAL GAS SECURITIZTN	CORPORATE DEBT	04/01/2035	5.10%	245,000	245,000	245,894
TEXAS NATURAL GAS SECURITIZTN	CORPORATE DEBT	04/01/2041	5.17%	205,000	205,000	210,978
T-MOBILE USA INC	CORPORATE DEBT	04/15/2030	3.88%	115,000	100,965	105,946
T-MOBILE USA INC	CORPORATE DEBT	10/15/2052	3.40%	240,000	238,613	171,278
T-MOBILE USA INC	CORPORATE DEBT	02/15/2029	2.63%	40,000	40,428	34,741
T-MOBILE USA INC	CORPORATE DEBT	02/15/2031	2.88%	45,000	45,000	38,037
T-MOBILE USA INC	CORPORATE DEBT	04/15/2029	3.38%	40,000	39,800	36,122
T-MOBILE USA INC	CORPORATE DEBT	04/15/2031	3.50%	40,000	36,176	35,296
T-MOBILE USA INC	CORPORATE DEBT	07/15/2033	5.05%	640,000	629,882	628,416
T-MOBILE USA INC	CORPORATE DEBT	04/15/2030	3.88%	375,000	372,293	345,476
TMS INTERNATIONAL CORP	CORPORATE DEBT	04/15/2029	6.25%	170,000	174,611	142,800
TORONTO-DOMINION BANK SER MTN	CORPORATE DEBT	03/10/2027	2.80%	345,000	344,313	316,234
TOWD POINT MORTGAGE TRUST	CORPORATE DEBT	11/25/2061	2.25%	126,975	129,073	112,214
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	11/25/2031	2.56%	200,000	193,730	194,216
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	05/25/2033	0.00%	505,000	462,887	466,226
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	02/27/2034	1.07%	100,000	89,754	89,294
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	04/25/2035	3.82%	445,000	423,000	421,731
TOYOTA AUTO RECEIVABLES OWNER	CORPORATE DEBT	02/15/2028	4.71%	410,000	409,977	405,617
TOYOTA LEASE OWNER TRUST	CORPORATE DEBT	04/20/2026	5.57%	340,000	339,941	336,070
TOYOTA MOTOR CREDIT CORP	CORPORATE DEBT	05/18/2026	4.45%	1,340,000	1,329,052	1,320,168
TRACTOR SUPPLY CO	CORPORATE DEBT	05/15/2033	5.25%	217,000	216,043	215,318
TRANSALTA CORP	CORPORATE DEBT	11/15/2029	7.75%	185,000	185,000	190,458

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	TRANSCANADA PIPELINES	CORPORATE DEBT	03/09/2026	6.20%	978,000	\$ 978,000	\$ 978,685
	TRANS-CANADA PIPELINES	CORPORATE DEBT	03/01/2034	4.63%	270,000	268,780	247,396
	TRANSDIGM (6/14)	CORPORATE DEBT	03/11/2026	N/A	245,000	245,000	245,000
	TRANSDIGM INC	CORPORATE DEBT	06/15/2026	6.38%	185,000	189,680	182,597
	TRANSDIGM INC	CORPORATE DEBT	08/15/2028	6.75%	330,000	332,113	331,251
	TRANSDIGM INC	CORPORATE DEBT	03/15/2026	6.25%	690,000	705,315	686,626
	TREEHOUSE FOODS INC	CORPORATE DEBT	09/01/2028	4.00%	185,000	160,202	159,365
	TRI POINTE GROUP INC	CORPORATE DEBT	06/01/2027	5.25%	90,000	85,725	85,136
	TRIDENT TPI (10/17)	CORPORATE DEBT	12/31/2089	N/A	355,000	344,350	355,000
	TRIDENT TPI HOLDINGS INC	CORPORATE DEBT	12/31/2028	12.75%	155,000	153,355	160,735
	TRIVIUM PACKAGING FIN	CORPORATE DEBT	08/15/2026	5.50%	120,000	118,100	115,218
	TRIVIUM PACKAGING FIN	CORPORATE DEBT	08/15/2027	8.50%	280,000	295,152	269,534
	TRONOX INC	CORPORATE DEBT	03/15/2029	4.63%	245,000	237,125	203,602
	TRUIST FINANCIAL CORP	CORPORATE DEBT	07/28/2026	VAR%	440,000	440,000	422,893
	TSMC GLOBAL LTD	CORPORATE DEBT	09/28/2030	1.38%	315,000	312,111	247,061
	U.S. SILICA (3/23)	CORPORATE DEBT	12/31/2089	N/A	199,093	193,120	199,093
	UFC HOLDINGS (8/16) 1ST LIEN	CORPORATE DEBT	03/11/2026	N/A	25,663	25,588	25,663
	UNICREDIT SPA SER 144A	CORPORATE DEBT	06/03/2032	VAR%	219,000	219,000	172,703
	UNION PACIFIC CORP	CORPORATE DEBT	02/05/2020	3.25%	125,000	118,064	93,374
	UNION PACIFIC CORP	CORPORATE DEBT	04/06/2036	2.89%	65,000	65,393	51,824
	UNITED AIR 2020-1 B PTT	CORPORATE DEBT	07/15/2027	4.88%	205,500	214,542	196,139
	UNITED AIRLINES INC	CORPORATE DEBT	04/15/2026	4.38%	160,000	154,600	152,018
	UNITED PARCEL SERVICE	CORPORATE DEBT	04/01/2040	5.20%	60,000	59,711	61,596
	UNITED RENTALS NORTH AM	CORPORATE DEBT	01/15/2028	4.88%	45,000	43,309	42,822
	UNITED RENTALS NORTH AM	CORPORATE DEBT	01/15/2030	5.25%	260,000	261,384	248,178
	UNITED RENTALS NORTH AM	CORPORATE DEBT	07/15/2030	4.00%	90,000	92,025	79,708
	UNITED RENTALS NORTH AM	CORPORATE DEBT	01/15/2032	3.75%	325,000	318,904	275,262
	UNITEDHEALTH GROUP INC	CORPORATE DEBT	02/15/2053	5.88%	275,000	272,913	305,451
	UNITEDHEALTH GROUP INC	CORPORATE DEBT	07/15/2035	4.63%	85,000	90,556	83,102
	UNITI GROUP/CSL CAPITAL	CORPORATE DEBT	02/15/2028	10.50%	475,000	475,000	471,229
	UNIV OF VIRGINIA VA UNIV REVEN	CORPORATE DEBT	09/01/2050	2.26%	130,000	130,000	80,725
	UNIVAR SOLUTIONS USA INC	CORPORATE DEBT	12/01/2027	5.13%	245,000	252,081	250,468
	US 5YR NOTE (CBT) SEP23 FVU3	CORPORATE DEBT	N/A	N/A	178	178	178
	US ACUTE CARE SOLUTIONS	CORPORATE DEBT	03/01/2026	6.38%	65,000	65,000	55,656
	US BANCORP	CORPORATE DEBT	02/01/2029	VAR%	540,000	540,000	515,857
	US BANCORP	CORPORATE DEBT	10/21/2026	VAR%	50,000	50,000	49,972
	US BANCORP	CORPORATE DEBT	06/12/2034	VAR%	258,000	258,000	259,868
	US BANCORP	CORPORATE DEBT	06/12/2029	VAR%	322,000	322,000	321,903
	US FOODS INC	CORPORATE DEBT	02/15/2029	4.75%	120,000	108,512	109,866
	US FOODS INC	CORPORATE DEBT	04/15/2025	6.25%	45,000	47,336	44,982
	US FOODS INC	CORPORATE DEBT	06/01/2030	4.63%	110,000	97,350	98,586
	VALARIS LTD SER 144A	CORPORATE DEBT	04/30/2030	8.38%	195,000	195,000	195,655
	VENTURE GLOBAL LNG INC	CORPORATE DEBT	06/01/2028	8.13%	105,000	105,000	106,642
	VENTURE GLOBAL LNG INC	CORPORATE DEBT	06/01/2031	8.38%	110,000	110,000	110,899
	VERIDIAN AUTO RECEIVABLES TRUS	CORPORATE DEBT	03/15/2028	5.56%	360,000	359,935	356,177
	VERIZON COMMUNICATIONS	CORPORATE DEBT	11/01/2034	4.40%	530,000	554,270	489,174
	VERIZON COMMUNICATIONS	CORPORATE DEBT	03/22/2061	3.70%	90,000	89,090	65,450
	VERIZON COMMUNICATIONS	CORPORATE DEBT	12/03/2029	4.02%	765,000	888,280	716,254
	VERIZON MASTER TRUST	CORPORATE DEBT	01/22/2029	4.49%	430,000	429,909	422,337
	VERSCEND ESCROW CORP	CORPORATE DEBT	08/15/2026	9.75%	5,000	5,088	5,015
	VERSCEND HOLDING CORP	CORPORATE DEBT	12/31/2089	N/A	113,652	113,226	113,652
	VERTIV GROUP CORPORATION	CORPORATE DEBT	11/15/2028	4.13%	150,000	150,000	135,146
	VIATRIS INC	CORPORATE DEBT	06/22/2050	4.00%	125,000	124,675	82,668
	VICI PROPERTIES LP	CORPORATE DEBT	02/15/2030	4.95%	332,000	331,240	311,443
	VICTORIAS SECRET & CO	CORPORATE DEBT	07/15/2029	4.63%	155,000	124,875	113,288
	VINE ENERGY HOLDINGS LLC	CORPORATE DEBT	04/15/2029	6.75%	185,000	184,769	183,564
	VIRGINIA ELEC & POWER CO	CORPORATE DEBT	08/15/2043	4.65%	170,000	169,918	150,714
	VISTAJET MALTA/VM HOLDS 144A	CORPORATE DEBT	06/01/2028	9.50%	235,000	226,547	215,765
	VISTAJET MALTA/XO MGMT	CORPORATE DEBT	05/01/2027	7.88%	305,000	298,836	274,027
	VISTAJET MALTA/XO MGMT SER 144A	CORPORATE DEBT	02/01/2030	6.38%	235,000	235,000	189,229
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	02/15/2027	5.63%	195,000	191,573	186,904
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	05/01/2029	4.38%	345,000	345,785	302,186
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	07/31/2027	5.00%	235,000	227,006	219,965
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	09/01/2026	5.50%	260,310	260,310	250,185
	VM CONSOLIDATED INC	CORPORATE DEBT	04/15/2029	5.50%	390,000	375,559	359,763
	VMED O2 UK FINAN	CORPORATE DEBT	07/15/2031	4.75%	335,000	301,500	278,553
	VMWARE INC	CORPORATE DEBT	08/15/2031	2.20%	284,000	283,441	223,167
	VOLKSWAGEN AUTO LEASE TRUST	CORPORATE DEBT	07/21/2025	3.44%	120,000	119,990	117,530
	VOLKSWAGEN AUTO LOAN ENHANCED	CORPORATE DEBT	06/20/2028	5.02%	160,000	159,961	159,410
	VOLKSWAGEN GROUP AMERICA	CORPORATE DEBT	11/22/2023	0.88%	285,000	284,573	279,762
	VOLKSWAGEN GROUP AMERICA	CORPORATE DEBT	06/08/2027	4.35%	261,000	260,815	251,259
	WALT DISNEY COMPANY/THE	CORPORATE DEBT	03/23/2040	4.63%	160,000	181,477	153,821
	WALT DISNEY COMPANY/THE	CORPORATE DEBT	05/13/2040	3.50%	215,000	185,204	177,764
	WARNERMEDIA HOLDINGS INC	CORPORATE DEBT	03/15/2032	4.28%	125,000	124,256	110,860
	WARNERMEDIA HOLDINGS INC	CORPORATE DEBT	03/15/2052	5.14%	100,000	80,211	81,425
	WARNERMEDIA HOLDINGS INC	CORPORATE DEBT	03/15/2027	3.76%	672,000	672,000	626,821
	WARNERMEDIA HOLDINGS INC	CORPORATE DEBT	03/15/2042	5.05%	180,000	180,000	151,717

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	WASTE MANAGEMENT INC	CORPORATE DEBT	02/15/2030	4.63%	1,089,000	\$ 1,087,454	\$ 1,072,905
	WATERBRIDGE MIDSTREAM (6/19) TL	CORPORATE DEBT	04/01/2028	N/A	209,594	198,755	209,594
	WEC ENERGY GROUP INC	CORPORATE DEBT	03/15/2024	0.80%	160,000	159,934	154,411
	WELLS FARGO & CO	CORPORATE DEBT	04/04/2031	VAR%	340,000	340,000	323,272
	WELLS FARGO & CO MEDIUM TERM	CORPORATE DEBT	06/17/2027	VAR%	415,000	415,000	389,747
	WELLS FARGO & COMPANY	CORPORATE DEBT	10/30/2025	VAR%	280,000	280,000	266,619
	WELLS FARGO & COMPANY	CORPORATE DEBT	04/30/2026	VAR%	380,000	380,000	356,037
	WELLS FARGO & COMPANY	CORPORATE DEBT	03/24/2028	VAR%	149,000	149,000	139,069
	WELLS FARGO & COMPANY	CORPORATE DEBT	06/02/2028	VAR%	841,000	841,000	749,440
	WELLS FARGO & COMPANY	CORPORATE DEBT	07/25/2028	VAR%	271,000	264,975	265,304
	WELLS FARGO & COMPANY	CORPORATE DEBT	10/30/2025	VAR%	406,000	406,000	386,597
	WHITE CAP PARENT LLC	CORPORATE DEBT	03/15/2026	8.25%	155,000	141,837	148,479
	WILLIS NORTH AMERICA INC	CORPORATE DEBT	06/15/2027	4.65%	379,000	378,829	368,089
	WINDSOR HOLDINGS III LLC	CORPORATE DEBT	06/15/2030	N/A	255,000	255,000	253,807
	WISCONSIN ELECTRIC POWER	CORPORATE DEBT	06/15/2028	1.70%	75,000	74,985	64,298
	WMG ACQUISITION CORP	CORPORATE DEBT	07/15/2030	3.88%	70,000	59,747	60,383
	WMG ACQUISITION CORP	CORPORATE DEBT	12/01/2029	3.75%	125,000	108,982	108,059
	WOLVERINE WORLD WIDE	CORPORATE DEBT	08/15/2029	4.00%	100,000	82,967	79,625
	WOODWARD CAPITAL MANAGEMENT	CORPORATE DEBT	07/25/2051	VAR%	127,438	120,947	102,612
	WOODWARD CAPITAL MANAGEMENT	CORPORATE DEBT	02/25/2052	VAR%	154,508	146,131	124,022
	WORLD OMNI AUTO RECEIVABLES TR	CORPORATE DEBT	02/15/2028	5.61%	410,000	409,925	410,410
	WORLD OMNI AUTOMOBILE LEASE SE	CORPORATE DEBT	09/15/2026	5.07%	370,000	369,986	367,059
	WR GRACE HOLDING LLC	CORPORATE DEBT	08/15/2029	5.63%	105,000	102,273	86,027
	WYNDHAM HOTELS & RESORTS	CORPORATE DEBT	08/15/2028	4.38%	290,000	291,490	264,828
	WYNN LAS VEGAS LLC/CORP	CORPORATE DEBT	03/01/2025	5.50%	206,000	209,478	202,671
	WYNN RESORTS FINANCE LLC	CORPORATE DEBT	10/01/2029	5.13%	120,000	98,400	107,543
	XHR LP	CORPORATE DEBT	06/01/2029	4.88%	90,000	90,000	77,175
	XHR LP	CORPORATE DEBT	08/15/2025	6.38%	290,000	286,527	284,658
	XPO INC	CORPORATE DEBT	06/01/2028	6.25%	255,000	255,000	250,724
	XPO INC	CORPORATE DEBT	06/01/2031	7.13%	105,000	105,000	105,815
	YAMANA GOLD INC	CORPORATE DEBT	08/15/2031	2.63%	535,000	535,731	416,733
	YUM BRANDS INC	CORPORATE DEBT	01/31/2032	4.63%	135,000	126,225	121,951
	YUM BRANDS INC	CORPORATE DEBT	03/15/2031	3.63%	45,000	39,771	38,877
	YUM BRANDS INC	CORPORATE DEBT	01/15/2030	4.75%	175,000	168,636	163,872
	ZF NA CAPITAL	CORPORATE DEBT	04/14/2030	7.13%	210,000	211,871	213,581
	ZF NA CAPITAL	CORPORATE DEBT	04/14/2028	6.88%	115,000	114,614	116,426
	Total corporate bonds and notes					194,276,504	177,970,583
	<u>Foreign bonds</u>						
	FRANCE (GOVT OF)	FOREIGN DEBT	05/25/2053	0.75%	5,270,000	3,041,026	3,058,051
	MEX BONOS DESARR FIX RT	FOREIGN DEBT	11/18/2038	8.50%	408,000	3,413,031	2,326,383
	MEX BONOS DESARR FIX RT	FOREIGN DEBT	11/07/2047	8.00%	284,000	1,453,568	1,519,173
	MEX BONOS DESARR FIX RT SER M	FOREIGN DEBT	11/13/2042	7.75%	398,000	-	2,089,289
	MEX BONOS DESARR FIX RT SER M 20	FOREIGN DEBT	05/31/2029	8.50%	391,000	3,393,839	2,262,338
	NEW ZEALAND GOVT SER 0551	FOREIGN DEBT	05/15/2051	2.75%	1,320,000	907,183	559,606
	REPUBLIC OF SOUTH AFRICA	FOREIGN DEBT	02/28/2041	6.50%	29,350,000	2,531,562	923,169
	REPUBLIC OF SOUTH AFRICA	FOREIGN DEBT	02/28/2048	8.75%	21,600,000	1,556,526	831,693
	UNITED KINGDOM GILT	FOREIGN DEBT	07/31/2051	1.25%	5,420,000	3,489,629	3,410,662
	UNITED KINGDOM GILT	FOREIGN DEBT	01/31/2033	3.25%	3,180,000	3,719,443	3,682,282
	Total foreign bonds					23,505,807	20,662,646
	<u>Common and preferred stocks</u>						
	2SEVENTY BIO INC-W/I	EQUITY	N/A	N/A	14,780	254,467	149,574
	AALBERTS INDUSTRIES NV	EQUITY	N/A	N/A	23,896	726,921	1,004,684
	ABCAM PLC-SPON ADR	EQUITY	N/A	N/A	51,645	1,012,554	1,263,753
	ACADEMY SPORTS & OUTDOORS	EQUITY	N/A	N/A	9,149	588,724	494,503
	ACADIA HEALTH CARE CO INC	EQUITY	N/A	N/A	1,506	69,017	119,938
	ACELYRIN INC	EQUITY	N/A	N/A	11,657	209,681	243,631
	ACLARIS THERAPEUTICS INC	EQUITY	N/A	N/A	31,337	534,545	324,965
	ACTIVISION BLIZZARD INC	EQUITY	N/A	N/A	50,751	3,916,245	4,278,309
	ACUTY BRANDS INC	EQUITY	N/A	N/A	534	65,906	87,085
	ADAPTHEALTH CORP	EQUITY	N/A	N/A	32,188	737,052	391,728
	ADDUS HOMECARE CORP	EQUITY	N/A	N/A	8,013	764,921	742,805
	ADOBE INC	EQUITY	N/A	N/A	15,000	8,682,711	7,334,850
	ADOBE INC	EQUITY	N/A	N/A	12,820	1,014,345	6,268,852
	ADT INC	EQUITY	N/A	N/A	3,529	27,900	21,280
	ADVANCED AUTO PARTS WI	EQUITY	N/A	N/A	997	152,229	70,089
	ADVANCED MICRO DEVICES INC	EQUITY	N/A	N/A	68,071	6,130,622	7,753,968
	ADVANCED MICRO DEVICES INC	EQUITY	N/A	N/A	15,504	1,064,818	1,766,061
	ADYEN NV	EQUITY	N/A	N/A	1,751	1,312,395	3,074,756
	ADYEN NV	EQUITY	N/A	N/A	749	1,314,166	1,315,244
	ADYEN NV	EQUITY	N/A	N/A	385	619,173	676,060
	AECOM	EQUITY	N/A	N/A	5,815	203,220	492,472
	AECOM	EQUITY	N/A	N/A	2,199	115,779	186,233
	AEGLA BIOTHERAPEUTICS INC	EQUITY	N/A	N/A	261,558	161,033	117,701
	AEROJET ROCKETDYNE HLDGS INC	EQUITY	N/A	N/A	7,933	377,666	435,284
	AEROVIRONMENT INC	EQUITY	N/A	N/A	2,542	217,013	259,996

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	AES CORP	EQUITY	N/A	N/A	4,365	\$ 92,544	\$ 90,486
	AFFILIATED MANAGERS GROUP INC	EQUITY	N/A	N/A	599	58,050	89,784
	AFFIRM HOLDINGS INC	EQUITY	N/A	N/A	3,653	74,872	56,000
	AFFIRM HOLDINGS INC	EQUITY	N/A	N/A	6,906	444,452	105,869
	AFLAC INC	EQUITY	N/A	N/A	10,114	550,888	705,957
	AGCO CORP	EQUITY	N/A	N/A	1,051	96,963	138,122
	AGILENT TECHNOLOGIES (IPO)	EQUITY	N/A	N/A	928	108,893	111,592
	AGILON HEALTH INC	EQUITY	N/A	N/A	501	11,583	8,687
	AGNC INVT CORP	EQUITY	N/A	N/A	9,630	141,775	97,552
	AGREE RLTY CORP	EQUITY	N/A	N/A	11,489	727,669	751,266
	AGREE RLTY CORP	EQUITY	N/A	N/A	1,494	97,153	97,693
	AIA GROUP LTD	EQUITY	N/A	N/A	349,100	1,551,486	3,539,874
	AIR LEASE CORP	EQUITY	N/A	N/A	1,737	71,605	72,693
	AIR LEASE CORP	EQUITY	N/A	N/A	18,619	760,555	779,205
	AIRBNB INC-CLASS A	EQUITY	N/A	N/A	27,429	4,254,306	3,515,301
	AKAMAI TECHNOLOGIES	EQUITY	N/A	N/A	2,585	292,301	232,314
	AKERO THERAPEUTICS INC	EQUITY	N/A	N/A	7,816	308,985	364,929
	AKZO NOBEL N.V.	EQUITY	N/A	N/A	27,111	1,907,679	2,210,486
	ALAPIS HOLDING INDUSTRIAL	EQUITY	N/A	N/A	357	-	357
	ALARM.COM HOLDINGS INC	EQUITY	N/A	N/A	28,622	1,579,732	1,479,185
	ALASKA AIR GROUP INC	EQUITY	N/A	N/A	2,105	140,883	111,944
	ALBANY INTERNATIONAL CORP CL A	EQUITY	N/A	N/A	8,447	560,506	787,936
	ALBANY INTERNATIONAL CORP CL A	EQUITY	N/A	N/A	5,701	491,725	531,789
	ALBEMARLE CORP	EQUITY	N/A	N/A	1,967	353,506	438,818
	ALBERTSONS COS INC - CLASS A	EQUITY	N/A	N/A	6,394	130,804	139,517
	ALCOA CORP	EQUITY	N/A	N/A	2,986	109,671	101,315
	ALCON INC	EQUITY	N/A	N/A	56,700	4,454,511	4,655,637
	ALCON INC	EQUITY	N/A	N/A	29,454	1,610,124	2,418,468
	ALEXANDRIA REAL ESTATE EQUITIES	EQUITY	N/A	N/A	2,882	491,701	327,078
	ALIBABA GROUP HOLDING LTD	EQUITY	N/A	N/A	84,620	1,132,960	864,816
	ALIGHT INC - CLASS A	EQUITY	N/A	N/A	83,408	783,290	770,690
	ALIGN TECHNOLOGY INC	EQUITY	N/A	N/A	4,503	1,092,884	1,592,441
	ALIGN TECHNOLOGY INC	EQUITY	N/A	N/A	807	406,969	285,387
	ALIGNMENT HEALTHCARE INC	EQUITY	N/A	N/A	164,827	1,088,642	947,755
	ALKERMES PLC	EQUITY	N/A	N/A	26,702	748,154	835,773
	ALKERMES PLC	EQUITY	N/A	N/A	19,787	557,157	619,333
	ALLEGION PLC	EQUITY	N/A	N/A	111	12,534	13,322
	ALLETE INC	EQUITY	N/A	N/A	11,912	525,752	690,539
	ALLIANT ENERGY CORP	EQUITY	N/A	N/A	4,221	225,596	221,518
	ALLISON TRANSMISSION HOLDING	EQUITY	N/A	N/A	1,377	69,749	77,745
	ALLSTATE CORP	EQUITY	N/A	N/A	25,501	2,969,304	2,780,629
	ALLSTATE CORP	EQUITY	N/A	N/A	4,407	558,384	480,539
	ALLY FINANCIAL INC	EQUITY	N/A	N/A	4,544	95,621	122,733
	ALNYLAM PHARMACEUTICALS INC	EQUITY	N/A	N/A	410	79,002	77,875
	ALPHA METALLURGICAL RESOURCE	EQUITY	N/A	N/A	1,424	191,222	234,049
	ALPHABET INC/CA-CL A	EQUITY	N/A	N/A	55,740	1,730,675	6,672,078
	ALPHABET INC/CA-CL A	EQUITY	N/A	N/A	21,329	1,266,975	2,553,081
	ALPHABET INC/CA-CL C	EQUITY	N/A	N/A	61,262	2,253,426	7,410,864
	ALPHABET INC/CA-CL C	EQUITY	N/A	N/A	100,560	6,449,177	12,164,743
	ALTA EQUIP GROUP INC	EQUITY	N/A	N/A	36,600	350,535	634,278
	AMAZON COM INC	EQUITY	N/A	N/A	117,100	7,812,008	15,265,156
	AMAZON COM INC	EQUITY	N/A	N/A	116,053	5,034,322	15,128,669
	AMBARELLA INC	EQUITY	N/A	N/A	2,972	228,954	248,667
	AMC ENTERTAINMENT HLDS-CL A	EQUITY	N/A	N/A	8,714	64,440	38,342
	AMCOR PLC	EQUITY	N/A	N/A	24,859	284,085	248,093
	AMDOCS LIMITED	EQUITY	N/A	N/A	1,998	136,356	197,502
	AMEDISYS INC	EQUITY	N/A	N/A	538	69,184	49,195
	AMEDISYS INC	EQUITY	N/A	N/A	17,668	4,050,203	1,615,562
	AMERANT BANCORP INC	EQUITY	N/A	N/A	58,991	1,233,861	1,014,055
	AMEREN CORP	EQUITY	N/A	N/A	4,400	346,309	359,348
	AMERICAN AIRLINES GROUP INC	EQUITY	N/A	N/A	6,862	122,513	123,104
	AMERICAN EXPRESS CO	EQUITY	N/A	N/A	7,060	1,126,558	1,229,852
	AMERICAN FINL GROUP INC OHIO	EQUITY	N/A	N/A	1,222	100,267	145,113
	AMERICAN HOMES 4 RENT- A	EQUITY	N/A	N/A	5,593	173,815	198,272
	AMERICAN INTERNATIONAL GROUP INC	EQUITY	N/A	N/A	53,900	3,077,058	3,101,406
	AMERICAN TOWER CORP	EQUITY	N/A	N/A	13,324	3,040,858	2,584,057
	AMERICAN VANGUARD CORP	EQUITY	N/A	N/A	27,421	568,876	490,013
	AMERICAN WATER WORKS CO INC	EQUITY	N/A	N/A	3,274	490,277	467,364
	AMERICOLD REALTY TRUST INC.	EQUITY	N/A	N/A	4,535	157,199	146,481
	AMERIPRISE FINANCIAL INC	EQUITY	N/A	N/A	16,800	4,682,842	5,580,288
	AMERIS BANCORP	EQUITY	N/A	N/A	23,445	795,097	802,053
	AMERIS BANCORP	EQUITY	N/A	N/A	54,934	2,556,231	1,879,292
	AMETEK INC NEW	EQUITY	N/A	N/A	3,865	457,565	625,666
	AMGEN INC	EQUITY	N/A	N/A	21,200	4,439,491	4,706,824
	AMICUS THERAPEUTICS INC	EQUITY	N/A	N/A	38,147	437,651	479,126
	AMN HEALTHCARE SERVICES	EQUITY	N/A	N/A	5,982	449,426	652,756
	AMN HEALTHCARE SERVICES	EQUITY	N/A	N/A	8,356	632,189	911,807

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	AMPHENOL CORP NEW	EQUITY	N/A	N/A	4,870	\$ 353,920	\$ 413,707
	ANDERSONS INC	EQUITY	N/A	N/A	20,894	852,778	964,258
	ANI PHARMACEUTICALS INC	EQUITY	N/A	N/A	11,787	501,449	634,494
	ANNALY CAPITAL MANAGEMENT INC	EQUITY	N/A	N/A	8,292	314,244	165,923
	ANSYS INC	EQUITY	N/A	N/A	18,500	6,418,244	6,109,995
	ANSYS INC	EQUITY	N/A	N/A	255	87,368	84,219
	ANSYS INC	EQUITY	N/A	N/A	10,291	3,726,830	3,398,809
	ANT INTERNATIONAL CO	EQUITY	N/A	N/A	172,607	657,873	968,325
	ANTERO MIDSTREAM CORP	EQUITY	N/A	N/A	3,792	31,002	43,987
	ANTERO MIDSTREAM CORP	EQUITY	N/A	N/A	28,472	288,180	330,275
	ANTERO RESOURCES CORP	EQUITY	N/A	N/A	18,263	448,831	420,597
	ANTERO RESOURCES CORP	EQUITY	N/A	N/A	4,749	121,148	109,369
	ANTOFAGAST A PLC	EQUITY	N/A	N/A	64,312	562,182	1,193,292
	APA CORP	EQUITY	N/A	N/A	594	8,147	20,297
	APARTMENT INCOME REIT CO-W/I	EQUITY	N/A	N/A	2,499	96,541	90,189
	APARTMENT INVT & MGMT CO -	EQUITY	N/A	N/A	70,589	600,388	601,418
	APELLIS PHARMACEUTICALS INC	EQUITY	N/A	N/A	7,161	269,415	652,367
	APPLE INC	EQUITY	N/A	N/A	82,313	2,152,015	15,966,253
	APPLE INC	EQUITY	N/A	N/A	114,594	12,247,001	22,227,798
	APPROVIN CORP-CLASS A	EQUITY	N/A	N/A	2,843	66,497	73,150
	APTARGROUP INC	EQUITY	N/A	N/A	1,099	139,697	127,330
	APTIV PLC-WHEN ISSUED	EQUITY	N/A	N/A	4,548	541,688	464,305
	ARAMARK	EQUITY	N/A	N/A	3,933	147,334	169,316
	ARCH CAPITAL GROUP LTD	EQUITY	N/A	N/A	5,162	197,979	386,376
	ARCHER DANIELS MIDLAND CO	EQUITY	N/A	N/A	35,200	2,218,087	2,659,712
	ARCONIC CORP	EQUITY	N/A	N/A	17,318	560,440	512,266
	ARCONIC CORP	EQUITY	N/A	N/A	8,434	290,988	249,478
	ARCOSA INC - W/I	EQUITY	N/A	N/A	16,226	548,900	1,229,444
	ARDAGH METAL PACKAGING SA	EQUITY	N/A	N/A	169	1,531	635
	ARMSTRONG WORLD INDUSTRIE - WI	EQUITY	N/A	N/A	532	41,114	39,081
	ARRAY TECHNOLOGIES INC	EQUITY	N/A	N/A	27,692	627,734	625,839
	ARROW ELECTRONICS INC	EQUITY	N/A	N/A	962	81,935	137,787
	ASANA INC - CL A	EQUITY	N/A	N/A	12,018	539,457	264,877
	ASHLAND INC	EQUITY	N/A	N/A	7,657	608,832	665,470
	ASHLAND INC	EQUITY	N/A	N/A	843	55,320	73,265
	ASML HOLDING NV	EQUITY	N/A	N/A	5,568	547,711	4,039,584
	ASML HOLDING NV-NY	EQUITY	N/A	N/A	3,421	2,258,366	2,479,370
	ASML HOLDING NV-NY	EQUITY	N/A	N/A	3,690	2,248,200	2,674,328
	ASPEN TECHNOLOGY INC	EQUITY	N/A	N/A	469	76,258	78,609
	ASSURANT INC	EQUITY	N/A	N/A	888	89,329	111,639
	ASSURED GUARANTY LTD	EQUITY	N/A	N/A	954	29,450	53,233
	ASSURED GUARANTY LTD	EQUITY	N/A	N/A	18,124	919,930	1,011,319
	ASTRAZENECA PLC	EQUITY	N/A	N/A	46,400	3,309,040	3,320,848
	ASTRAZENECA PLC	EQUITY	N/A	N/A	32,537	3,747,542	4,682,074
	ASTRAZENECA PLC	EQUITY	N/A	N/A	7,499	397,976	536,703
	ATI INC	EQUITY	N/A	N/A	9,271	177,550	410,056
	ATKORE INC	EQUITY	N/A	N/A	6,712	403,009	1,046,669
	ATLASSIAN CORP CL A	EQUITY	N/A	N/A	4,110	931,397	689,699
	ATMOS ENERGY CORP	EQUITY	N/A	N/A	41,400	4,409,928	4,816,476
	ATMOS ENERGY CORP	EQUITY	N/A	N/A	2,422	241,097	281,775
	ATMUS FILTRATION TECHNOLOGIE	EQUITY	N/A	N/A	24,253	479,986	532,596
	ATRICURE INC	EQUITY	N/A	N/A	11,863	514,323	585,558
	AURORA INNOVATION INC	EQUITY	N/A	N/A	163,979	383,404	482,098
	AUTODESK INC	EQUITY	N/A	N/A	21,537	4,117,233	4,406,686
	AUTONATION INC	EQUITY	N/A	N/A	512	35,371	84,280
	AVALONBAY COMMUNITIES INC	EQUITY	N/A	N/A	2,348	342,002	444,406
	AVANGRID INC	EQUITY	N/A	N/A	1,193	55,069	44,952
	AVANTOR INC	EQUITY	N/A	N/A	11,334	232,444	232,800
	AVERY DENNISON CORP	EQUITY	N/A	N/A	910	145,525	156,338
	AVIENT CORPORATION	EQUITY	N/A	N/A	11,806	324,465	482,865
	AVIS BUDGET GROUP INC	EQUITY	N/A	N/A	225	36,896	51,451
	AVNET INC	EQUITY	N/A	N/A	1,526	51,256	76,987
	AXALTA COATING SYSTEMS LTD	EQUITY	N/A	N/A	3,318	95,890	108,864
	AXCELIS TECHNOLOGIES INC	EQUITY	N/A	N/A	10,610	447,761	1,945,131
	AXIS CAPITAL HOLDINGS LTD	EQUITY	N/A	N/A	1,305	62,801	70,248
	AXOS FINANCIAL INC	EQUITY	N/A	N/A	11,773	479,500	464,327
	AXSOME THERAPEUTICS INC	EQUITY	N/A	N/A	5,394	404,550	387,613
	AZEK CO INC/THE	EQUITY	N/A	N/A	2,058	54,251	62,337
	AZEK CO INC/THE	EQUITY	N/A	N/A	54,291	1,168,113	1,644,474
	AZENTA INC	EQUITY	N/A	N/A	1,144	87,966	53,402
	B3 SA BRASIL BOLSA BALCAO	EQUITY	N/A	N/A	334,561	989,527	1,020,829
	BAKER HUGHES COMPANY	EQUITY	N/A	N/A	17,023	403,154	538,097
	BALL CORPORATION	EQUITY	N/A	N/A	5,176	385,108	301,295
	BANC OF CALIFORNIA INC	EQUITY	N/A	N/A	52,288	1,011,313	605,495
	BANCO BILBAO VIZCAYA ARGENTA	EQUITY	N/A	N/A	387,029	2,029,313	2,969,801
	BANK CENTRAL ASIA TBK PT	EQUITY	N/A	N/A	2,310,300	715,254	1,402,352
	BANK NEW YORK MELLON CORP COM	EQUITY	N/A	N/A	13,279	578,320	591,181

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	BANK OZK	EQUITY	N/A	N/A	1,850	\$ 56,809	\$ 74,296
	BARNES GROUP INC	EQUITY	N/A	N/A	8,405	372,446	354,607
	BAXTER INTERNATIONAL INC	EQUITY	N/A	N/A	73,400	4,823,785	3,344,104
	BAXTER INTERNATIONAL INC	EQUITY	N/A	N/A	8,494	382,564	386,987
	BAYER AG REG	EQUITY	N/A	N/A	17,777	1,250,918	981,646
	BAYERISCHE MOTORENWERKE AG	EQUITY	N/A	N/A	22,616	1,106,431	2,759,152
	BEAUTY HEALTH CO/THE	EQUITY	N/A	N/A	37,222	704,278	311,548
	BELLRING BRANDS INC-W/I	EQUITY	N/A	N/A	36,763	888,631	1,345,526
	BELLRING BRANDS INC-W/I	EQUITY	N/A	N/A	32,981	778,327	1,207,105
	BENTLEY SYSTEMS INC-CLASS B	EQUITY	N/A	N/A	236	12,206	12,798
	BERRY GLOBAL GROUP INC	EQUITY	N/A	N/A	2,039	122,614	131,189
	BEST BUY CO INC	EQUITY	N/A	N/A	2,825	127,055	231,509
	BILL HOLDINGS INC	EQUITY	N/A	N/A	1,723	222,134	201,333
	BILL HOLDINGS INC	EQUITY	N/A	N/A	5,354	990,588	625,615
	BIO RAD LABORATORIES INC	EQUITY	N/A	N/A	353	198,141	133,829
	BIOGEN INC	EQUITY	N/A	N/A	2,421	517,651	689,622
	BIOMARIN PHARMACEUTICAL INC	EQUITY	N/A	N/A	2,773	234,925	240,364
	BIO-TECHNE CORP	EQUITY	N/A	N/A	149	11,416	12,163
	BIO-TECHNE CORP	EQUITY	N/A	N/A	30,873	3,135,060	2,520,163
	B.J'S WHOLESALE CLUB HOLDINGS	EQUITY	N/A	N/A	1,461	94,538	92,058
	BLACK KNIGHT INC-WHEN ISSUED	EQUITY	N/A	N/A	2,604	202,039	155,537
	BLACKLINE INC	EQUITY	N/A	N/A	19,932	2,253,199	1,072,740
	BLACKSTONE INC	EQUITY	N/A	N/A	42,607	5,352,314	3,961,173
	BLACKSTONE MORTGAGE TRUST	EQUITY	N/A	N/A	14,471	331,498	301,142
	BLINK CHARGING CO	EQUITY	N/A	N/A	19,379	401,769	116,080
	BLOCK H & R INC	EQUITY	N/A	N/A	898	21,815	28,619
	BLOCK INC	EQUITY	N/A	N/A	5,721	359,617	380,847
	BLOCK INC	EQUITY	N/A	N/A	4,640	1,090,764	308,885
	BLUE OWL CAPITAL INC	EQUITY	N/A	N/A	6,386	70,372	74,397
	BLUEPRINT MEDICINES CORP	EQUITY	N/A	N/A	8,354	623,895	527,973
	BOC HONG KONG HOLDINGS LTD	EQUITY	N/A	N/A	594,000	1,908,101	1,787,940
	BOISE CASCADE CO	EQUITY	N/A	N/A	8,357	237,276	755,055
	BOK FINL CORP	EQUITY	N/A	N/A	476	34,122	38,451
	BOOKING HOLDINGS INC	EQUITY	N/A	N/A	578	972,119	1,560,791
	BOOT BARN HOLDINGS INC	EQUITY	N/A	N/A	9,552	684,047	808,959
	BOOT BARN HOLDINGS INC	EQUITY	N/A	N/A	8,081	607,239	684,380
	BORG WARNER INC.	EQUITY	N/A	N/A	3,918	198,706	191,629
	BOSTON BEER INC	EQUITY	N/A	N/A	9	3,071	2,776
	BOSTON PPTYS INC	EQUITY	N/A	N/A	2,634	268,109	151,692
	BOYD GAMING CORP	EQUITY	N/A	N/A	1,234	73,516	85,603
	BRAZILIAN REAL CURRENCY (BRL)	EQUITY	N/A	N/A	15	3	3
	BRIDGESTONE	EQUITY	N/A	N/A	75,100	2,449,038	3,066,241
	BRIGHT HORIZONS FAMILY SOLUT	EQUITY	N/A	N/A	845	88,081	78,120
	BRIGHTHOUSE FINANCIAL INC-WI	EQUITY	N/A	N/A	1,005	36,609	47,587
	BRITISH POUNDS CURRENCY (GBP)	EQUITY	N/A	N/A	1	2	2
	BRIXMOR PROPERTY GROUP INC	EQUITY	N/A	N/A	5,027	93,076	110,594
	BROADCOM INC	EQUITY	N/A	N/A	3,600	1,766,295	3,122,748
	BROADRIDGE FINANCIAL SOL	EQUITY	N/A	N/A	323	51,260	53,498
	BROOKFIELD RENEWABLE COR CL-A	EQUITY	N/A	N/A	2,145	83,583	67,610
	BROWN & BROWN INC	EQUITY	N/A	N/A	2,430	112,008	167,281
	BROWN FORMAN CORP	EQUITY	N/A	N/A	169	12,371	11,504
	BROWN FORMAN CORP CLASS B	EQUITY	N/A	N/A	636	48,375	42,472
	BRUNSWICK CORP	EQUITY	N/A	N/A	11,066	548,162	958,758
	BRUNSWICK CORP	EQUITY	N/A	N/A	1,096	70,273	94,957
	BUILDERS FIRSTSOURCE INC	EQUITY	N/A	N/A	2,139	99,734	290,904
	BUMBLE INC-A	EQUITY	N/A	N/A	28,093	818,860	471,401
	BUNGE LIMITED	EQUITY	N/A	N/A	2,508	161,669	236,630
	BUNZL PLC	EQUITY	N/A	N/A	37,725	1,181,523	1,436,846
	BURBERRY GROUP PLC	EQUITY	N/A	N/A	84,170	983,284	2,266,197
	BWX TECHNOLOGIES INC	EQUITY	N/A	N/A	1,271	72,906	90,965
	C.H.ROBINSON WORLDWIDE INC	EQUITY	N/A	N/A	427	39,691	40,287
	CABLE ONE INC	EQUITY	N/A	N/A	88	107,353	57,823
	CABOT CORP	EQUITY	N/A	N/A	13,560	632,877	907,028
	CABOT CORP	EQUITY	N/A	N/A	19,912	1,187,736	1,331,914
	CACI INTL INC	EQUITY	N/A	N/A	379	94,687	129,178
	CACTUS INC-CLASS A	EQUITY	N/A	N/A	15,707	552,883	664,720
	CADENCE BANK	EQUITY	N/A	N/A	34,098	706,208	669,685
	CADENCE BANK	EQUITY	N/A	N/A	33,215	974,841	652,343
	CADENCE DESIGN SYSTEMS INC	EQUITY	N/A	N/A	11,438	2,152,285	2,682,440
	CAESARS ENTMT INC	EQUITY	N/A	N/A	2,042	159,772	104,081
	CAIXABANK SA	EQUITY	N/A	N/A	400,307	1,423,704	1,681,289
	CALIFORNIA RESOURCES CORP	EQUITY	N/A	N/A	19,109	883,961	865,447
	CAMDEN PROPERTY	EQUITY	N/A	N/A	1,743	183,812	189,760
	CAMPBELL SOUP CO	EQUITY	N/A	N/A	3,213	151,817	146,866
	CANNAE HOLDINGS INC	EQUITY	N/A	N/A	26,533	616,149	536,232
	CAPITAL ONE FINANCIAL CORP	EQUITY	N/A	N/A	38,500	6,486,669	4,210,745
	CAPRI HLDGS LTD	EQUITY	N/A	N/A	2,055	99,925	73,754

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	CARDINAL HEALTH INC	EQUITY	N/A	N/A	2,115	\$ 118,386	\$ 200,016
	CARETRUST REIT INC-W/I	EQUITY	N/A	N/A	89,368	1,807,536	1,774,848
	CARGURUS INC	EQUITY	N/A	N/A	37,574	892,395	850,300
	CARLISLE COMPANIES INC	EQUITY	N/A	N/A	851	190,214	218,307
	CARLYLE GROUP INC	EQUITY	N/A	N/A	3,543	124,867	113,199
	CARMAX INC	EQUITY	N/A	N/A	2,505	241,928	209,669
	CARNIVAL CORP	EQUITY	N/A	N/A	16,697	370,316	314,405
	CARPENTER TECHNOLOGY CORP	EQUITY	N/A	N/A	3,701	146,395	207,737
	CARREFOUR SA	EQUITY	N/A	N/A	85,345	1,816,213	1,616,248
	CARRIER GLOBAL CORP	EQUITY	N/A	N/A	14,001	518,319	695,990
	CARTER'S INC	EQUITY	N/A	N/A	618	57,414	44,867
	CASELLA WASTE SYS INC	EQUITY	N/A	N/A	5,787	451,553	523,434
	CASEYS GENERAL STORES INC	EQUITY	N/A	N/A	535	102,544	130,476
	CATALENT INC	EQUITY	N/A	N/A	3,021	245,956	130,991
	CAVCO INDUSTRIES INC	EQUITY	N/A	N/A	2,540	491,681	749,300
	CBOE GLOBAL MARKETS INC	EQUITY	N/A	N/A	1,767	179,296	243,864
	CBRE GROUP INC	EQUITY	N/A	N/A	5,205	364,940	420,096
	CCC INTELLIGENT SOLUTIONS HO	EQUITY	N/A	N/A	3,378	33,983	37,867
	CDW CORP/DE	EQUITY	N/A	N/A	132	23,416	24,222
	CELANESE CORP	EQUITY	N/A	N/A	1,660	139,241	192,228
	CELLEX THERAPEUTICS INC	EQUITY	N/A	N/A	15,877	523,856	538,707
	CELSIUS HOLDINGS INC	EQUITY	N/A	N/A	10,089	996,602	1,505,178
	CENTERPOINT ENERGY INC	EQUITY	N/A	N/A	10,604	255,982	309,107
	CENTURY ALUM CO	EQUITY	N/A	N/A	6,627	194,237	57,787
	CENTURY COMMUNITIES INC	EQUITY	N/A	N/A	20,487	959,595	1,569,714
	CERIDIAN HCM HOLDING INC	EQUITY	N/A	N/A	2,264	213,889	151,620
	CERTARA INC	EQUITY	N/A	N/A	1,279	32,393	23,291
	CERTARA INC	EQUITY	N/A	N/A	49,172	1,625,356	895,422
	CF INDUSTRIES HOLDINGS INC	EQUITY	N/A	N/A	3,284	231,715	227,975
	CHAMPIONX CORPORATION	EQUITY	N/A	N/A	29,423	623,198	913,290
	CHARLES RIV LABORATORIES INTL	EQUITY	N/A	N/A	852	178,868	179,133
	CHARLES RIV LABORATORIES INTL	EQUITY	N/A	N/A	7,718	2,148,070	1,622,710
	CHEFS WAREHOUSE HOLDINGS INC	EQUITY	N/A	N/A	42,203	1,289,624	1,509,179
	CHEMED CORP	EQUITY	N/A	N/A	70	34,322	37,917
	CHEMOURS CO/THE - W/I	EQUITY	N/A	N/A	2,496	75,695	92,077
	CHESAPEAKE ENERGY CORP	EQUITY	N/A	N/A	2,131	178,224	178,322
	CHIPOTLE MEXICAN GRIL CL A	EQUITY	N/A	N/A	785	534,596	1,679,115
	CHIPOTLE MEXICAN GRIL CL A	EQUITY	N/A	N/A	952	1,015,761	2,036,328
	CHOCOLADEFABRIKEN LINDT-PC	EQUITY	N/A	N/A	163	997,280	2,047,862
	CHORD ENERGY CORP	EQUITY	N/A	N/A	6,921	662,475	1,064,450
	CHUBB LTD	EQUITY	N/A	N/A	9,819	1,883,149	1,890,747
	CHURCH & DWIGHT INC	EQUITY	N/A	N/A	427	36,113	42,798
	CHURCHILL DOWNS INC	EQUITY	N/A	N/A	7,970	65,920	1,109,185
	CIE FINANCIERE RICHEMONT SA	EQUITY	N/A	N/A	15,266	1,776,646	2,595,220
	CIENA CORP	EQUITY	N/A	N/A	2,491	121,008	105,843
	CINCINNATI FINANCIAL CORP	EQUITY	N/A	N/A	32,667	3,906,899	3,179,152
	CINCINNATI FINANCIAL CORP	EQUITY	N/A	N/A	2,579	220,718	250,988
	CINEMARK HOLDINGS INC	EQUITY	N/A	N/A	92,436	1,354,728	1,525,194
	CINTAS CORP	EQUITY	N/A	N/A	160	63,889	79,533
	CINTAS CORP	EQUITY	N/A	N/A	696	194,453	345,968
	CIRRUS LOGIC INC	EQUITY	N/A	N/A	927	77,406	75,096
	CISCO SYSTEMS INC	EQUITY	N/A	N/A	64,100	3,395,438	3,316,534
	CITIZENS FINANCIAL GROUP	EQUITY	N/A	N/A	8,112	313,637	211,561
	CIVITAS RESOURCES INC	EQUITY	N/A	N/A	2,526	173,232	175,229
	CLARIVATE PLC	EQUITY	N/A	N/A	7,904	195,398	75,325
	CLEAN HARBORS INC	EQUITY	N/A	N/A	9,771	633,534	1,606,646
	CLEAN HARBORS INC	EQUITY	N/A	N/A	862	67,127	141,739
	CLEAN HARBORS INC	EQUITY	N/A	N/A	14,034	1,324,417	2,307,611
	CLEARWATER ANALYTICS HDS-A	EQUITY	N/A	N/A	37,560	676,080	596,077
	CLEARWAY ENERGY INC	EQUITY	N/A	N/A	582	15,848	15,714
	CLEARWAY ENERGY INC	EQUITY	N/A	N/A	1,375	39,269	39,270
	CLEVELAND-CLIFFS INC	EQUITY	N/A	N/A	8,535	172,647	143,047
	CMS ENERGY CORP	EQUITY	N/A	N/A	4,887	295,596	287,111
	CNA FINANCIAL CORP	EQUITY	N/A	N/A	437	15,946	16,877
	CNH INDUSTRIAL NV	EQUITY	N/A	N/A	16,418	225,416	236,419
	COCA COLA CO	EQUITY	N/A	N/A	78,700	4,244,596	4,739,314
	COGNEX CORP	EQUITY	N/A	N/A	2,901	153,012	162,514
	COGNEX CORP	EQUITY	N/A	N/A	27,319	1,127,744	1,530,410
	COGNIZANT TECHNOLOGY SOLUTIONS	EQUITY	N/A	N/A	52,100	3,680,726	3,401,088
	COGNIZANT TECHNOLOGY SOLUTIONS	EQUITY	N/A	N/A	8,536	529,566	557,230
	COHERENT CORP	EQUITY	N/A	N/A	2,002	113,515	102,062
	COINBASE GLOBAL INC -CLASS A	EQUITY	N/A	N/A	2,800	174,950	200,340
	COLLIERS INTERNATIONAL GROUP	EQUITY	N/A	N/A	9,029	809,502	886,558
	COLUMBIA BKG SYS INC	EQUITY	N/A	N/A	3,491	92,752	70,797
	COLUMBIA SPORTSWEAR CO	EQUITY	N/A	N/A	600	53,735	46,344
	COLUMBUS MCKINNON CORP N Y	EQUITY	N/A	N/A	17,609	591,392	715,806
	COMCAST CORPORATION CL A	EQUITY	N/A	N/A	86,700	4,237,520	3,602,385

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	COMERICA INC	EQUITY	N/A	N/A	2,210	\$ 120,338	\$ 93,616
	COMMERCE BANCSHARES INC	EQUITY	N/A	N/A	40,572	2,624,814	1,975,856
	COMMERCE BANCSHARES INC	EQUITY	N/A	N/A	1,919	111,285	93,455
	COMMERCIAL METALS CO	EQUITY	N/A	N/A	8,793	280,464	463,039
	CONAGRA BRANDS INC	EQUITY	N/A	N/A	88,600	3,008,124	2,987,592
	CONAGRA BRANDS INC	EQUITY	N/A	N/A	7,991	285,323	269,457
	CONCENTRIX CORP - WI	EQUITY	N/A	N/A	8,044	732,886	649,553
	CONCENTRIX CORP - WI	EQUITY	N/A	N/A	737	80,371	59,513
	CONFLUENT INC-CLASS A	EQUITY	N/A	N/A	7,630	419,185	269,415
	CONMED CORP	EQUITY	N/A	N/A	5,389	542,752	732,311
	CONOCOPHILLIPS	EQUITY	N/A	N/A	24,600	1,791,428	2,548,806
	CONSOLIDATED EDISON INC	EQUITY	N/A	N/A	5,831	447,195	527,122
	CONSTELLATION BRANDS INC	EQUITY	N/A	N/A	15,500	3,487,840	3,815,015
	CONSTELLATION ENERGY - W/I	EQUITY	N/A	N/A	5,506	329,900	504,074
	CONSTELLATION ENERGY - W/I	EQUITY	N/A	N/A	5,062	462,368	463,426
	CONSTELLUM SE	EQUITY	N/A	N/A	8,753	164,418	150,552
	COOPER COS INC	EQUITY	N/A	N/A	816	285,599	312,879
	CORE & MAIN INC-CLASS A	EQUITY	N/A	N/A	1,424	36,686	44,628
	COREBRIDGE FINANCIAL INC	EQUITY	N/A	N/A	2,484	43,650	43,867
	CORNING INC	EQUITY	N/A	N/A	12,780	459,362	447,811
	CORTEVA INC-W/I	EQUITY	N/A	N/A	123,600	5,284,607	7,082,280
	CORTEVA INC-W/I	EQUITY	N/A	N/A	11,988	475,326	686,912
	COSTAR GROUP INC	EQUITY	N/A	N/A	3,872	268,631	344,608
	COSTAR GROUP INC	EQUITY	N/A	N/A	39,223	2,914,937	3,490,847
	COSTCO WHOLESALE CORP	EQUITY	N/A	N/A	9,067	1,971,864	4,881,491
	COTERRA ENERGY INC	EQUITY	N/A	N/A	160,500	3,566,865	4,060,650
	COTERRA ENERGY INC	EQUITY	N/A	N/A	12,721	180,757	321,841
	COTY INC-CL A	EQUITY	N/A	N/A	6,050	47,779	74,355
	COUSINS PROPERTIES INC	EQUITY	N/A	N/A	2,541	84,662	57,935
	CRANE CO-W/I	EQUITY	N/A	N/A	806	34,149	71,831
	CRANE NXT CO.	EQUITY	N/A	N/A	18,882	743,267	1,065,700
	CRANE NXT CO.	EQUITY	N/A	N/A	808	18,158	45,604
	CREDIT ACCEPTANCE CORPORATION	EQUITY	N/A	N/A	108	36,131	54,856
	CRINETICS PHARMACEUTICALS IN	EQUITY	N/A	N/A	18,254	315,595	328,937
	CROCS INC	EQUITY	N/A	N/A	8,848	635,279	994,869
	CROCS INC	EQUITY	N/A	N/A	15,667	1,290,874	1,761,597
	CROWDSTRIKE HOLDINGS INC - A	EQUITY	N/A	N/A	14,797	3,413,079	2,173,235
	CROWDSTRIKE HOLDINGS INC - A	EQUITY	N/A	N/A	1,878	355,636	275,822
	CROWN CASTLE INC	EQUITY	N/A	N/A	31,500	5,405,000	3,589,110
	CROWN HOLDINGS INC	EQUITY	N/A	N/A	1,782	155,972	154,802
	CSG SYS INTL INC	EQUITY	N/A	N/A	12,892	405,386	679,924
	CUBESMART	EQUITY	N/A	N/A	3,757	136,648	167,788
	CULLEN FROST BANKERS INC	EQUITY	N/A	N/A	28,200	3,459,973	3,032,346
	CULLEN FROST BANKERS INC	EQUITY	N/A	N/A	994	90,849	106,885
	CUMMINS INC	EQUITY	N/A	N/A	2,383	331,614	584,216
	CURTISS WRIGHT CORP	EQUITY	N/A	N/A	641	77,628	117,726
	CUSTOM TRUCK ONE SOURCE INC	EQUITY	N/A	N/A	58,541	316,075	394,566
	CVS HEALTH CORPORATION	EQUITY	N/A	N/A	43,600	3,495,147	3,014,068
	CYTOKINETICS INC NEW	EQUITY	N/A	N/A	17,790	481,236	580,310
	D R HORTON INC	EQUITY	N/A	N/A	5,229	495,903	636,317
	DAIKIN INDUSTRIES LTD	EQUITY	N/A	N/A	15,400	2,288,103	3,109,414
	DANAHER CORP	EQUITY	N/A	N/A	21,685	6,511,567	5,204,400
	DANAHER CORP	EQUITY	N/A	N/A	5,823	708,545	1,397,520
	DARDEN RESTAURANTS INC W I	EQUITY	N/A	N/A	1,081	144,362	180,613
	DARLING INGREDIENTS INC	EQUITY	N/A	N/A	2,662	173,545	169,809
	DATADOG INC - CLASS A	EQUITY	N/A	N/A	3,500	306,411	344,330
	DEFINITIVE HEALTHCARE CORP	EQUITY	N/A	N/A	35,626	901,317	391,886
	DELEK HOLDCO INC	EQUITY	N/A	N/A	28,316	789,058	678,168
	DELTA AIR LINES INC	EQUITY	N/A	N/A	10,233	438,580	486,477
	DENALI THERAPEUTICS INC	EQUITY	N/A	N/A	13,087	352,068	386,197
	DENBURY INC	EQUITY	N/A	N/A	1,878	154,926	161,996
	DENTSPLY SIRONA INC	EQUITY	N/A	N/A	3,550	186,763	142,071
	DEVON ENERGY CORP NEW	EQUITY	N/A	N/A	10,770	332,747	520,622
	DEXCOM INC	EQUITY	N/A	N/A	26,829	1,609,136	3,447,795
	DIAGEO PLC	EQUITY	N/A	N/A	47,459	1,153,987	2,034,093
	DIAMOND BACK ENERGY INC	EQUITY	N/A	N/A	3,044	278,728	399,860
	DIAMOND OFFSHORE DRILLING IN	EQUITY	N/A	N/A	37,040	292,740	527,450
	DICK'S SPORTING GOODS INC.	EQUITY	N/A	N/A	935	28,662	123,598
	DIGITAL RLTY TR INC	EQUITY	N/A	N/A	4,885	508,765	556,255
	DISCOVER FINANCIAL W/I	EQUITY	N/A	N/A	4,259	304,889	497,664
	DISH NETWORK CORP	EQUITY	N/A	N/A	4,157	143,508	27,395
	DISNEY WALT CO	EQUITY	N/A	N/A	33,200	4,809,986	2,964,096
	DNB ASA	EQUITY	N/A	N/A	64,722	330,432	1,411,263
	DNB BANK ASA	EQUITY	N/A	N/A	42,299	836,752	769,334
	DOLBY LABORATORIES INC	EQUITY	N/A	N/A	994	90,803	83,178
	DOLLAR GENERAL CORP	EQUITY	N/A	N/A	16,100	3,274,460	2,733,458
	DOLLAR GENERAL CORP	EQUITY	N/A	N/A	7,196	841,121	1,221,737

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	DOLLAR TREE INC	EQUITY	N/A	N/A	19,500	\$ 1,927,611	\$ 2,798,250
	DOLLAR TREE INC	EQUITY	N/A	N/A	3,504	401,643	502,824
	DONALDSON INC	EQUITY	N/A	N/A	1,190	65,184	74,387
	DOORDASH INC - A	EQUITY	N/A	N/A	1,100	117,343	84,062
	DOORDASH INC - A	EQUITY	N/A	N/A	5,824	908,702	445,070
	DOVER CORP	EQUITY	N/A	N/A	22,300	3,416,186	3,292,595
	DOVER CORP	EQUITY	N/A	N/A	2,344	169,897	346,092
	DOXIMITY INC-CLASS A	EQUITY	N/A	N/A	1,030	41,186	35,041
	DR ING HCF PORSCHE AG PFD	EQUITY	N/A	N/A	5,076	657,299	630,338
	DR ING HCF PORSCHE AG PFD	EQUITY	N/A	N/A	12,811	1,044,980	1,590,870
	DRIVEN BRANDS HOLDINGS INC	EQUITY	N/A	N/A	1,043	27,506	28,224
	DROPOX INC-CLASS A	EQUITY	N/A	N/A	488	11,550	13,015
	DT MIDSTREAM INC-W/I	EQUITY	N/A	N/A	1,629	64,666	80,750
	DTE ENERGY CO	EQUITY	N/A	N/A	3,462	371,212	380,889
	DUCKHORN PORTFOLIO INC/THE	EQUITY	N/A	N/A	12,547	182,624	162,735
	DUN & BRADSTREET HOLDINGS	EQUITY	N/A	N/A	4,574	92,968	52,921
	DUOLINGO	EQUITY	N/A	N/A	2,586	356,769	369,643
	DUPONT DE NEMOURS INC-WI	EQUITY	N/A	N/A	45,100	3,121,545	3,221,944
	DUPONT DE NEMOURS INC-WI	EQUITY	N/A	N/A	7,715	452,652	551,160
	DXC TECHNOLOGY CO	EQUITY	N/A	N/A	3,815	95,308	101,937
	EAGLE MATERIALS INC	EQUITY	N/A	N/A	205	26,597	38,216
	EAST WEST BANCORP INC	EQUITY	N/A	N/A	2,358	114,910	124,479
	EASTERN BANKSHARES INC	EQUITY	N/A	N/A	52,357	913,008	642,420
	EASTGROUP PTYS INC	EQUITY	N/A	N/A	736	120,229	127,770
	EASTMAN CHEM CO	EQUITY	N/A	N/A	1,992	138,052	166,770
	EBAY INC	EQUITY	N/A	N/A	8,423	384,213	376,424
	ECOLAB INC	EQUITY	N/A	N/A	21,900	4,722,400	4,088,511
	ECOVYST INC	EQUITY	N/A	N/A	82,689	864,829	947,616
	EDISON INTL	EQUITY	N/A	N/A	48,800	2,791,477	3,389,160
	EDISON INTL	EQUITY	N/A	N/A	6,351	313,706	441,077
	ELANCO ANIMAL HEALTH INC	EQUITY	N/A	N/A	8,230	234,052	82,794
	ELECTRONIC ART	EQUITY	N/A	N/A	4,603	598,806	597,009
	ELEMENT SOLUTIONS INC	EQUITY	N/A	N/A	3,748	59,291	71,962
	ELEMENT SOLUTIONS INC	EQUITY	N/A	N/A	24,122	214,926	463,142
	ELEVANCE HEALTH INC	EQUITY	N/A	N/A	1,662	892,717	738,410
	ELF BEAUTY INC	EQUITY	N/A	N/A	900	88,838	102,807
	ELI LILLY & CO	EQUITY	N/A	N/A	19,888	3,044,616	9,327,074
	ELI LILLY & CO	EQUITY	N/A	N/A	11,063	2,917,328	5,188,326
	EMBECTA CORP-W/I	EQUITY	N/A	N/A	15,086	438,777	325,858
	EMCOR GROUP INC	EQUITY	N/A	N/A	515	90,407	95,162
	EMPLOYERS HOLDINGS INC	EQUITY	N/A	N/A	18,539	355,268	693,544
	ENCOMPASS HEALTH CORP	EQUITY	N/A	N/A	1,545	76,380	104,612
	ENERPLUS CORP	EQUITY	N/A	N/A	66,432	751,722	961,271
	ENOVIS CORP	EQUITY	N/A	N/A	881	58,124	56,490
	ENSIGN GROUP INC	EQUITY	N/A	N/A	16,059	1,500,241	1,532,992
	ENSTAR GROUP LTD	EQUITY	N/A	N/A	4,468	1,015,731	1,091,264
	ENTEGRIS INC	EQUITY	N/A	N/A	2,378	246,214	263,530
	ENTEGRIS INC	EQUITY	N/A	N/A	11,899	1,195,160	1,318,647
	ENTERGY CORP	EQUITY	N/A	N/A	3,556	375,236	346,248
	ENTERPRISE FINANCIAL SERVICE	EQUITY	N/A	N/A	19,589	928,127	765,930
	ENVISTA HOLDINGS CORP	EQUITY	N/A	N/A	2,749	90,881	93,026
	EPR PROPERTIES	EQUITY	N/A	N/A	1,246	70,632	58,313
	EQT CORPORATION	EQUITY	N/A	N/A	6,056	162,013	249,083
	EQUIFAX INC	EQUITY	N/A	N/A	631	133,331	148,474
	EQUITY COMMONWEALTH	EQUITY	N/A	N/A	37,636	779,346	762,505
	EQUITY LIFESTYLE PROPERTIES	EQUITY	N/A	N/A	44,918	3,457,999	3,004,565
	EQUITY LIFESTYLE PROPERTIES	EQUITY	N/A	N/A	2,008	125,942	134,315
	EQUITY RESIDENTIAL	EQUITY	N/A	N/A	47,300	3,725,151	3,120,381
	EQUITY RESIDENTIAL	EQUITY	N/A	N/A	6,267	401,226	413,434
	ERSTE GROUP BANK AG	EQUITY	N/A	N/A	64,283	1,920,568	2,301,331
	ESAB CORP-W/I	EQUITY	N/A	N/A	947	48,726	63,013
	ESSENTIAL PROPERTIES REALTY	EQUITY	N/A	N/A	114,980	2,456,187	2,706,629
	ESSENTIAL UTILITIES INC	EQUITY	N/A	N/A	4,078	192,353	162,753
	ESSEX PTY TR INC	EQUITY	N/A	N/A	1,072	272,001	251,170
	ESSILOR LUXOTICA	EQUITY	N/A	N/A	15,142	2,834,949	2,826,709
	ETSY INC	EQUITY	N/A	N/A	905	80,480	76,572
	EURO CURRENCY (EUR)	EQUITY	N/A	N/A	8,151	8,898	8,877
	EURONET WORLDWIDE INC	EQUITY	N/A	N/A	8,813	450,731	1,034,382
	EURONET WORLDWIDE INC	EQUITY	N/A	N/A	398	49,544	46,713
	EVERCORE INC	EQUITY	N/A	N/A	598	41,738	73,907
	EVERCORE INC	EQUITY	N/A	N/A	4,488	506,135	554,672
	EVEREST GROUP LTD	EQUITY	N/A	N/A	615	106,013	210,244
	EVERGY INC	EQUITY	N/A	N/A	3,741	208,090	218,549
	EVERSOURCE ENERGY	EQUITY	N/A	N/A	5,857	504,686	415,378
	EVGO INC	EQUITY	N/A	N/A	26,993	158,874	107,972
	EVOLVENT HEALTH INC - A	EQUITY	N/A	N/A	25,104	724,038	760,651
	EXACT SCIENCES CORP	EQUITY	N/A	N/A	1,958	103,889	183,856

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	EXELIXIS INC	EQUITY	N/A	N/A	1,411	\$ 27,416	\$ 26,964
	EXPEDIA GROUP INC	EQUITY	N/A	N/A	647	67,798	70,775
	EXPEDITORS INTERNATIONAL	EQUITY	N/A	N/A	2,235	219,849	270,726
	EXPONENT INC	EQUITY	N/A	N/A	15,759	1,574,596	1,470,630
	EXPRO GROUP HOLDINGS NV	EQUITY	N/A	N/A	13,311	181,104	235,871
	EXTRA SPACE STORAGE INC	EQUITY	N/A	N/A	2,108	320,144	313,776
	F.N.B. CORP PA	EQUITY	N/A	N/A	6,004	60,019	68,686
	F5 INC	EQUITY	N/A	N/A	1,012	170,099	148,015
	FABRINET	EQUITY	N/A	N/A	7,856	768,072	1,020,337
	FANUC LTD	EQUITY	N/A	N/A	46,800	1,715,531	1,609,452
	FASTENAL CO	EQUITY	N/A	N/A	2,408	136,989	142,048
	FASTENAL CO	EQUITY	N/A	N/A	58,530	2,941,632	3,452,685
	FEDERAL AGRIC MTG CORP	EQUITY	N/A	N/A	8,407	434,987	1,208,422
	FEDERAL REALTY INVS TRUST	EQUITY	N/A	N/A	1,358	126,344	131,414
	FERGUSON PLC	EQUITY	N/A	N/A	3,280	494,026	515,977
	FIDELITY NATIONAL INFORMATION	EQUITY	N/A	N/A	47,100	4,734,788	2,576,370
	FIDELITY NATIONAL INFORMATION	EQUITY	N/A	N/A	9,948	524,749	544,156
	FIFTH THIRD BANCORP	EQUITY	N/A	N/A	11,404	165,990	298,899
	FINECOBANK BANCA FINECO SPA	EQUITY	N/A	N/A	145,672	1,643,902	1,957,564
	FIRST AMERICAN FINANCIAL W/I	EQUITY	N/A	N/A	1,683	83,524	95,965
	FIRST CITIZENS BANCSHARES INC	EQUITY	N/A	N/A	162	121,826	207,919
	FIRST HAWAIIAN INC	EQUITY	N/A	N/A	2,136	49,437	38,469
	FIRST HORIZON CORPORATION	EQUITY	N/A	N/A	8,974	122,722	101,137
	FIRST INDL REALTY TRUST INC	EQUITY	N/A	N/A	2,217	95,627	116,703
	FIRST SOLAR INC	EQUITY	N/A	N/A	1,788	163,409	339,881
	FIRSTCASH HLDGS INC	EQUITY	N/A	N/A	10,085	727,052	941,233
	FIRSTENERGY CORP	EQUITY	N/A	N/A	9,150	307,330	355,752
	FISERV INC	EQUITY	N/A	N/A	3,500	403,541	441,525
	FIVE BELOW	EQUITY	N/A	N/A	15,115	2,985,938	2,970,702
	FIVE POINT HOLDINGS LLC-CL A	EQUITY	N/A	N/A	31,883	240,288	92,142
	FIVE9 INC	EQUITY	N/A	N/A	10,601	1,575,284	874,052
	FLEETCOR TECHNOLOGIES INC	EQUITY	N/A	N/A	85	20,277	21,342
	FLOOR & DECOR HOLDINGS INC	EQUITY	N/A	N/A	18,633	1,568,059	1,937,087
	FLOWERS FOODS INC	EQUITY	N/A	N/A	3,156	72,272	78,521
	FLOWERVE CORP	EQUITY	N/A	N/A	2,196	77,161	81,581
	FLOWERVE CORP	EQUITY	N/A	N/A	38,758	1,194,268	1,439,860
	FLUOR CORP	EQUITY	N/A	N/A	100,360	2,821,905	2,970,656
	FMC CORPORATION NEW	EQUITY	N/A	N/A	1,785	209,960	186,247
	FNF GROUP-W/I	EQUITY	N/A	N/A	4,357	120,336	156,852
	FOOT LOCKER INC	EQUITY	N/A	N/A	39,045	1,548,562	1,058,510
	FORTINET INC	EQUITY	N/A	N/A	3,335	137,186	252,093
	FORTIVE CORP	EQUITY	N/A	N/A	5,942	406,719	444,283
	FORTUNE BRANDS INNOVATIONS INC.	EQUITY	N/A	N/A	2,123	148,474	152,750
	FOX CORP - CLASS A - W/I	EQUITY	N/A	N/A	4,914	147,966	167,076
	FOX CORP- CLASS B	EQUITY	N/A	N/A	2,256	66,109	71,944
	FRANKLIN RESOURCES INC	EQUITY	N/A	N/A	4,781	116,392	127,701
	FRESHPET INC	EQUITY	N/A	N/A	556	33,680	36,590
	FRESHPET INC	EQUITY	N/A	N/A	10,613	901,544	698,442
	FRESHPET INC	EQUITY	N/A	N/A	12,176	723,046	801,303
	FRONTIER COMMUNICATIONS PARE	EQUITY	N/A	N/A	4,111	98,988	76,629
	FTI CONSULTING INC	EQUITY	N/A	N/A	455	57,340	86,541
	FUJIFILM HOLDINGS CORP	EQUITY	N/A	N/A	33,400	1,784,853	1,976,987
	FULLER H B CO	EQUITY	N/A	N/A	12,419	760,669	888,083
	GALLAGHER ARTHUR J & CO	EQUITY	N/A	N/A	3,359	408,980	737,536
	GAMESTOP CORP CL A	EQUITY	N/A	N/A	4,498	149,842	109,077
	GAMING AND LEISURE PROPE-W/I	EQUITY	N/A	N/A	4,227	162,714	204,840
	GAP INC	EQUITY	N/A	N/A	3,264	70,490	29,148
	GARMIN LTD	EQUITY	N/A	N/A	2,581	309,616	269,172
	GATES INDUSTRIAL CORP PLC	EQUITY	N/A	N/A	1,989	27,436	26,812
	GCI LIBERTY INC	EQUITY	N/A	N/A	18,335	-	18
	GCI LIBERTY INC	EQUITY	N/A	N/A	1,662	-	2
	GEN DIGITAL INC	EQUITY	N/A	N/A	7,853	199,708	145,673
	GENCO SHIPPING & TRADING LTD	EQUITY	N/A	N/A	49,785	576,649	698,484
	GENERAC HOLDINGS INC	EQUITY	N/A	N/A	1,021	131,779	152,262
	GENERAL DYNAMICS CORP	EQUITY	N/A	N/A	17,000	3,417,425	3,657,550
	GENERAL ELEC CO	EQUITY	N/A	N/A	8,952	629,317	983,377
	GENPACT LTD	EQUITY	N/A	N/A	2,261	92,610	84,946
	GENTEX CORP	EQUITY	N/A	N/A	3,935	129,898	115,138
	GENTHERM INC	EQUITY	N/A	N/A	8,137	483,504	459,822
	GENUINE PARTS CO	EQUITY	N/A	N/A	2,357	237,178	398,875
	GERON CORP	EQUITY	N/A	N/A	109,975	275,499	353,020
	GETTY RLTY CORP NEW	EQUITY	N/A	N/A	45,533	1,534,397	1,539,926
	GINKGO BIOWORKS HOLDINGS INC	EQUITY	N/A	N/A	23,436	54,784	43,591
	GLAUKOS CORP	EQUITY	N/A	N/A	9,729	546,101	692,802
	GLOBAL PAYMENTS INC-W/I	EQUITY	N/A	N/A	4,396	521,566	433,094
	GLOBALFOUNDRIES INC	EQUITY	N/A	N/A	1,317	72,084	85,052
	GLOBANT SA	EQUITY	N/A	N/A	16,063	3,262,819	2,886,842

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	GLOBE LIFE INC	EQUITY	N/A	N/A	1,490	\$ 142,286	\$ 163,334
	GLOBUS MEDICAL INC A	EQUITY	N/A	N/A	1,331	80,013	79,248
	GODADDY INC - CLASS A	EQUITY	N/A	N/A	1,020	87,900	76,633
	GODADDY INC - CLASS A	EQUITY	N/A	N/A	21,881	1,853,800	1,643,920
	GOLAR LNG LTD	EQUITY	N/A	N/A	10,801	256,192	217,856
	GOLDMAN SACHS GROUP INC	EQUITY	N/A	N/A	6,044	1,989,356	1,949,432
	GOLDMAN SACHS GROUP INC	EQUITY	N/A	N/A	1,749	419,333	564,122
	GRACO INC	EQUITY	N/A	N/A	1,659	122,454	143,255
	GRAFTECH INTERNATIONAL LTD	EQUITY	N/A	N/A	15,093	152,032	76,069
	GRAND CANYON EDUCATION INC	EQUITY	N/A	N/A	366	31,939	37,775
	GRAND CANYON EDUCATION INC	EQUITY	N/A	N/A	22,190	2,474,972	2,290,230
	GRAPHIC PACKAGING HLDG CO	EQUITY	N/A	N/A	2,378	46,540	57,143
	GREEN PLAINS INC	EQUITY	N/A	N/A	28,563	793,508	920,871
	GRID DYNAMICS HOLDINGS INC	EQUITY	N/A	N/A	61,424	1,605,207	568,172
	GRIFFON CORP	EQUITY	N/A	N/A	17,673	574,815	712,222
	GROCERY OUTLET HOLDING CORP	EQUITY	N/A	N/A	1,551	55,299	47,476
	GSK PLC	EQUITY	N/A	N/A	133,289	2,477,495	2,389,872
	GUARDANT HEALTH INC	EQUITY	N/A	N/A	13,126	374,338	469,911
	GUIDEWIRE SOFTWARE INC	EQUITY	N/A	N/A	1,370	165,828	104,230
	GUIDEWIRE SOFTWARE INC	EQUITY	N/A	N/A	18,360	1,915,281	1,396,829
	GULFPORT ENERGY CORP	EQUITY	N/A	N/A	6,061	518,028	636,829
	GXO LOGISTICS INC-W/I	EQUITY	N/A	N/A	1,965	93,938	123,441
	HAEMONETICS CORP	EQUITY	N/A	N/A	9,249	541,531	787,460
	HALLIBURTON CO	EQUITY	N/A	N/A	12,062	268,049	397,925
	HAMILTON LANE INC-CLASS A	EQUITY	N/A	N/A	12,994	725,528	1,039,260
	HANNON ARMSTRONG SUSTAINABLE	EQUITY	N/A	N/A	11,745	337,429	293,625
	HANOVER INSURANCE GROUP INC	EQUITY	N/A	N/A	596	69,994	67,366
	HARLEY DAVIDSON INC	EQUITY	N/A	N/A	2,200	88,255	77,462
	HARMONIC INC	EQUITY	N/A	N/A	86,903	1,172,537	1,405,222
	HARTFORD FINL SVCS GROUP INC	EQUITY	N/A	N/A	5,117	155,114	368,526
	HASBRO INC	EQUITY	N/A	N/A	2,194	195,598	142,105
	HASHICORP INC-CL A	EQUITY	N/A	N/A	493	12,951	12,907
	HAWAIIAN ELECTRIC INDUSTRIES INC	EQUITY	N/A	N/A	1,840	67,450	66,608
	HAYWARD HOLDINGS INC	EQUITY	N/A	N/A	1,855	33,940	23,837
	HDFC BANK LTD	EQUITY	N/A	N/A	25,724	1,319,867	1,792,963
	HEALTH CATALYST INC	EQUITY	N/A	N/A	38,277	777,274	478,463
	HEALTHCARE REALTY TRUST INC	EQUITY	N/A	N/A	6,379	162,365	120,308
	HEALTHPEAK PROPERTIES INC	EQUITY	N/A	N/A	9,191	278,294	184,739
	HECLA MINING CO	EQUITY	N/A	N/A	49,009	305,514	252,396
	HEICO CORP NEW	EQUITY	N/A	N/A	75	11,300	13,271
	HEICO CORP NEW	EQUITY	N/A	N/A	133	17,365	18,700
	HEICO CORP NEW	EQUITY	N/A	N/A	20,582	2,689,696	3,641,779
	HENDERSON GROUP PLC	EQUITY	N/A	N/A	2,248	87,527	61,258
	HENRY JACK & ASSOC INC	EQUITY	N/A	N/A	834	135,773	139,553
	HENRY JACK & ASSOC INC	EQUITY	N/A	N/A	5,791	906,754	969,008
	HENRY SCHEIN INC	EQUITY	N/A	N/A	2,189	152,072	177,528
	HERC HOLDINGS INC	EQUITY	N/A	N/A	6,983	343,153	955,624
	HERC HOLDINGS INC	EQUITY	N/A	N/A	4,400	444,647	602,140
	HERTZ GLOBAL HLDGS INC	EQUITY	N/A	N/A	2,258	41,098	41,525
	HESS CORPORATION	EQUITY	N/A	N/A	2,064	184,056	280,601
	HEWLETT PACKARD ENTERPRISE CO	EQUITY	N/A	N/A	21,731	340,145	365,081
	HEXCEL CORP	EQUITY	N/A	N/A	1,415	77,923	107,568
	HF SINCLAIR CORP	EQUITY	N/A	N/A	2,371	129,989	105,770
	HIGHWOODS PTYS INC	EQUITY	N/A	N/A	1,747	68,439	41,771
	HILTON WORLDWIDE HLDGS - W/I	EQUITY	N/A	N/A	2,342	284,085	340,878
	HITACHI LTD	EQUITY	N/A	N/A	40,300	2,086,281	2,508,957
	HOLOGIC INC	EQUITY	N/A	N/A	41,117	3,067,746	3,329,243
	HOLOGIC INC	EQUITY	N/A	N/A	4,082	280,450	330,520
	HOME BANCSHARES INC	EQUITY	N/A	N/A	50,938	1,040,423	1,161,386
	HOME BANCSHARES INC	EQUITY	N/A	N/A	75,696	1,269,725	1,725,869
	HOME DEPOT INC	EQUITY	N/A	N/A	16,256	2,696,667	5,049,764
	HONEYWELL INTL INC	EQUITY	N/A	N/A	23,100	5,019,448	4,793,250
	HONEYWELL INTL INC	EQUITY	N/A	N/A	15,200	3,272,004	3,154,000
	HORIZON THERAPEUTICS PLC	EQUITY	N/A	N/A	437	42,402	44,945
	HORMEL FOODS CORP	EQUITY	N/A	N/A	4,862	228,815	195,550
	HOST HOTELS & RESORTS INC	EQUITY	N/A	N/A	11,876	181,512	199,873
	HOSTESS BRANDS INC	EQUITY	N/A	N/A	4,157	107,065	105,255
	HOULIHAN LOKEY INC	EQUITY	N/A	N/A	773	72,553	75,994
	HOWARD HUGHES CORP THE-W I	EQUITY	N/A	N/A	565	45,085	44,590
	HOWMET AEROSPACE INC	EQUITY	N/A	N/A	6,355	165,968	314,954
	HP INC	EQUITY	N/A	N/A	11,557	267,237	354,915
	HSBC HOLDINGS PLC	EQUITY	N/A	N/A	364,792	2,552,754	2,757,828
	HUBBELL INC	EQUITY	N/A	N/A	490	80,576	162,464
	HUMANA INC	EQUITY	N/A	N/A	5,830	2,251,612	2,606,768
	HUMANA INC	EQUITY	N/A	N/A	3,087	1,380,144	1,380,290
	HUNT J B TRANSPORT SERVICES INC	EQUITY	N/A	N/A	1,110	188,363	200,943
	HUNTINGTON BANCSHARES INC	EQUITY	N/A	N/A	24,164	304,654	260,488

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	HUNTINGTON INGALLS INDS INC	EQUITY	N/A	N/A	658	\$ 104,414	\$ 149,761
	HUNTSMAN CORP	EQUITY	N/A	N/A	2,932	48,622	79,223
	HYATT HOTELS CORP	EQUITY	N/A	N/A	781	60,373	89,487
	IAC INC	EQUITY	N/A	N/A	1,291	187,904	81,075
	IAC INC	EQUITY	N/A	N/A	9,646	1,600,075	605,769
	IBERDROLA SA	EQUITY	N/A	N/A	266,455	2,464,954	3,534,526
	ICON PLC	EQUITY	N/A	N/A	1,165	263,672	291,483
	ICU MED INC	EQUITY	N/A	N/A	340	67,841	60,585
	IDACORP INC	EQUITY	N/A	N/A	848	79,274	87,005
	IDEX CORP	EQUITY	N/A	N/A	1,167	225,457	251,208
	ILLUMINA INC	EQUITY	N/A	N/A	1,865	376,109	349,669
	IMMUNOCORE HOLDINGS PLC-ADR	EQUITY	N/A	N/A	7,555	283,763	452,998
	IMMUNOGEN	EQUITY	N/A	N/A	53,786	268,254	1,014,942
	IMPINJ INC	EQUITY	N/A	N/A	2,503	314,790	224,394
	INARI MEDICAL INC	EQUITY	N/A	N/A	12,359	946,218	718,552
	INCYTE CORPORATION	EQUITY	N/A	N/A	811	61,829	50,485
	INFINEON TECHNOLOGIES AG	EQUITY	N/A	N/A	75,227	1,755,732	3,009,080
	INFORMATICA INC - CLASS A	EQUITY	N/A	N/A	658	16,363	12,173
	INGERSOLL RAND INC	EQUITY	N/A	N/A	6,800	312,659	444,448
	INGEVITY CORP	EQUITY	N/A	N/A	16,352	944,845	951,032
	INGREDION INC	EQUITY	N/A	N/A	1,108	125,121	117,393
	INMODE LTD	EQUITY	N/A	N/A	25,198	537,302	941,145
	INSPERITY INC	EQUITY	N/A	N/A	3,266	220,019	388,523
	INTEGRA LIFESCIENCES HLDG CORP	EQUITY	N/A	N/A	1,200	67,705	49,356
	INTEGRA LIFESCIENCES HLDG CORP	EQUITY	N/A	N/A	9,261	466,647	380,905
	INTELLIA THERAPEUTICS INC	EQUITY	N/A	N/A	10,583	794,285	431,575
	INTER PARFUMS INC	EQUITY	N/A	N/A	1,991	131,156	269,243
	INTERACTIVE BROKERS GROUP	EQUITY	N/A	N/A	1,676	95,106	139,225
	INTERNATIONAL FLAVORS &	EQUITY	N/A	N/A	4,290	531,099	341,441
	INTERNATIONAL GAME TECHNOLOGY	EQUITY	N/A	N/A	39,189	1,017,388	1,249,737
	INTERNATIONAL MONEY EXPRESS	EQUITY	N/A	N/A	36,976	610,860	907,021
	INTERNATIONAL PAPER CO	EQUITY	N/A	N/A	5,817	255,047	185,039
	INTERNATIONAL SEAWAYS INC-WI	EQUITY	N/A	N/A	17,049	683,113	651,954
	INTERPUBLIC GROUP COMPANIES INC	EQUITY	N/A	N/A	6,476	159,661	249,844
	INTRA-CELLULAR THERAPIES INC	EQUITY	N/A	N/A	10,038	456,666	635,606
	INTUIT SOFTWARE	EQUITY	N/A	N/A	5,211	1,074,076	2,387,628
	INTUITIVE SURGICAL INC	EQUITY	N/A	N/A	15,922	3,519,255	5,444,369
	INTUITIVE SURGICAL INC	EQUITY	N/A	N/A	9,820	1,044,988	3,357,851
	INVESCO LTD	EQUITY	N/A	N/A	6,230	111,071	104,726
	INVITATION HOMES INC	EQUITY	N/A	N/A	10,269	321,719	353,254
	IONIS PHARMACEUTICALS INC	EQUITY	N/A	N/A	332	15,523	13,622
	IPG PHOTONICS CORP	EQUITY	N/A	N/A	504	101,276	68,453
	IQVIA HOLDINGS INC	EQUITY	N/A	N/A	226	48,377	50,798
	IRIDIUM COMMUNICATIONS INC	EQUITY	N/A	N/A	134	8,269	8,324
	IROBOT CORP	EQUITY	N/A	N/A	4,243	184,159	191,996
	IRON MOUNTAIN INC	EQUITY	N/A	N/A	2,457	97,638	139,607
	ISHARES RUSSELL MID-CAP VALUE	EQUITY	N/A	N/A	5,400	516,035	593,136
	ISRACARD LTD	EQUITY	N/A	N/A	1	-	3
	ITT INC	EQUITY	N/A	N/A	1,388	106,143	129,375
	J & J SNACK FOODS CORP	EQUITY	N/A	N/A	2,936	305,500	464,945
	JABIL INC	EQUITY	N/A	N/A	808	55,094	87,207
	JACOBS SOLUTIONS INC	EQUITY	N/A	N/A	2,114	234,519	251,333
	JANUS INTERNATIONAL GROUP IN	EQUITY	N/A	N/A	62,987	647,275	671,441
	JAPANESE YEN CURRENCY (JPY)	EQUITY	N/A	N/A	4,610	32	32
	JAZZ PHARMACEUTICALS PLC	EQUITY	N/A	N/A	494	68,092	61,241
	JEFFERIES FINANCIAL GROUP IN	EQUITY	N/A	N/A	3,375	77,566	111,949
	JELD-WEN HOLDING INC	EQUITY	N/A	N/A	3,569	78,914	62,600
	JETBLUE AIRWAYS	EQUITY	N/A	N/A	169,351	2,337,971	1,500,450
	JM SMUCKER CO/THE-NEW COM WI	EQUITY	N/A	N/A	1,732	215,258	255,764
	JOHNSON & JOHNSON	EQUITY	N/A	N/A	18,800	2,993,336	3,111,776
	JONES LANG LASALLE INC	EQUITY	N/A	N/A	796	119,200	124,017
	JUNIPER NETWORKS INC	EQUITY	N/A	N/A	5,346	122,921	167,490
	KADANT INC	EQUITY	N/A	N/A	6,305	573,133	1,400,341
	KARUNA THERAPEUTICS INC	EQUITY	N/A	N/A	63	14,319	13,662
	KARUNA THERAPEUTICS INC	EQUITY	N/A	N/A	2,586	302,700	560,774
	KB HOME	EQUITY	N/A	N/A	18,851	674,030	974,785
	KBR INC	EQUITY	N/A	N/A	1,445	77,461	94,012
	KDDI CORP	EQUITY	N/A	N/A	92,100	2,196,206	2,895,624
	KELLANOVA	EQUITY	N/A	N/A	4,365	278,494	294,201
	KEMPER CORP	EQUITY	N/A	N/A	15,566	759,892	751,215
	KEMPER CORP	EQUITY	N/A	N/A	1,011	73,644	48,791
	KEMPER CORP	EQUITY	N/A	N/A	9,742	508,884	470,149
	KENNAMETAL INC	EQUITY	N/A	N/A	12,591	373,656	357,458
	KEYCORP NEW	EQUITY	N/A	N/A	15,650	239,540	144,606
	KEYENCE CORP	EQUITY	N/A	N/A	6,100	1,572,126	2,873,954
	KEYSIGHT TECHNOLOGIES IN-WI	EQUITY	N/A	N/A	2,218	342,440	371,404
	KILROY RLTY CORP	EQUITY	N/A	N/A	1,959	119,713	58,946

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	KIMBALL ELECTRONICS INC-W/I	EQUITY	N/A	N/A	24,743	\$ 419,114	\$ 683,649
	KIMCO REALTY CORP	EQUITY	N/A	N/A	10,164	176,853	200,434
	KINGFISHER PLC	EQUITY	N/A	N/A	314,763	924,525	926,218
	KINSALE CAPITAL GROUP INC	EQUITY	N/A	N/A	2,895	797,834	1,083,309
	KIRBY CORP	EQUITY	N/A	N/A	1,000	55,476	76,950
	KKR & CO INC	EQUITY	N/A	N/A	8,183	342,344	458,248
	KNIFE RIVER CORP-W/I	EQUITY	N/A	N/A	19,516	684,202	848,946
	KNIGHT SWIFT TRANSPORTATION	EQUITY	N/A	N/A	2,623	113,904	145,734
	KOHL'S CORP	EQUITY	N/A	N/A	1,856	87,749	42,781
	KOREAN WON CURRENCY (KRW)	EQUITY	N/A	N/A	12,033,602	9,039	9,146
	KORN FERRY	EQUITY	N/A	N/A	12,041	404,836	596,511
	KORNIT DIGITAL LTD	EQUITY	N/A	N/A	22,782	2,069,494	669,107
	KOSMOS ENERGY LTD	EQUITY	N/A	N/A	106,508	605,710	637,983
	KRATOS DEFENSE	EQUITY	N/A	N/A	12,331	196,475	176,827
	KROGER CO	EQUITY	N/A	N/A	10,965	286,154	515,355
	KUBOTA CORP	EQUITY	N/A	N/A	123,900	2,503,162	1,802,321
	KYMERA THERAPEUTICS INC	EQUITY	N/A	N/A	10,906	308,462	250,729
	KYNDRYL HOLDINGS INC-W/I	EQUITY	N/A	N/A	3,443	35,315	45,723
	L BRANDS INC - W/I	EQUITY	N/A	N/A	3,848	124,282	144,300
	LABORATORY CORP OF AMERICA HLDG	EQUITY	N/A	N/A	1,486	307,297	358,616
	LAM RESEARCH CORP	EQUITY	N/A	N/A	583	270,793	374,787
	LAMAR ADVERTISING CO-A	EQUITY	N/A	N/A	334	24,809	33,150
	LAMB WESTON HOLDING INC-W/I	EQUITY	N/A	N/A	137	15,712	15,748
	LANDSTAR SYS INC	EQUITY	N/A	N/A	122	18,869	23,490
	LANTHEUS HOLDINGS INC	EQUITY	N/A	N/A	17,976	254,010	1,508,546
	LAZARD LTD CL A	EQUITY	N/A	N/A	1,838	71,889	58,816
	LCI INDUSTRIES	EQUITY	N/A	N/A	3,688	399,275	466,016
	LEAR CORP- W/I	EQUITY	N/A	N/A	986	83,776	141,540
	LEGALZOOMCOM INC	EQUITY	N/A	N/A	27,980	271,445	337,998
	LEGGETT & PLATT INC	EQUITY	N/A	N/A	2,225	96,155	65,905
	LEGRAND SA	EQUITY	N/A	N/A	11,856	1,072,493	1,174,707
	LEIDOS HOLDINGS INC-W/I	EQUITY	N/A	N/A	2,293	236,720	202,885
	LENNAR CORP	EQUITY	N/A	N/A	51,029	4,780,466	6,394,444
	LENNAR CORP	EQUITY	N/A	N/A	4,179	322,819	523,670
	LENNAR CORP	EQUITY	N/A	N/A	231	14,091	26,098
	LENNOX INTERNATIONAL INC	EQUITY	N/A	N/A	537	147,352	175,100
	LEONARDO DRS INC	EQUITY	N/A	N/A	82,141	945,003	1,424,325
	LIBERTY BRAVES	EQUITY	N/A	N/A	17,732	431,755	702,542
	LIBERTY BRAVES	EQUITY	N/A	N/A	36,420	840,148	1,442,960
	LIBERTY BROADBAND-A	EQUITY	N/A	N/A	220	31,133	17,541
	LIBERTY BROADBAND-C	EQUITY	N/A	N/A	1,551	183,315	124,251
	LIBERTY FORMULA ONE	EQUITY	N/A	N/A	3,258	145,509	245,262
	LIBERTY FORMULA ONE	EQUITY	N/A	N/A	399	17,193	26,980
	LIBERTY SIRIUSXM	EQUITY	N/A	N/A	2,579	102,781	84,411
	LIBERTY SIRIUSXM	EQUITY	N/A	N/A	1,247	50,936	40,914
	LIFE STORAGE INC	EQUITY	N/A	N/A	1,426	121,526	189,601
	LINCOLN ELEC HLDGS INC	EQUITY	N/A	N/A	61	11,565	12,116
	LINCOLN NATIONAL CORP	EQUITY	N/A	N/A	2,554	121,146	65,791
	LITHIA MTRS INC	EQUITY	N/A	N/A	454	150,515	138,066
	LITTELFUSE INC	EQUITY	N/A	N/A	2,163	108,099	630,104
	LITTELFUSE INC	EQUITY	N/A	N/A	406	100,839	118,272
	LIVE NATION ENTERTAINMENT INC	EQUITY	N/A	N/A	2,035	184,961	185,409
	LIVENT CORP	EQUITY	N/A	N/A	34,737	517,391	952,836
	LKQ CORP	EQUITY	N/A	N/A	4,475	169,493	260,758
	LOEWS CORPORATION	EQUITY	N/A	N/A	3,180	138,458	188,828
	LONZA AG-REG	EQUITY	N/A	N/A	4,166	1,482,572	2,491,268
	L'OREAL	EQUITY	N/A	N/A	6,392	2,647,810	2,981,740
	LOUISIANA PACIFIC CORP	EQUITY	N/A	N/A	1,079	62,674	80,903
	LOUISIANA PACIFIC CORP	EQUITY	N/A	N/A	9,152	227,426	686,217
	LOWES COMPANIES INC	EQUITY	N/A	N/A	15,100	3,225,958	3,408,070
	LSB INDUSTRIES INC	EQUITY	N/A	N/A	65,101	868,657	641,245
	LUCID GROUP INC	EQUITY	N/A	N/A	12,512	76,628	86,208
	LULULEMON ATHLETICA INC	EQUITY	N/A	N/A	11,873	2,292,013	4,493,931
	LULULEMON ATHLETICA INC	EQUITY	N/A	N/A	2,412	622,610	912,942
	LUMENTUM HOLDINGS INC -W/I	EQUITY	N/A	N/A	1,147	102,150	65,069
	LVMH MOET HENNESSY LOUIS VUI	EQUITY	N/A	N/A	3,114	1,959,629	2,942,730
	LYONDELLBASELL INDUSTRIES N.V.	EQUITY	N/A	N/A	4,347	382,773	399,185
	M&T BK CORP	EQUITY	N/A	N/A	2,779	349,134	343,929
	MACY'S INC	EQUITY	N/A	N/A	4,544	94,742	72,931
	MADISON SQUARE GARDEN SPORTS	EQUITY	N/A	N/A	312	55,844	58,672
	MAGNOLIA OIL & GAS CORP	EQUITY	N/A	N/A	12,489	160,214	261,020
	MAKITA CORP	EQUITY	N/A	N/A	33,500	825,785	937,011
	MANPOWER GROUP INC	EQUITY	N/A	N/A	846	81,819	67,172
	MARATHON OIL CORP	EQUITY	N/A	N/A	10,441	76,442	240,352
	MARAVAI LIFESCIENCES HLDGS-A	EQUITY	N/A	N/A	777	10,155	9,658
	MARKEL GROUP INC	EQUITY	N/A	N/A	221	213,922	305,683
	MARRIOTT VACATIONS WORLDWIDE	EQUITY	N/A	N/A	6,214	234,991	762,582

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	MARRIOTT VACATIONS WORLDWIDE	EQUITY	N/A	N/A	613	\$ 98,417	\$ 75,227
	MARSH & MCLENNAN	EQUITY	N/A	N/A	7,008	1,031,478	1,318,065
	MARTIN MARIETTA MATLS INC	EQUITY	N/A	N/A	14,000	5,042,179	6,463,660
	MARTIN MARIETTA MATLS INC	EQUITY	N/A	N/A	1,037	299,777	478,773
	MARVELL TECHNOLOGY GROUP LTD	EQUITY	N/A	N/A	14,362	830,398	858,560
	MARVELL TECHNOLOGY GROUP LTD	EQUITY	N/A	N/A	9,627	273,784	575,502
	MASCO CORP	EQUITY	N/A	N/A	3,777	197,098	216,724
	MASTEC INC	EQUITY	N/A	N/A	1,044	107,334	123,161
	MASTERBRAND INC-W/I	EQUITY	N/A	N/A	82,762	667,838	962,522
	MASTERCARD INC CL A	EQUITY	N/A	N/A	17,554	2,955,987	6,903,988
	MASTERCARD INC CL A	EQUITY	N/A	N/A	13,562	1,936,637	5,333,935
	MATADOR RESOURCES CO	EQUITY	N/A	N/A	10,593	610,315	554,226
	MATCH GROUP INC	EQUITY	N/A	N/A	464	31,414	19,418
	MATTEL INC	EQUITY	N/A	N/A	5,912	124,881	115,520
	MC CORMICK & CO INC	EQUITY	N/A	N/A	4,222	377,626	368,285
	MCGRATH RENTCORP	EQUITY	N/A	N/A	12,018	748,545	1,111,425
	MDU RESOURCES GROUP INC	EQUITY	N/A	N/A	35,056	652,167	734,073
	MDU RESOURCES GROUP INC	EQUITY	N/A	N/A	3,393	64,255	71,049
	MEDICAL PROPERTIES TRUST INC	EQUITY	N/A	N/A	9,968	200,979	92,304
	MEDPACE HOLDINGS INC	EQUITY	N/A	N/A	5,158	725,265	1,238,797
	MEDTRONIC PLC	EQUITY	N/A	N/A	38,200	4,794,512	3,365,420
	MERCADOLIBRE INC	EQUITY	N/A	N/A	2,000	2,210,308	2,369,200
	MERCK & CO INC	EQUITY	N/A	N/A	45,823	4,077,576	5,287,516
	MERCK & CO INC	EQUITY	N/A	N/A	30,800	2,535,304	3,554,012
	MERCURY SYSTEMS INC	EQUITY	N/A	N/A	832	56,343	28,779
	META PLATFORMS INC	EQUITY	N/A	N/A	23,276	4,609,841	6,679,746
	META PLATFORMS INC	EQUITY	N/A	N/A	34,445	6,507,060	9,885,026
	METHODE ELECTRONICS INC	EQUITY	N/A	N/A	14,483	405,715	485,470
	MGIC INVT CORP WIS	EQUITY	N/A	N/A	4,837	47,144	76,376
	MGIC INVT CORP WIS	EQUITY	N/A	N/A	97,700	1,076,773	1,542,683
	MGM RESORTS INTERNATIONAL	EQUITY	N/A	N/A	5,038	151,539	221,269
	MICHELIN (CGDE)	EQUITY	N/A	N/A	246,400	4,763,002	3,631,936
	MICROCHIP TECHNOLOGY INC	EQUITY	N/A	N/A	73,000	8,040,443	6,540,070
	MICROCHIP TECHNOLOGY INC	EQUITY	N/A	N/A	2,594	199,631	232,396
	MICRON TECHNOLOGY INC	EQUITY	N/A	N/A	18,058	1,274,660	1,139,640
	MICROSOFT CORP	EQUITY	N/A	N/A	26,136	7,716,887	8,900,353
	MICROSOFT CORP	EQUITY	N/A	N/A	54,369	6,563,018	18,514,819
	MICROSOFT CORP	EQUITY	N/A	N/A	80,777	12,822,907	27,507,800
	MID AMER APT CMNTYS INC	EQUITY	N/A	N/A	1,951	255,949	296,279
	MIDDLEBY CORP	EQUITY	N/A	N/A	893	121,322	132,012
	MIRATI THERAPEUTICS INC	EQUITY	N/A	N/A	766	60,706	27,676
	MIRATI THERAPEUTICS INC	EQUITY	N/A	N/A	2,748	155,990	99,285
	MISTER CAR WASH INC	EQUITY	N/A	N/A	1,257	13,621	12,130
	MISUMI GROUP INC	EQUITY	N/A	N/A	54,300	1,822,158	1,079,640
	MITSUBISHI UFJ FINANCIAL GROUP	EQUITY	N/A	N/A	649,300	3,091,980	4,837,285
	MITSUBISHI UFJ FINL GRP ADR	EQUITY	N/A	N/A	376,400	2,222,567	2,774,068
	MKS INSTRS INC	EQUITY	N/A	N/A	1,115	124,469	120,532
	MODEL N INC	EQUITY	N/A	N/A	19,157	613,478	677,392
	MOHAWK INDS INC	EQUITY	N/A	N/A	888	117,224	91,606
	MOLINA HEALTHCARE INC	EQUITY	N/A	N/A	443	116,003	133,449
	MOLSON COORS BEVERAGE COMPANY	EQUITY	N/A	N/A	2,936	166,644	193,306
	MONGODDB INC	EQUITY	N/A	N/A	5,156	1,758,415	2,119,064
	MONGODDB INC	EQUITY	N/A	N/A	3,026	987,331	1,243,656
	MONOLITHIC POWER SYSTEMS INC	EQUITY	N/A	N/A	2,156	838,304	1,164,736
	MOODY'S CORP	EQUITY	N/A	N/A	3,276	1,027,010	1,139,131
	MOOG INC	EQUITY	N/A	N/A	13,196	1,344,225	1,430,842
	MOOG INC	EQUITY	N/A	N/A	7,355	610,621	797,503
	MOONLAKE IMMUNOTHERAPEUTICS	EQUITY	N/A	N/A	2,500	125,000	127,500
	MORGAN STANLEY	EQUITY	N/A	N/A	11,000	1,085,176	939,400
	MORPHIC HOLDING INC	EQUITY	N/A	N/A	8,195	313,778	469,819
	MOSAIC CO/THE	EQUITY	N/A	N/A	5,559	134,790	194,565
	MOTOROLA SOLUTIONS INC	EQUITY	N/A	N/A	12,500	2,928,988	3,666,000
	MP MATERIALS CORP	EQUITY	N/A	N/A	1,747	37,473	39,971
	MRC GLOBAL INC	EQUITY	N/A	N/A	64,927	647,903	653,815
	MSA SAFETY INC	EQUITY	N/A	N/A	514	79,333	89,415
	MSC INDL DIRECT INC	EQUITY	N/A	N/A	771	64,408	73,461
	MSCI INC	EQUITY	N/A	N/A	653	328,157	306,446
	MSCI INC	EQUITY	N/A	N/A	572	244,268	268,434
	MURATA MANUFACTURING CO NPV	EQUITY	N/A	N/A	26,700	1,041,612	1,539,255
	MURPHY USA INC-W/I	EQUITY	N/A	N/A	18	5,265	5,600
	MURPHY USA INC-W/I	EQUITY	N/A	N/A	3,193	882,855	993,374
	MVB FINANCIAL CORP	EQUITY	N/A	N/A	10,826	429,944	228,212
	NASDAQ INC	EQUITY	N/A	N/A	5,738	253,569	286,039
	NATIONAL BANK HOLD CL A	EQUITY	N/A	N/A	30,022	1,155,136	871,839
	NATIONAL FUEL GAS CO	EQUITY	N/A	N/A	1,492	84,156	76,629
	NATIONAL GRID PLC	EQUITY	N/A	N/A	128,091	1,277,219	1,660,059
	NATIONAL INSTRUMENTS CORP	EQUITY	N/A	N/A	8,281	319,462	475,329

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	NATIONAL INSTRUMENTS CORP	EQUITY	N/A	N/A	480	\$ 19,203	\$ 27,552
	NATIONAL STORAGE AFFILIATES	EQUITY	N/A	N/A	1,340	67,159	46,672
	NCINO INC	EQUITY	N/A	N/A	1,060	38,600	31,927
	NCR VOYIX CORPORATION	EQUITY	N/A	N/A	2,142	62,743	53,978
	NEOGEN CORP	EQUITY	N/A	N/A	40,211	1,827,998	874,589
	NESTLE SA-REG	EQUITY	N/A	N/A	39,209	2,373,849	4,715,686
	NETAPP INC	EQUITY	N/A	N/A	2,163	158,351	165,253
	NETFLIX INC	EQUITY	N/A	N/A	8,651	2,017,437	3,810,679
	NETFLIX INC	EQUITY	N/A	N/A	6,515	1,944,931	2,869,792
	NEW JERSEY RESOURCES CORP	EQUITY	N/A	N/A	10,126	383,471	477,947
	NEW LINDE PLC	EQUITY	N/A	N/A	2,492	605,041	949,651
	NEW MARKET CORPORATION	EQUITY	N/A	N/A	109	37,165	43,831
	NEW YORK COMMUNITY BANCORP	EQUITY	N/A	N/A	11,959	119,297	134,419
	NEW YORK TIMES CO	EQUITY	N/A	N/A	2,712	124,127	106,799
	NEWELL BRANDS INC.	EQUITY	N/A	N/A	6,388	137,137	55,576
	NEWPARK RESOURCES INC NEW	EQUITY	N/A	N/A	69,026	312,891	361,006
	NEWS CORP/NEW-CL A-W/I	EQUITY	N/A	N/A	6,394	118,181	124,683
	NEWS CORP/NEW-CL B-W/I	EQUITY	N/A	N/A	1,955	36,225	38,553
	NEXSTAR MEDIA GROUP INC	EQUITY	N/A	N/A	378	52,607	62,956
	NEXTDECADE CORP	EQUITY	N/A	N/A	12,109	80,453	99,415
	NIBE INDUSTRIES AB-B SHS	EQUITY	N/A	N/A	51,815	427,763	491,950
	NICE LTD	EQUITY	N/A	N/A	5,329	1,492,121	1,100,439
	NIKE INC	EQUITY	N/A	N/A	43,067	2,521,058	4,753,305
	NIKE INC	EQUITY	N/A	N/A	6,603	915,945	728,773
	NISOURCE INC	EQUITY	N/A	N/A	6,944	169,818	189,918
	NITORI HOLDINGS CO LTD	EQUITY	N/A	N/A	11,700	1,415,323	1,315,080
	NNN REIT INC	EQUITY	N/A	N/A	3,047	122,648	130,381
	NOBLE CORP PLC	EQUITY	N/A	N/A	34,080	1,326,812	1,407,845
	NOMAD FOODS LTD-WHEN ISSUED	EQUITY	N/A	N/A	23,222	381,273	406,849
	NORDSON CORPORATION	EQUITY	N/A	N/A	961	210,510	238,501
	NORDSTROM INC	EQUITY	N/A	N/A	1,916	38,689	39,221
	NORSK HYDRO ASA	EQUITY	N/A	N/A	162,711	1,186,862	995,791
	NORTHERN OIL AND GAS INC	EQUITY	N/A	N/A	41,929	1,038,773	1,439,003
	NORTHERN OIL AND GAS INC	EQUITY	N/A	N/A	12,622	391,577	433,187
	NORTHERN TRUST CORP	EQUITY	N/A	N/A	3,442	328,155	255,190
	NORTHROP GRUMMAN CORPORATION	EQUITY	N/A	N/A	6,300	2,398,242	2,871,540
	NORWEGIAN CRUISE LINE HLDGS LTD	EQUITY	N/A	N/A	5,388	134,954	117,297
	NOV INC	EQUITY	N/A	N/A	6,588	94,967	105,672
	NOVAGOLD RESOURCES INC	EQUITY	N/A	N/A	26,362	207,808	105,184
	NOVANTA INC	EQUITY	N/A	N/A	5,875	822,578	1,081,588
	NOVO NORDISK A S	EQUITY	N/A	N/A	29,563	3,225,010	4,784,180
	NOVO NORDISK A/S	EQUITY	N/A	N/A	31,092	4,008,056	5,029,131
	NRG ENERGY INC.	EQUITY	N/A	N/A	3,876	143,975	144,924
	NU HOLDINGS LTD/CAYMAN ISL-A	EQUITY	N/A	N/A	12,208	92,291	96,321
	NUCOR CORP	EQUITY	N/A	N/A	4,230	251,567	693,635
	NUTANIX INC - A	EQUITY	N/A	N/A	2,920	58,131	81,906
	NUVALENT INC-A	EQUITY	N/A	N/A	9,642	318,133	406,603
	NUVEI CORP-SUBORDINATE VTG	EQUITY	N/A	N/A	22,160	696,953	655,050
	NVENT ELECTRIC PLC-W/I	EQUITY	N/A	N/A	2,763	69,570	142,764
	NVIDIA CORP	EQUITY	N/A	N/A	42,583	2,493,503	18,013,461
	NVIDIA CORP	EQUITY	N/A	N/A	27,497	4,042,268	11,631,781
	NVR INC	EQUITY	N/A	N/A	45	244,798	285,778
	O REILLY AUTOMOTIVE INC	EQUITY	N/A	N/A	1,407	1,258,983	1,344,107
	OCEANFIRST FINANCIAL CORP	EQUITY	N/A	N/A	51,484	1,197,783	804,180
	OGE ENERGY CORP	EQUITY	N/A	N/A	3,357	112,014	120,550
	OKTA INC	EQUITY	N/A	N/A	2,361	219,909	163,735
	OLAPLEX HOLDINGS INC	EQUITY	N/A	N/A	2,188	7,570	8,139
	OLD DOMINION FGHT LINES INC	EQUITY	N/A	N/A	114	37,235	42,152
	OLD DOMINION FGHT LINES INC	EQUITY	N/A	N/A	2,042	558,194	755,030
	OLD REPUBLIC INTERNATIONAL CORP	EQUITY	N/A	N/A	4,566	98,712	114,926
	OLIN CORP	EQUITY	N/A	N/A	2,169	56,380	111,465
	OLLIE'S BARGAIN OUTLET HOLDI	EQUITY	N/A	N/A	703	61,300	40,725
	OLLIE'S BARGAIN OUTLET HOLDI	EQUITY	N/A	N/A	7,731	513,063	447,857
	OMEGA HEALTHCARE INVS INC	EQUITY	N/A	N/A	3,933	111,049	120,704
	OMNICELL INC	EQUITY	N/A	N/A	8,770	699,687	646,086
	OMNICOM GROUP	EQUITY	N/A	N/A	3,315	215,081	315,422
	ON HOLDING AG-CLASS A	EQUITY	N/A	N/A	53,762	1,021,900	1,774,146
	ON SEMICONDUCTOR CORPORATION	EQUITY	N/A	N/A	7,245	463,706	685,232
	ONEMAIN HOLDINGS INC	EQUITY	N/A	N/A	1,884	87,687	82,312
	ONEOK INC	EQUITY	N/A	N/A	7,097	293,693	438,027
	ONTO INNOVATION INC	EQUITY	N/A	N/A	4,044	414,945	471,005
	OPTION CARE HEALTH INC	EQUITY	N/A	N/A	28,961	702,007	940,943
	ORACLE CORP	EQUITY	N/A	N/A	29,700	2,701,163	3,536,973
	ORGANON & CO-W/I	EQUITY	N/A	N/A	4,290	129,895	89,275
	ORMAT TECHNOLOGIES INC	EQUITY	N/A	N/A	14,584	1,158,261	1,173,429
	ORTHOPEDIATRICS CORP	EQUITY	N/A	N/A	19,296	960,384	846,130
	OSHKOSH CORPORATION	EQUITY	N/A	N/A	29,400	3,331,417	2,545,746

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares			
OSHKOSH CORPORATION	EQUITY	N/A	N/A	1,095	\$	47,116	\$ 94,816
OTIS WORLDWIDE CORP-W/I	EQUITY	N/A	N/A	6,537		434,133	581,858
OUTFRONT MEDIA INC	EQUITY	N/A	N/A	61,899		1,067,366	973,052
OVINTIV INC	EQUITY	N/A	N/A	2,270		93,291	86,419
OWENS & MINOR INC	EQUITY	N/A	N/A	40,737		979,836	775,632
OWENS CORNING INC	EQUITY	N/A	N/A	1,508		89,781	196,794
PACCAR INC	EQUITY	N/A	N/A	8,616		498,521	720,728
PACIFIC ANDES RESOURCES DEVE	EQUITY	N/A	N/A	1,533,000		-	24,007
PACIRA BIOSCIENCES INC	EQUITY	N/A	N/A	23,129		1,166,061	926,779
PACKAGING CORP PKG	EQUITY	N/A	N/A	1,486		125,691	196,390
PARAMOUNT GLOBAL CLASS A	EQUITY	N/A	N/A	169		6,801	3,137
PARAMOUNT GLOBAL CLASS B	EQUITY	N/A	N/A	9,689		376,955	154,152
PARK HOTELS & RESORTS INC-	EQUITY	N/A	N/A	3,689		64,583	47,293
PARKER HANNIFIN CORP	EQUITY	N/A	N/A	18,200		5,280,550	7,098,728
PARKER HANNIFIN CORP	EQUITY	N/A	N/A	2,148		613,487	837,806
PAYCOM SOFTWARE INC	EQUITY	N/A	N/A	6,738		2,505,224	2,164,515
PAYCOM SOFTWARE INC	EQUITY	N/A	N/A	538		150,626	172,827
PAYCOR HCM INC	EQUITY	N/A	N/A	503		13,980	11,906
PAYLOCITY HOLDING CORP	EQUITY	N/A	N/A	12,216		2,194,484	2,254,218
PAYONEER GLOBAL INC	EQUITY	N/A	N/A	238,599		1,303,961	1,147,661
PDC ENERGY INC	EQUITY	N/A	N/A	1,456		92,947	103,580
PEBBLEBROOK HOTEL TRUST	EQUITY	N/A	N/A	96,202		1,628,062	1,341,056
PENN ENTERTAINMENT INC	EQUITY	N/A	N/A	2,574		179,108	61,853
PENSKE AUTO GROUP INC	EQUITY	N/A	N/A	337		20,096	56,154
PENTAIR PLC	EQUITY	N/A	N/A	2,756		140,817	178,038
PERELLA WEINBERG PARTNERS	EQUITY	N/A	N/A	48,575		580,608	404,630
PERFICIENT INC	EQUITY	N/A	N/A	9,051		664,530	754,220
PERFORMANCE FOOD GROUP CO	EQUITY	N/A	N/A	1,364		65,965	82,167
PERRIGO CO LTD	EQUITY	N/A	N/A	2,266		108,231	76,931
PETCO HEALTH AND WELLNESS CO	EQUITY	N/A	N/A	1,478		30,300	13,154
PG&E CORP	EQUITY	N/A	N/A	30,272		374,262	523,100
PGT INNOVATIONS INC	EQUITY	N/A	N/A	27,508		505,004	801,858
PHILLIPS 66	EQUITY	N/A	N/A	33,100		2,645,424	3,157,078
PHILLIPS 66	EQUITY	N/A	N/A	7,744		689,009	738,623
PHILLIPS EDISON & COMPANY	EQUITY	N/A	N/A	55,058		1,785,299	1,876,377
PIEDMONT LITHIUM INC	EQUITY	N/A	N/A	1,369		84,920	79,005
PILGRIM'S PRIDE CORP	EQUITY	N/A	N/A	690		14,266	14,828
PINNACLE FINANCIAL	EQUITY	N/A	N/A	12,763		419,196	723,024
PINNACLE FINANCIAL	EQUITY	N/A	N/A	1,263		74,714	71,549
PINNACLE WEST CAPITAL CORP	EQUITY	N/A	N/A	1,902		155,065	154,937
PLANET FITNESS INC - CL A	EQUITY	N/A	N/A	749		52,983	50,513
PLAYA HOTELS & RESORTS NV	EQUITY	N/A	N/A	91,824		850,162	747,447
PLAYTIKA HOLDING CORP	EQUITY	N/A	N/A	163		2,370	1,891
PLUG POWER INC	EQUITY	N/A	N/A	8,725		123,891	90,653
PNC FINANCIAL SERVICES GROUP INC	EQUITY	N/A	N/A	24,000		4,836,344	3,022,800
POLARIS INC	EQUITY	N/A	N/A	826		90,115	99,888
POPULAR INC	EQUITY	N/A	N/A	15,251		524,925	922,991
POPULAR INC	EQUITY	N/A	N/A	1,182		62,480	71,535
POPULAR INC	EQUITY	N/A	N/A	15,617		798,495	945,141
PORTLAND GENERAL ELECTRIC CO	EQUITY	N/A	N/A	16,163		864,683	756,913
POST HOLDINGS INC-W CLASS I	EQUITY	N/A	N/A	898		57,423	77,812
POSTAL REALTY TRUST INC- A	EQUITY	N/A	N/A	22,693		371,941	333,814
POWER INTEGRATIONS INC	EQUITY	N/A	N/A	6,075		486,609	575,120
POWERSCHOOL HOLDINGS INC-A	EQUITY	N/A	N/A	27,111		537,881	518,905
PPG INDUSTRIES INC	EQUITY	N/A	N/A	2,954		424,022	438,078
PPL CORPORATION	EQUITY	N/A	N/A	12,401		381,181	328,130
PREMIER INC-CLASS A	EQUITY	N/A	N/A	1,991		69,777	55,071
PRICE T ROWE GROUP INC	EQUITY	N/A	N/A	3,706		520,831	415,146
PRIMERICA INC	EQUITY	N/A	N/A	214		31,917	42,321
PRIMIS FINANCIAL CORP	EQUITY	N/A	N/A	45,946		700,667	386,865
PRIMORIS SERVICES CORP	EQUITY	N/A	N/A	94,871		2,202,742	2,890,719
PRINCIPAL FINANCIAL GROUP	EQUITY	N/A	N/A	4,062		119,253	308,062
PRIVIA HEALTH GROUP INC	EQUITY	N/A	N/A	43,409		1,176,003	1,133,409
PRIVIA HEALTH GROUP INC	EQUITY	N/A	N/A	26,046		573,012	680,061
PROCTER & GAMBLE CO	EQUITY	N/A	N/A	31,200		4,330,248	4,734,288
PROGYNY INC	EQUITY	N/A	N/A	32,839		1,353,191	1,291,886
PROSPERITY BANCSHARES INC	EQUITY	N/A	N/A	15,218		742,588	859,513
PROSPERITY BANCSHARES INC	EQUITY	N/A	N/A	1,463		97,124	82,630
PROTHENA CORP PLC	EQUITY	N/A	N/A	6,752		209,599	461,027
PRUDENTIAL FINANCIAL INC.	EQUITY	N/A	N/A	6,168		496,916	544,141
PRUDENTIAL PLC	EQUITY	N/A	N/A	162,513		1,910,055	2,275,182
PTC INC	EQUITY	N/A	N/A	871		122,687	123,943
PTC THERAPEUTICS INC	EQUITY	N/A	N/A	16,513		741,057	671,584
PUBLIC SERVICE ENTERPRISE	EQUITY	N/A	N/A	8,357		484,581	523,232
PULTE GROUP INC	EQUITY	N/A	N/A	3,726		197,790	289,436
PURE CYCLE CORP	EQUITY	N/A	N/A	36,178		450,949	397,958
PURE STORAGE INC - CLASS A	EQUITY	N/A	N/A	1,030		36,925	37,925

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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EIN: 52-6152779
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(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
	PVH CORP	EQUITY	N/A	N/A	1,047	\$ 106,415	\$ 88,964
	QIAGEN NV	EQUITY	N/A	N/A	3,819	186,500	171,970
	QORVO INC	EQUITY	N/A	N/A	1,674	270,908	170,798
	QUALCOMM	EQUITY	N/A	N/A	39,500	5,015,935	4,702,080
	QUANEX BUILDING PRODUCTS	EQUITY	N/A	N/A	31,750	744,046	852,488
	QUANTA SVCS INC	EQUITY	N/A	N/A	1,780	201,105	349,681
	QUANTUMSCAPE CORP	EQUITY	N/A	N/A	4,894	66,443	39,103
	QUEST DIAGNOSTICS INC	EQUITY	N/A	N/A	1,881	235,855	264,393
	QUIDELORTHO CORP	EQUITY	N/A	N/A	897	102,052	74,325
	R1 RCM INC	EQUITY	N/A	N/A	2,567	44,999	47,361
	RALPH LAUREN CORP	EQUITY	N/A	N/A	682	65,880	84,091
	RAMBUS INC DEL	EQUITY	N/A	N/A	23,077	497,647	1,480,851
	RAMBUS INC DEL	EQUITY	N/A	N/A	38,460	741,649	2,467,978
	RANGE RES CORP	EQUITY	N/A	N/A	3,931	107,637	115,571
	RAPID7 INC	EQUITY	N/A	N/A	13,793	982,833	624,547
	RAYMOND JAMES FINANCIAL INC	EQUITY	N/A	N/A	3,283	222,212	340,677
	RAYONIER INC	EQUITY	N/A	N/A	2,465	75,202	77,401
	RB GLOBAL INC	EQUITY	N/A	N/A	717	39,195	43,020
	RB GLOBAL INC	EQUITY	N/A	N/A	42,773	2,618,234	2,566,380
	RBC BEARINGS INC	EQUITY	N/A	N/A	475	99,293	103,298
	REALTY INCOME CORP	EQUITY	N/A	N/A	11,108	682,113	664,147
	REATA PHARMACEUTICALS INC-A	EQUITY	N/A	N/A	4,829	437,777	492,365
	RECKITT BENCKISER GROUP PLC	EQUITY	N/A	N/A	42,469	3,288,982	3,231,551
	RECRUIT HOLDINGS CO LTD	EQUITY	N/A	N/A	47,700	1,035,634	1,535,940
	REDWOOD TR INC	EQUITY	N/A	N/A	57,326	616,332	365,167
	REGAL REXNORD CORPORATION	EQUITY	N/A	N/A	1,111	111,302	170,983
	REGENCY CENTERS CORP	EQUITY	N/A	N/A	2,860	142,841	176,662
	REGIONS FINANCIAL CORP	EQUITY	N/A	N/A	15,702	217,534	279,810
	REINSURANCE GROUP OF AMERICA	EQUITY	N/A	N/A	1,117	163,927	154,917
	RELIANCE STL & ALUM CO	EQUITY	N/A	N/A	982	65,160	266,701
	RELX PLC	EQUITY	N/A	N/A	83,224	2,543,491	2,775,520
	REMITLY GLOBAL INC	EQUITY	N/A	N/A	66,698	1,147,664	1,255,256
	RENAISSANCE HOLDINGS LTD	EQUITY	N/A	N/A	606	105,363	113,031
	REPLIGEN CORP	EQUITY	N/A	N/A	520	84,100	73,559
	REPLIGEN CORP	EQUITY	N/A	N/A	7,508	1,234,192	1,062,082
	REPUBLIC SVCS INC	EQUITY	N/A	N/A	3,471	180,830	531,653
	REVOLUTION MEDICINES INC	EQUITY	N/A	N/A	18,454	546,790	493,645
	REVVITY INC	EQUITY	N/A	N/A	2,121	318,106	251,954
	REXFORD INDUSTRIAL REALTY IN	EQUITY	N/A	N/A	3,365	182,002	175,720
	REYNOLDS CONSUMER PRODUCTS I	EQUITY	N/A	N/A	912	27,351	25,764
	RH	EQUITY	N/A	N/A	228	61,118	75,147
	RIO TINTO LTD	EQUITY	N/A	N/A	33,285	2,427,245	2,543,004
	RITHM CAPITAL CORP	EQUITY	N/A	N/A	8,218	78,689	76,838
	RIVIAN AUTOMOTIVE INC	EQUITY	N/A	N/A	8,667	306,067	144,392
	RLI CORP	EQUITY	N/A	N/A	526	69,073	71,783
	ROBERT HALF INC	EQUITY	N/A	N/A	1,766	123,260	132,839
	ROBINHOOD MARKETS INC - A	EQUITY	N/A	N/A	11,149	90,412	111,267
	ROBLOX CORP -CLASS A	EQUITY	N/A	N/A	23,974	2,025,228	966,152
	ROCHE HOLDING AG-GENUSSCHEIN	EQUITY	N/A	N/A	18,736	4,499,928	5,723,623
	ROCKET COS INC-CLASS A	EQUITY	N/A	N/A	1,349	10,772	12,087
	ROCKET LAB USA INC	EQUITY	N/A	N/A	30,648	137,085	183,888
	ROCKET PHARMACEUTICALS INC	EQUITY	N/A	N/A	19,093	401,846	379,378
	ROGERS CORP	EQUITY	N/A	N/A	4,313	506,271	698,404
	ROIIVANT SCIENCES LTD	EQUITY	N/A	N/A	221	2,166	2,228
	ROKU INC	EQUITY	N/A	N/A	1,813	169,698	115,959
	ROLLINS INC	EQUITY	N/A	N/A	316	11,777	13,534
	ROLLINS INC	EQUITY	N/A	N/A	56,645	1,981,230	2,426,105
	ROPER TECHNOLOGIES INC	EQUITY	N/A	N/A	2,943	903,752	1,414,994
	ROSS STORES INC	EQUITY	N/A	N/A	378	29,559	42,385
	ROSS STORES INC	EQUITY	N/A	N/A	10,187	991,927	1,142,268
	ROYAL CARIBBEAN CRUISES LTD	EQUITY	N/A	N/A	2,749	218,800	285,181
	ROYAL GOLD INC	EQUITY	N/A	N/A	1,101	123,839	126,373
	ROYALTY PHARMA PLC- CL A	EQUITY	N/A	N/A	6,237	272,343	191,725
	RPM INTERNATIONAL INC	EQUITY	N/A	N/A	48,100	3,810,573	4,316,013
	RPM INTERNATIONAL INC	EQUITY	N/A	N/A	1,728	145,683	155,053
	RTX CORPORATION	EQUITY	N/A	N/A	33,500	2,953,006	3,281,660
	RYDER SYSTEM INC	EQUITY	N/A	N/A	770	47,804	65,288
	RYDER SYSTEM INC	EQUITY	N/A	N/A	9,256	758,498	784,816
	S&P GLOBAL INC	EQUITY	N/A	N/A	11,784	2,409,242	4,724,088
	S&P GLOBAL INC	EQUITY	N/A	N/A	2,647	659,657	1,061,156
	SAGE THERAPEUTICS INC	EQUITY	N/A	N/A	8,350	323,940	392,617
	SAIA INC	EQUITY	N/A	N/A	397	124,168	135,937
	SALESFORCE INC	EQUITY	N/A	N/A	28,723	3,215,482	6,068,021
	SAMSUNG ELECTRONICS LTD	EQUITY	N/A	N/A	57,336	2,405,412	3,141,699
	SAMSUNG SDI CO LTD	EQUITY	N/A	N/A	3,434	868,089	1,743,518
	SANDVIK AB	EQUITY	N/A	N/A	118,847	2,530,739	2,316,257
	SANOI	EQUITY	N/A	N/A	36,904	3,886,164	3,954,489

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	SAP SE	EQUITY	N/A	N/A	34,946	\$ 3,977,397	\$ 4,780,613
	SBA COMMUNICATIONS CORP	EQUITY	N/A	N/A	1,622	510,522	375,915
	SCHLUMBERGER LTD	EQUITY	N/A	N/A	38,362	1,616,690	1,884,341
	SCHNEIDER ELECTRIC SE	EQUITY	N/A	N/A	24,512	1,560,876	4,435,446
	SCHNEIDER NATIONAL INC-CL B	EQUITY	N/A	N/A	920	19,771	26,422
	SCHNITZER STL INDS	EQUITY	N/A	N/A	3,672	62,642	110,123
	SCHOLASTIC CORP	EQUITY	N/A	N/A	14,358	474,384	558,383
	SCHWAB CHARLES CORP NEW	EQUITY	N/A	N/A	10,519	598,104	596,217
	SCIENCE APPLICATIONS INTE-WI	EQUITY	N/A	N/A	7,003	630,184	787,697
	SCIENCE APPLICATIONS INTE-WI	EQUITY	N/A	N/A	902	86,481	101,457
	SEA LTD-ADR	EQUITY	N/A	N/A	9,525	1,420,248	552,831
	SEABOARD CORP DEL	EQUITY	N/A	N/A	4	13,425	14,243
	SEALED AIR CORP	EQUITY	N/A	N/A	1,079	41,066	43,160
	SEI INVESTMENT CO	EQUITY	N/A	N/A	1,709	95,611	101,891
	SEKISUI CHEMICAL CO LTD	EQUITY	N/A	N/A	116,600	1,065,167	1,674,314
	SEMTECH CORP	EQUITY	N/A	N/A	32,177	897,688	819,226
	SENSATA TECHNOLOGIES HOLDING	EQUITY	N/A	N/A	2,533	125,556	113,960
	SENTINELONE INC -CLASS A	EQUITY	N/A	N/A	2,737	53,402	41,329
	SENTINELONE INC -CLASS A	EQUITY	N/A	N/A	35,668	592,614	538,587
	SERVICE CORP INTERNATIONAL	EQUITY	N/A	N/A	1,589	79,484	102,634
	SERVICE NOW INC	EQUITY	N/A	N/A	5,055	2,420,890	2,840,758
	SERVICE NOW INC	EQUITY	N/A	N/A	7,841	1,069,330	4,406,407
	SHAKE SHACK INC - CLASS A	EQUITY	N/A	N/A	7,795	555,252	605,827
	SHELL PLC-NEW	EQUITY	N/A	N/A	206,509	3,060,216	6,143,643
	SHERWIN-WILLIAMS CO	EQUITY	N/A	N/A	3,370	847,235	894,802
	SHIFT4 PAYMENTS INC-CLASS A	EQUITY	N/A	N/A	23,044	1,062,931	1,564,918
	SHOCKWAVE MEDICAL INC	EQUITY	N/A	N/A	3,163	754,790	902,752
	SHOPIFY INC - A W/I	EQUITY	N/A	N/A	18,426	1,736,995	1,190,320
	SIEMENS AG	EQUITY	N/A	N/A	22,832	2,652,140	3,790,340
	SIKA AG MANUFACTURES	EQUITY	N/A	N/A	3,743	645,662	1,045,996
	SILGAN HLDGS INC	EQUITY	N/A	N/A	1,403	45,008	65,787
	SILICON LABORATORIES INC	EQUITY	N/A	N/A	3,705	384,320	584,427
	SIMON PROPERTY GROUP INC	EQUITY	N/A	N/A	4,264	428,633	492,407
	SIRIUS XM HOLDINGS INC	EQUITY	N/A	N/A	10,819	69,685	49,010
	SIRIUSPOINT LTD	EQUITY	N/A	N/A	71,485	614,314	645,510
	SITEONE LANDSCAPE SUPPLY INC	EQUITY	N/A	N/A	506	83,095	84,684
	SITIME CORP	EQUITY	N/A	N/A	1,750	207,708	206,448
	SITIO ROYALTIES CORP-A	EQUITY	N/A	N/A	33,974	648,552	892,497
	SKECHERS U S A INC	EQUITY	N/A	N/A	2,156	79,901	113,535
	SKYLINE CHAMPION CORP	EQUITY	N/A	N/A	16,531	691,887	1,081,954
	SKYLINE CHAMPION CORP	EQUITY	N/A	N/A	43,676	2,117,238	2,858,594
	SKYWORKS SOLUTIONS INC	EQUITY	N/A	N/A	2,671	323,369	295,653
	SLM CORP	EQUITY	N/A	N/A	2,454	26,072	40,049
	SMC CORP	EQUITY	N/A	N/A	3,900	1,290,943	2,121,678
	SMITH A O CORP	EQUITY	N/A	N/A	1,841	103,493	133,988
	SNAP ON INC	EQUITY	N/A	N/A	874	139,230	251,878
	SNOWFLAKE INC-CLASS A	EQUITY	N/A	N/A	20,704	5,011,971	3,643,490
	SNOWFLAKE INC-CLASS A	EQUITY	N/A	N/A	2,198	516,954	386,804
	SOFI TECHNOLOGIES INC	EQUITY	N/A	N/A	15,294	92,880	127,552
	SOFTBRANDS INC CONTRA	EQUITY	N/A	N/A	5,163	1	5
	SONOCO PRODUCTS CO	EQUITY	N/A	N/A	1,642	98,436	96,911
	SONY CORP	EQUITY	N/A	N/A	43,300	2,208,037	3,914,320
	SONY GROUP CORPORATION ADR	EQUITY	N/A	N/A	53,300	5,730,506	4,799,132
	SOTERA HEALTH CO	EQUITY	N/A	N/A	492	8,851	9,269
	SOUTHSTATE CORPORATION	EQUITY	N/A	N/A	13,517	1,055,285	889,419
	SOUTHSTATE CORPORATION	EQUITY	N/A	N/A	14,734	1,038,946	969,497
	SOUTHWEST AIRLINES CO	EQUITY	N/A	N/A	9,987	466,808	361,629
	SOUTHWEST GAS HOLDINGS INC	EQUITY	N/A	N/A	13,795	1,095,982	878,052
	SOUTHWESTERN ENERGY CO	EQUITY	N/A	N/A	18,423	128,152	110,722
	SOVOS BRANDS INC	EQUITY	N/A	N/A	45,790	676,879	895,652
	SPECTRUM BRANDS HLDGS INC	EQUITY	N/A	N/A	9,787	793,968	763,875
	SPECTRUM BRANDS HLDGS INC	EQUITY	N/A	N/A	674	44,932	52,606
	SPIRIT AEROSYSTEMS HOLD	EQUITY	N/A	N/A	1,575	46,077	45,974
	SPIRIT REALTY CAPITAL INC	EQUITY	N/A	N/A	2,366	95,001	93,173
	SPOTIFY TECHNOLOGY SA	EQUITY	N/A	N/A	7,067	1,050,621	1,134,607
	SPROUT SOCIAL INC - CLASS A	EQUITY	N/A	N/A	13,141	851,602	606,589
	SPS COMMERCE INC	EQUITY	N/A	N/A	9,002	1,108,465	1,728,924
	SPS COMMERCE INC	EQUITY	N/A	N/A	400	38,494	38,412
	SQUARESPACE INC - CLASS A	EQUITY	N/A	N/A	34,387	1,000,683	1,084,566
	SQUARESPACE INC - CLASS A	EQUITY	N/A	N/A	30,841	671,882	972,725
	SS&C TECHNOLOGIES HOLDINGS	EQUITY	N/A	N/A	3,650	259,913	221,190
	SSE PLC	EQUITY	N/A	N/A	121,243	2,447,127	2,834,751
	SSR MINING INC	EQUITY	N/A	N/A	3,464	64,988	49,120
	STAG INDUSTRIES INC	EQUITY	N/A	N/A	29,218	824,437	1,048,342
	STAG INDUSTRIES INC	EQUITY	N/A	N/A	3,015	103,353	108,178
	STANLEY BLACK & DECKER INC	EQUITY	N/A	N/A	2,572	454,088	241,022
	STARWOOD PROPERTY TRUST INC	EQUITY	N/A	N/A	4,948	96,035	95,991

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	STATE STR CORP	EQUITY	N/A	N/A	5,608	\$ 425,198	\$ 410,393
	STEEL DYNAMICS INC	EQUITY	N/A	N/A	2,699	122,253	294,002
	STEM INC	EQUITY	N/A	N/A	43,770	338,675	250,364
	STEPSTONE GROUP INC-CLASS A	EQUITY	N/A	N/A	25,031	750,622	621,019
	STERICYCLE INC	EQUITY	N/A	N/A	1,546	104,454	71,796
	STERIS PLC	EQUITY	N/A	N/A	1,666	324,233	374,817
	STIFEL FINL CORP	EQUITY	N/A	N/A	13,890	334,570	828,816
	STIFEL FINL CORP	EQUITY	N/A	N/A	1,724	112,575	102,871
	STRUCTURE THERAPEUTICS INC ADR	EQUITY	N/A	N/A	6,529	136,178	271,411
	STRYKER CORP	EQUITY	N/A	N/A	4,120	594,534	1,256,971
	SUN CMNTYS INC	EQUITY	N/A	N/A	1,614	246,352	210,562
	SUNNOVA ENERGY INTERNATIONAL	EQUITY	N/A	N/A	9,303	172,860	170,338
	SUNRUN INC	EQUITY	N/A	N/A	3,544	179,367	63,296
	SUPER MICRO COMPUTER INC	EQUITY	N/A	N/A	5,005	186,873	1,247,496
	SUPER MICRO COMPUTER INC	EQUITY	N/A	N/A	4,297	589,349	1,071,027
	SUPERMUS PHARMACEUTICALS INC	EQUITY	N/A	N/A	26,503	856,338	796,680
	SURGERY PARTNERS INC	EQUITY	N/A	N/A	17,665	464,917	794,748
	SVENSKA HANDELSBANKEN AB PUBL	EQUITY	N/A	N/A	225,249	2,086,639	1,870,918
	SWEETGREEN INC - CLASS A	EQUITY	N/A	N/A	35,934	263,502	460,674
	SWISS FRANCO CURRENCY (CHF)	EQUITY	N/A	N/A	43	48	48
	SYNAPTICS INC	EQUITY	N/A	N/A	6,049	695,888	516,464
	SYNCHRONY FINANCIAL	EQUITY	N/A	N/A	7,168	230,001	243,139
	SYNDAX PHARMACEUTICALS INC	EQUITY	N/A	N/A	18,146	295,508	379,796
	SYNEOS HEALTH INC	EQUITY	N/A	N/A	1,732	114,522	72,986
	SYNOPSIS INC	EQUITY	N/A	N/A	5,204	892,524	2,265,874
	SYNOVUS FINANCIAL CORP	EQUITY	N/A	N/A	2,428	81,485	73,447
	SYNOVUS FINANCIAL CORP	EQUITY	N/A	N/A	23,018	653,352	696,295
	SYSCO CORP	EQUITY	N/A	N/A	47,200	3,712,384	3,502,240
	TABOOOLA.COM LTD	EQUITY	N/A	N/A	135,434	597,372	421,200
	TAIWAN SEMICONDUCTOR MTG CO	EQUITY	N/A	N/A	15,533	628,526	1,567,590
	TAIWAN SEMICONDUCTOR MTG CO	EQUITY	N/A	N/A	6,607	780,609	666,778
	TAKE TWO INTERACTIVE SOFTWARE	EQUITY	N/A	N/A	2,771	403,110	407,780
	TANDEM DIABETES CARE INC	EQUITY	N/A	N/A	936	28,144	22,969
	TANGER INC.	EQUITY	N/A	N/A	60,130	1,078,432	1,327,069
	TAPESTRY INC	EQUITY	N/A	N/A	3,710	110,647	158,788
	TD SYNEX CORP	EQUITY	N/A	N/A	11,464	942,549	1,077,616
	TD SYNEX CORP	EQUITY	N/A	N/A	698	37,408	65,612
	TE CONNECTIVITY LTD	EQUITY	N/A	N/A	2,881	308,284	403,801
	TECHNIPFMC LTD	EQUITY	N/A	N/A	7,372	108,883	122,523
	TECHNIPFMC LTD	EQUITY	N/A	N/A	40,913	477,742	679,974
	TECHTRONIC INDUSTRIES CO LTD	EQUITY	N/A	N/A	89,700	599,140	974,726
	TELADOC HEALTH INC	EQUITY	N/A	N/A	2,756	438,168	69,782
	TELEDYNE TECHNOLOGIES INC	EQUITY	N/A	N/A	783	311,319	321,899
	TELEFLEX INC	EQUITY	N/A	N/A	789	287,246	190,962
	TELEFLEX INC	EQUITY	N/A	N/A	1,208	475,494	292,372
	TEMPUR SEALY INTERNATIONAL INC	EQUITY	N/A	N/A	2,233	53,350	89,476
	TENCENT HOLDINGS LTD	EQUITY	N/A	N/A	19,200	648,082	816,768
	TENET HEALTHCARE CORP	EQUITY	N/A	N/A	19,164	1,029,916	1,559,566
	TENET HEALTHCARE CORP	EQUITY	N/A	N/A	1,695	98,831	137,939
	TERADYNE INCORPORATED	EQUITY	N/A	N/A	437	43,759	48,651
	TERUMO CORP	EQUITY	N/A	N/A	77,500	2,322,985	2,480,620
	TESLA INC	EQUITY	N/A	N/A	45,170	1,396,761	11,824,151
	TESLA INC	EQUITY	N/A	N/A	21,989	6,153,740	5,756,061
	TETRA TECH INC NEW	EQUITY	N/A	N/A	729	102,978	119,366
	TEXAS CAP BANCSHARES INC	EQUITY	N/A	N/A	13,508	741,050	695,662
	TEXAS INSTRUMENTS INC	EQUITY	N/A	N/A	3,897	619,286	701,538
	TEXAS ROADHOUSE INC	EQUITY	N/A	N/A	16,893	1,604,197	1,896,746
	TEXTRON INC	EQUITY	N/A	N/A	3,383	170,861	228,792
	TFS FINANCIAL CORP	EQUITY	N/A	N/A	924	15,843	11,615
	THE CIGNA GROUP	EQUITY	N/A	N/A	11,900	2,545,823	3,339,140
	THERMO FISHER SCIENTIFIC INC	EQUITY	N/A	N/A	4,870	1,822,965	2,540,923
	THOR INDUSTRIES INC	EQUITY	N/A	N/A	860	77,185	89,010
	THRYV HOLDINGS INC	EQUITY	N/A	N/A	19,032	513,692	468,187
	TIDEWATER INC	EQUITY	N/A	N/A	20,730	935,540	1,149,271
	TIMKEN CO	EQUITY	N/A	N/A	1,049	60,041	96,015
	TJX COMPANIES INC NEW	EQUITY	N/A	N/A	37,816	2,477,531	3,206,419
	TJX COMPANIES INC NEW	EQUITY	N/A	N/A	43,300	3,055,563	3,671,407
	TJX COMPANIES INC NEW	EQUITY	N/A	N/A	10,195	727,629	864,434
	T-MOBILE US INC	EQUITY	N/A	N/A	13,480	1,925,031	1,872,372
	T-MOBILE US INC	EQUITY	N/A	N/A	13,652	1,910,761	1,896,263
	TOKIO MARINE HOLDINGS INC	EQUITY	N/A	N/A	81,900	1,034,068	1,855,854
	TOLL BROTHERS INC	EQUITY	N/A	N/A	1,854	104,537	146,596
	TOPBUILD CORP	EQUITY	N/A	N/A	497	119,262	132,212
	TORONTO-DOMINION BANK	EQUITY	N/A	N/A	21,715	1,556,534	1,346,547
	TOTAL SE	EQUITY	N/A	N/A	56,139	3,395,357	3,204,414
	TOWER SEMICONDUCTOR	EQUITY	N/A	N/A	11,451	271,068	429,642
	TOYOTA MOTOR CORPORATION	EQUITY	N/A	N/A	136,100	1,357,096	2,183,725

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	TPG INC	EQUITY	N/A	N/A	765	\$ 20,846	\$ 22,384
	TRADE DESK INC/THE -CLASS A	EQUITY	N/A	N/A	22,716	663,308	1,754,130
	TRADEWEB MARKETS INC-CLASS A	EQUITY	N/A	N/A	1,259	97,008	86,216
	TRANE TECHNOLOGIES PLC	EQUITY	N/A	N/A	2,698	424,220	516,019
	TRANSDIGM GROUP INC	EQUITY	N/A	N/A	732	267,971	654,532
	TRANSDIGM GROUP INC	EQUITY	N/A	N/A	560	418,699	500,735
	TRANSUNION	EQUITY	N/A	N/A	3,244	270,846	254,103
	TRAVEL + LEISURE CO	EQUITY	N/A	N/A	682	23,724	27,512
	TREEHOUSE FOODS INC WHEN ISS	EQUITY	N/A	N/A	8,807	457,450	443,697
	TRIMBLE INCORPORATED	EQUITY	N/A	N/A	4,139	262,286	219,119
	TRINET GROUP INC	EQUITY	N/A	N/A	23,223	1,238,475	2,205,488
	TRIPADVISOR INC CLASS I	EQUITY	N/A	N/A	1,757	41,244	28,973
	TRIUMPH FINANCIAL INC	EQUITY	N/A	N/A	6,292	290,022	382,050
	TRUIST FINANCIAL CORP	EQUITY	N/A	N/A	81,600	4,239,382	2,476,560
	TTM TECHNOLOGIES	EQUITY	N/A	N/A	53,187	662,876	739,299
	TWILIO INC - A	EQUITY	N/A	N/A	2,374	219,775	151,034
	TYLER TECHNOLOGIES INC	EQUITY	N/A	N/A	171	72,993	71,216
	TYLER TECHNOLOGIES INC	EQUITY	N/A	N/A	7,728	3,394,929	3,218,480
	TYSON FOODS INC	EQUITY	N/A	N/A	4,668	302,821	238,255
	UBER TECHNOLOGIES INC	EQUITY	N/A	N/A	137,722	5,268,135	5,945,459
	UBIQUITI INC	EQUITY	N/A	N/A	11	2,903	1,933
	UCB SA	EQUITY	N/A	N/A	21,992	1,785,034	1,948,616
	UDR INC	EQUITY	N/A	N/A	5,203	220,790	223,521
	UFP INDUSTRIES INC	EQUITY	N/A	N/A	11,306	414,608	1,097,247
	UFP TECHNOLOGIES INC	EQUITY	N/A	N/A	6,482	432,109	1,256,536
	UGI HOLDING CORP NEW	EQUITY	N/A	N/A	3,509	116,218	94,638
	U-HAUL HOLDING COMPANY	EQUITY	N/A	N/A	93	3,793	5,145
	U-HAUL HOLDING COMPANY	EQUITY	N/A	N/A	835	37,063	42,309
	UIPATH INC - CLASS A	EQUITY	N/A	N/A	1,470	31,707	24,358
	ULLICO INC CLASS A	EQUITY	N/A	N/A	1,844,816	40,014,221	60,445,873
	ULTA BEAUTY INC	EQUITY	N/A	N/A	4,133	2,223,081	1,944,969
	ULTRAGENYX PHARMACEUTICAL IN	EQUITY	N/A	N/A	5,637	411,776	260,035
	UMB FINL CORP	EQUITY	N/A	N/A	8,825	534,874	537,443
	UNDER ARMOUR INC CLASS A	EQUITY	N/A	N/A	3,165	52,075	22,851
	UNDER ARMOUR INC-CLASS C-W/I	EQUITY	N/A	N/A	3,112	44,505	20,882
	UNILEVER PLC	EQUITY	N/A	N/A	79,350	3,406,197	4,129,243
	UNITED AIRLINES HOLDINGS INC	EQUITY	N/A	N/A	5,488	280,420	301,127
	UNITED COMMUNITY BANKS/GA	EQUITY	N/A	N/A	66,881	2,101,229	1,671,356
	UNITED RENTALS INC	EQUITY	N/A	N/A	916	259,069	407,959
	UNITED STATES CELLULAR CORP	EQUITY	N/A	N/A	22,557	755,158	397,680
	UNITED STS STL CORP NEW	EQUITY	N/A	N/A	3,778	88,555	94,488
	UNITED THERAPEUTICS CORP DEL	EQUITY	N/A	N/A	4,387	377,712	968,430
	UNITED THERAPEUTICS CORP DEL	EQUITY	N/A	N/A	758	109,213	167,329
	UNITEDHEALTH GROUP INC	EQUITY	N/A	N/A	5,537	2,814,047	2,661,304
	UNITEDHEALTH GROUP INC	EQUITY	N/A	N/A	13,516	4,175,293	6,496,330
	UNITY SOFTWARE INC	EQUITY	N/A	N/A	2,925	117,788	127,004
	UNIVAR SOLUTIONS INC	EQUITY	N/A	N/A	2,605	51,280	93,363
	UNIVERSAL DISPLAY CORP	EQUITY	N/A	N/A	430	58,458	61,976
	UNIVERSAL HEALTH SERVICES INC	EQUITY	N/A	N/A	1,018	119,699	160,610
	UNIVERSAL MUSIC GROUP BV	EQUITY	N/A	N/A	44,483	972,280	1,032,006
	UNUM GROUP	EQUITY	N/A	N/A	3,300	92,890	157,410
	US BANCORP DEL	EQUITY	N/A	N/A	16,801	545,414	555,105
	US BANCORP DEL	EQUITY	N/A	N/A	82,600	4,339,203	2,729,104
	US FOODS HOLDING CORP	EQUITY	N/A	N/A	3,806	134,882	167,464
	UWM HOLDINGS CORP	EQUITY	N/A	N/A	1,001	6,091	5,606
	V2X INC	EQUITY	N/A	N/A	19,081	788,275	945,654
	VAIL RESORTS INC	EQUITY	N/A	N/A	605	146,942	152,315
	VALARIS LTD	EQUITY	N/A	N/A	9,320	466,303	586,508
	VALMONT INDUSTRIES INC	EQUITY	N/A	N/A	325	56,668	94,591
	VALVOLINE INC	EQUITY	N/A	N/A	13,442	170,085	504,209
	VALVOLINE INC	EQUITY	N/A	N/A	2,127	76,699	79,784
	VARONIS SYSTEMS INC	EQUITY	N/A	N/A	15,755	884,387	419,871
	VAXCYTE INC	EQUITY	N/A	N/A	12,944	377,783	646,423
	VEEVA SYSTEMS INC-CLASS A	EQUITY	N/A	N/A	2,444	584,506	483,252
	VENTAS INC	EQUITY	N/A	N/A	6,712	332,734	317,276
	VENTYX BIOSCIENCES INC	EQUITY	N/A	N/A	7,600	217,315	249,280
	VERACYTE INC	EQUITY	N/A	N/A	23,250	751,952	592,178
	VERADIGM INC	EQUITY	N/A	N/A	41,993	535,791	529,112
	VERADIGM INC	EQUITY	N/A	N/A	57,750	813,782	727,650
	VERIS RESIDENTIAL INC	EQUITY	N/A	N/A	81,010	1,393,244	1,300,211
	VERISIGN INC	EQUITY	N/A	N/A	1,440	313,926	325,397
	VERISK ANALYTICS INC	EQUITY	N/A	N/A	9,328	1,695,621	2,108,408
	VERITEX HOLDINGS INC	EQUITY	N/A	N/A	20,029	390,429	359,120
	VERIZON COMMUNICATIONS INC	EQUITY	N/A	N/A	73,500	3,757,207	2,733,465
	VERRA MOBILITY CORP	EQUITY	N/A	N/A	74,078	1,101,552	1,460,818
	VERTEX PHARMACEUTICALS INC	EQUITY	N/A	N/A	9,214	2,764,227	3,242,499
	VERTIV HOLDINGS LLC	EQUITY	N/A	N/A	5,032	54,465	124,643

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	VESTAS WIND SYSTEMS A/S	EQUITY	N/A	N/A	101,883	\$ 1,817,330	\$ 2,698,881
	V-F CORP	EQUITY	N/A	N/A	5,871	348,096	112,077
	VIASAT INC	EQUITY	N/A	N/A	1,208	46,457	49,842
	VIATRIS INC-W/I	EQUITY	N/A	N/A	20,096	341,899	200,558
	VIAVI SOLUTIONS INC -W/I	EQUITY	N/A	N/A	62,645	673,849	709,768
	VIAVI SOLUTIONS INC -W/I	EQUITY	N/A	N/A	94,569	1,138,411	1,071,467
	VICI PROPERTIES INC	EQUITY	N/A	N/A	16,868	473,640	530,161
	VICOR CORP	EQUITY	N/A	N/A	8,093	490,405	437,022
	VICTORIA'S SECRET & CO	EQUITY	N/A	N/A	728	14,843	12,689
	VIPER ENERGY PARTNERS LP	EQUITY	N/A	N/A	30,962	554,094	830,710
	VIRTU FINANCIAL INC-CLASS A	EQUITY	N/A	N/A	1,500	39,952	25,635
	VISA INC	EQUITY	N/A	N/A	35,038	4,361,059	8,320,824
	VISA INC	EQUITY	N/A	N/A	27,237	2,254,844	6,468,243
	VISTEON CORP	EQUITY	N/A	N/A	3,260	377,675	468,169
	VISTRA CORP	EQUITY	N/A	N/A	4,470	110,522	117,338
	VISTRY GROUP PLC	EQUITY	N/A	N/A	430	-	3,607
	VONTIER CORP-W/I	EQUITY	N/A	N/A	50,120	1,399,631	1,614,365
	VONTIER CORP-W/I	EQUITY	N/A	N/A	1,730	55,462	55,723
	VORNADO REALTY TRUST	EQUITY	N/A	N/A	2,968	117,064	53,840
	VOYA FINL INC COM	EQUITY	N/A	N/A	1,645	95,882	117,963
	VSE CORP	EQUITY	N/A	N/A	8,328	407,533	455,458
	VULCAN MATERIALS CO	EQUITY	N/A	N/A	1,736	286,246	391,364
	W P CAREY INC	EQUITY	N/A	N/A	3,561	258,026	240,581
	WABASH NATIONAL CORP	EQUITY	N/A	N/A	18,650	335,024	478,186
	WABTEC CORP	EQUITY	N/A	N/A	2,996	229,947	328,571
	WALGREENS BOOTS ALLIANCE INC	EQUITY	N/A	N/A	12,036	377,924	342,906
	WARNER BROS DISCOVERY INC - A	EQUITY	N/A	N/A	37,022	602,256	464,256
	WARRIOR MET COAL INC	EQUITY	N/A	N/A	3,720	131,560	144,894
	WATSCO INC	EQUITY	N/A	N/A	419	111,970	159,836
	WATSCO INC	EQUITY	N/A	N/A	4,502	1,220,834	1,717,378
	WAYFAIR INC- CLASS A	EQUITY	N/A	N/A	898	178,778	58,379
	WEATHERFORD INTL LTD	EQUITY	N/A	N/A	28,804	653,278	1,913,162
	WEBSTER FINANCIAL CORP	EQUITY	N/A	N/A	2,915	117,196	110,041
	WEC ENERGY GROUP INC	EQUITY	N/A	N/A	5,302	496,521	467,848
	WELLTOWER INC	EQUITY	N/A	N/A	8,351	570,675	675,512
	WENDYS COMPANY	EQUITY	N/A	N/A	26,945	553,057	586,054
	WERNER ENTERPRISES INC	EQUITY	N/A	N/A	5,807	253,229	256,553
	WESCO INTERNATIONAL INC	EQUITY	N/A	N/A	743	103,405	133,042
	WEST PHARMACEUTICAL SVCS INC	EQUITY	N/A	N/A	9,974	2,900,798	3,814,756
	WESTERN ALLIANCE BANCORP	EQUITY	N/A	N/A	1,815	81,004	66,193
	WESTERN ALLIANCE BANCORP	EQUITY	N/A	N/A	15,960	387,749	582,061
	WESTERN DIGITAL CORP	EQUITY	N/A	N/A	5,367	273,810	203,570
	WESTERN UNION CO - W/I	EQUITY	N/A	N/A	5,360	100,691	62,873
	WESTLAKE CORPORATION	EQUITY	N/A	N/A	543	47,180	64,872
	WESTROCK CO-WHEN ISSUED	EQUITY	N/A	N/A	4,267	170,822	124,042
	WEX INC	EQUITY	N/A	N/A	389	71,196	70,825
	WEYERHAEUSER CO	EQUITY	N/A	N/A	12,306	376,972	412,374
	WHIRLPOOL CORP	EQUITY	N/A	N/A	899	62,190	133,762
	WHITE MOUNTAINS INSURANCE GRP	EQUITY	N/A	N/A	42	41,594	58,334
	WHITE MOUNTAINS INSURANCE GRP	EQUITY	N/A	N/A	417	578,012	579,175
	WHITEBREAD PLC	EQUITY	N/A	N/A	35,048	1,297,637	1,507,144
	WILEY JOHN A SONS INC	EQUITY	N/A	N/A	15,764	567,722	536,449
	WILLIAMS COMPANIES INC	EQUITY	N/A	N/A	20,466	460,539	667,806
	WILLIAMS SONOMA INC	EQUITY	N/A	N/A	953	111,528	119,258
	WILLIS TOWERS WATSON PLC	EQUITY	N/A	N/A	1,567	333,042	369,029
	WILLSCOT MOBILE MINI HLDGS CORP	EQUITY	N/A	N/A	2,471	93,317	118,089
	WINGSTOP INC	EQUITY	N/A	N/A	6,370	944,316	1,275,019
	WINTRUST FINL CORP	EQUITY	N/A	N/A	15,671	638,054	1,138,028
	WINTRUST FINL CORP	EQUITY	N/A	N/A	1,021	64,212	74,145
	WIX.COM LTD	EQUITY	N/A	N/A	5,287	439,858	413,655
	WOLFSPEED INC	EQUITY	N/A	N/A	2,082	186,356	115,738
	WOODWARD INC	EQUITY	N/A	N/A	993	116,063	118,078
	WORKIVA INC	EQUITY	N/A	N/A	24,064	2,284,337	2,446,346
	WORTHINGTON ENTERPRISES INC.	EQUITY	N/A	N/A	3,053	168,257	212,092
	WR BERKLEY CORP	EQUITY	N/A	N/A	3,573	163,815	212,808
	WSFS FINANCIAL CORP	EQUITY	N/A	N/A	17,838	595,954	672,849
	WYNDHAM HOTELS & RESORTS I	EQUITY	N/A	N/A	1,311	83,502	89,895
	WYNN RESORTS LTD	EQUITY	N/A	N/A	1,638	97,651	172,989
	XCEL ENERGY INC	EQUITY	N/A	N/A	69,405	4,696,782	4,314,909
	XCEL ENERGY INC	EQUITY	N/A	N/A	9,259	616,635	575,632
	XENIA HOTELS & RESORTS INC	EQUITY	N/A	N/A	56,149	960,573	691,194
	XP INC - CLASS A	EQUITY	N/A	N/A	5,116	119,968	120,021
	XPO INC	EQUITY	N/A	N/A	1,913	65,335	112,867
	XPONENTIAL FITNESS INC-A	EQUITY	N/A	N/A	14,507	412,385	250,246
	XYLEM INC	EQUITY	N/A	N/A	43,000	5,215,612	4,842,660
	XYLEM INC	EQUITY	N/A	N/A	3,510	320,131	395,296
	YETI HOLDINGS INC	EQUITY	N/A	N/A	10,138	406,206	393,760

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
<u>Common stocks</u>							
	YUM! BRANDS INC	EQUITY	N/A	N/A	575	\$ 67,650	\$ 79,666
	ZEBRA TECHNOLOGIES CORP CLASS A	EQUITY	N/A	N/A	705	211,468	208,560
	ZENTALIS PHARMACEUTICALS INC	EQUITY	N/A	N/A	8,994	323,454	253,721
	ZILLOW GROUP INC	EQUITY	N/A	N/A	928	33,242	45,658
	ZILLOW GROUP INC - C W/I	EQUITY	N/A	N/A	2,594	92,371	130,374
	ZIMMER BIOMET HOLDINGS INC	EQUITY	N/A	N/A	3,528	369,846	513,677
	ZIONS BANCORPORATION N.A.	EQUITY	N/A	N/A	2,443	69,317	65,619
	ZOETIS INC	EQUITY	N/A	N/A	6,422	911,161	1,105,933
	ZOOM VIDEO COMMUNICATIONS-A	EQUITY	N/A	N/A	4,153	403,404	281,906
	ZOOMINFO TECHNOLOGIES INC	EQUITY	N/A	N/A	2,530	60,694	64,237
	ZOOMINFO TECHNOLOGIES INC	EQUITY	N/A	N/A	26,383	922,819	669,864
	ZURN ELKAY WATER SOLUTIONS	EQUITY	N/A	N/A	43,221	907,822	1,162,209
	Total common and preferred stocks					1,191,936,332	1,497,477,756
<u>Mutual funds</u>							
	BLUEBAY EM SELECT BOND FUND	MUTUAL FUND	N/A	N/A	935,789	83,839,219	83,657,466
	BRIGADE LOAN OFFSHORE FUND LTD	MUTUAL FUND	N/A	N/A	75,000	75,000,000	81,330,115
	FRONTIER MFG CORE INFRASTRUCTURE FUND	MUTUAL FUND	N/A	N/A	3,393,243	16,790,659	20,313,471
	VANGUARD REAL ESTATE INDEX FUND	MUTUAL FUND	N/A	N/A	2,767,281	1,516,369	1,528,594
	WELLINGTON - ISHARES TRUST RUSSELL	MUTUAL FUND	N/A	N/A	22,269	2,328,165	2,403,610
	WELLINGTON CIF II MID CAP OPPORTUNITIES SER 3	MUTUAL FUND	N/A	N/A	9,235,559	204,744,980	169,380,150
	Total mutual funds					384,219,392	358,613,406
<u>Common collective trusts</u>							
	AFL-CIO BUILDING INVESTMENT TRUST	CCT	N/A	N/A	20,991	25,015,044	121,907,690
	MULTI EMPLOYER PROPERTY TRUST	CCT	N/A	N/A	13,875	21,841,489	200,153,126
	AFL-CIO SL STOCK INDEX FUND	CCT	N/A	N/A	61,390,775	812,592,746	927,796,106
	BELL AUSTRALIA TRUST	103-12	N/A	N/A	1,631,098	22,694,516	203,405,449
	BELL INT'L TRUST	103-12	N/A	N/A	2,773,394	71,402,586	107,774,596
	INVESCO BALANCED RISK ALLOCATION TRUST	CCT	N/A	N/A	7,847,066	145,703,665	185,961,776
	JP MORGAN EMERGING MARKETS EQUITY FOCUSED FUND	CCT	N/A	N/A	3,574,333	61,883,953	98,303,660
	LOOMIS SAYLES BOND NHIT	CCT	N/A	N/A	4,562,771	53,589,093	61,925,695
	MESIROW HIGH YIELD FUND	CCT	N/A	N/A	6,244,464	70,500,000	76,806,909
	NIS PREFERRED STOCK FUND II (TITANIUM)	CCT	N/A	N/A	9,546,076	40,000,000	55,487,255
	NORTHERN TRUST AGGREGATE BOND INDEX FUND	CCT	N/A	N/A	3,225,339	329,962,278	309,243,128
	NORTHERN TRUST COLLECTIVE RUSSELL 1000 VALUE INDEX FD	CCT	N/A	N/A	183,401	77,188,549	96,417,654
	NORTHERN TRUST COLLECTIVE RUSSELL 2000 GROWTH INDEX FD	CCT	N/A	N/A	171,044	48,375,547	79,156,951
	RBC EMERGING MARKETS EQUITY SERIES	103-12	N/A	N/A	106,816,985	101,189,995	117,026,705
	SCHRODER DIVERSIFIED GROWTH TRUST	CCT	N/A	N/A	16,702,278	151,711,180	193,843,885
	VOYA SENIOR LOAN TRUST FUND	CCT	N/A	N/A	6,291,001	91,747,634	125,570,187
	Total common collective trusts					2,125,398,275	2,960,780,772
<u>Pooled separate accounts</u>							
	ULLICO J FOR JOBS MORTGAGE FUND	PSA	N/A	N/A	6,817,575	82,030,303	117,850,291
<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	34,330,687	50,315,422
	AMERICAN STRATEGIC VALUE REALY FUND	LP	N/A	N/A	N/A	25,000,000	23,876,760
	BOYD WATERSON GSA FUND LP (TITANIUM)	LP	N/A	N/A	N/A	68,000,000	96,700,423
	CORBIN PRIVATE CREDIT MANAGER FUND, LP	LP	N/A	N/A	N/A	38,482,337	33,327,100
	CORBIN PRIVATE CREDIT MANAGER FUND II, LP	LP	N/A	N/A	N/A	22,717,161	25,464,276
	ENTRUST CAPITAL DIVERSIFIED FUND, LTD - CLASS X	LP	N/A	N/A	N/A	1,553,205	90,060
	GCM GROSVENOR CIS II ONSHORE FEEDER FUND, LP	LP	N/A	N/A	N/A	45,054,926	54,343,028
	GCM GROSVENOR SECONDARY OPPORTUNITIES FEEDER FUND II, LP	LP	N/A	N/A	N/A	29,276,871	32,845,695
	GCM LABOR IMPACT FEEDER FUND, LP	LP	N/A	N/A	N/A	36,512,568	43,164,477
	GLOBAL ALPHA INTERNATIONAL SMALL CAP FUND, LP	LP	N/A	N/A	N/A	93,334,757	108,156,636
	GERDING EDLEN GREEN CITIES II, L.P.	LP	N/A	N/A	N/A	1,424,595	691,637
	GERDING EDLEN GREEN CITIES III, LP	LP	N/A	N/A	N/A	23,269,598	12,734,349
	GERDING EDLEN GREEN CITIES IV, L.P.	LP	N/A	N/A	N/A	28,164,713	27,024,175
	HAMILTON LANE SECONDARY FEEDER FUND IV, LP	LP	N/A	N/A	N/A	17,910,637	35,705,619
	HARRISON STREET REAL ESTATE PARTNERS IV, LP	LP	N/A	N/A	N/A	1,039,701	1,454,795
	HARRISON STREET REAL ESTATE PARTNERS VII, LP	LP	N/A	N/A	N/A	17,108,558	26,080,527
	HARRISON STREET REAL ESTATE PARTNERS VIII, LP	LP	N/A	N/A	N/A	19,689,506	22,240,353
	JP MORGAN INFRASTRUCTURE INVESTMENT FUND	LP	N/A	N/A	N/A	50,094,740	126,376,337
	LANDMARK EQUITY PARTNERS XVI LP	LP	N/A	N/A	N/A	14,751,944	22,630,725
	MC CREDIT FUND III SM LP	LP	N/A	N/A	N/A	35,145,531	39,835,665
	MC CREDIT FUND IV LP	LP	N/A	N/A	N/A	18,766,538	19,117,250
	MESIROW FINANCIAL PRIVATE EQUITY PARTNERSHIP FUND VI, LP	LP	N/A	N/A	N/A	29,145,261	116,386,982
	MESIROW FINANCIAL REAL ESTATE VALUE FUND II, LP	LP	N/A	N/A	N/A	36,507,652	8,085,477
	MESIROW FINANCIAL REAL ESTATE VALUE FUND III, LP	LP	N/A	N/A	N/A	38,077,300	54,425,662
	MESIROW FINANCIAL REAL ESTATE VALUE FUND IV, LP	LP	N/A	N/A	N/A	15,977,416	21,362,815
	NB PRIVATE DEBT FUND IV	LP	N/A	N/A	N/A	19,530,000	20,439,790
	SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND IV, LP	LP	N/A	N/A	N/A	67,596,161	98,336,979
	THE REALTY ASSOCIATES FUND XII UTP, L.P.	LP	N/A	N/A	N/A	57,643,292	80,089,696

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2023

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
	ULLICO INFRASTRUCTURE FUND LP	LP	N/A	N/A	N/A	20,470,579	35,168,165
	Total limited partnerships					912,200,892	1,236,470,875
	Guaranteed Investment contract with insurance company						
	BRIGHTHOUSE FINANCIAL LIFE INSURANCE COMPANY	GIC	N/A	N/A	N/A	2,140,976	2,215,911
	Total assets held (at end of year)					\$ 5,131,307,917	\$ 6,579,566,052

Exhibit 5

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

Schedule of Active Participant Data as of January 1, 2022										
Attained Age	Completed Years of Credited Service									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit
Under 25	0	N/A	2,183	\$ 68	1,009	\$ 137	0	N/A	0	N/A
25 to 29	1	N/A	2,543	\$ 79	5,038	\$ 202	459	\$ 418	0	N/A
30 to 34	0	N/A	2,235	\$ 87	5,345	\$ 218	2,574	\$ 450	567	\$ 634
35 to 39	1	N/A	1,499	\$ 93	3,676	\$ 233	2,509	\$ 470	2,931	\$ 690
40 to 44	0	N/A	1,071	\$ 104	2,579	\$ 247	1,789	\$ 483	3,273	\$ 702
45 to 49	0	N/A	698	\$ 111	1,603	\$ 256	1,138	\$ 488	2,377	\$ 670
50 to 54	0	N/A	461	\$ 121	1,049	\$ 259	901	\$ 463	1,883	\$ 628
55 to 59	0	N/A	282	\$ 122	689	\$ 250	557	\$ 442	1,474	\$ 596
60 to 64	0	N/A	170	\$ 122	400	\$ 247	363	\$ 467	816	\$ 611
65 to 69	0	N/A	40	\$ 164	110	\$ 225	93	\$ 420	185	\$ 649
70 & Up	0	N/A	9	N/A	17	N/A	10	N/A	24	\$ 550
Total	2	N/A	11,191	\$ 88	21,515	\$ 223	10,393	\$ 464	13,530	\$ 663

Schedule of Active Participant Data as of January 1, 2022												
	Completed Years of Credited Service										Total	
	20 to 24		25 to 29		30 to 34		35 to 39		40 & Up			
Attained Age	Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit		Average Accrued Monthly Benefit	
	Number		Number		Number		Number		Number		Number	
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	3,192	\$ 90
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	8,041	\$ 176
30 to 34	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	10,721	\$ 268
35 to 39	208	\$ 936	0	N/A	0	N/A	0	N/A	0	N/A	10,824	\$ 406
40 to 44	1,783	\$ 1,029	176	\$ 1,343	0	N/A	0	N/A	0	N/A	10,671	\$ 561
45 to 49	2,059	\$ 1,067	1,344	\$ 1,413	80	\$ 1,906	0	N/A	0	N/A	9,299	\$ 740
50 to 54	1,875	\$ 1,011	1,793	\$ 1,378	989	\$ 1,862	116	\$ 2,500	0	N/A	9,067	\$ 929
55 to 59	1,437	\$ 1,016	1,327	\$ 1,369	1,048	\$ 1,728	595	\$ 2,210	268	\$ 2,443	7,677	\$ 1,093
60 to 64	874	\$ 999	659	\$ 1,339	503	\$ 1,725	342	\$ 1,966	456	\$ 2,488	4,583	\$ 1,138
65 to 69	144	\$ 988	105	\$ 1,309	68	\$ 1,699	62	\$ 1,848	128	\$ 2,362	935	\$ 1,072
70 & Up	15	N/A	10	N/A	6	N/A	6	N/A	11	N/A	108	\$ 810
Total	8,395	\$ 1,026	5,414	\$ 1,377	2,694	\$ 1,781	1,121	\$ 2,142	863	\$ 2,448	75,118	\$ 598

Average Age = 42.8

Average Service = 12.4



Exhibit 1

Schedule MB, line 3(d) – Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
7/1/2022	\$700		\$700
8/1/2022	700		700
9/1/2022	41,287.25		41,287.25
10/1/2022	41,287.25		41,287.25
11/1/2022	41,287.25		41,287.25
12/1/2022	41,287.25		41,287.25
1/1/2023	41,287.25		41,287.25
2/1/2023	41,287.25		41,287.25
3/1/2023	41,287.25		41,287.25
4/1/2023	41,287.25		41,287.25
5/1/2023	700		700
6/1/2023	<u>700</u>		<u>700</u>
Total	\$333,098		\$333,098

Exhibit 7

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

Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2022				
Type of Base	Date Established	7/1/2022 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES				
1. Change Assumptions	7/1/2001	\$ 4,688,621	9	\$ 678,146
2. Plan Amendment	7/1/2001	145,426,824	9	21,034,049
3. Plan Amendment	7/1/2002	77,289,802	10	10,379,339
4. Plan Amendment	7/1/2003	82,408,823	11	10,374,857
5. Benefit Level Increase	7/1/2004	68,982,694	12	8,206,188
6. Benefit Change	7/1/2006	21,348,662	14	2,310,338
7. Plan Amendment	7/1/2007	13,630,617	15	1,417,516
8. Change Assumptions	7/1/2007	54,885,166	15	5,707,784
9. Plan Merger	7/1/2008	662,128	1	662,128
10. Experience Loss	7/1/2008	2,446,122	1	2,446,122
11. Plan Merger	7/1/2009	4,038,277	2	2,089,771
12. Recognized Eligible Net Investment Loss	7/1/2009	698,504,119	16	70,089,955
13. Bifurcation Base	7/1/2009	9,473,293	2	4,902,343
14. Recognized Eligible Net Investment Loss	7/1/2010	43,017,130	16	4,316,465
15. Recognized Eligible Net Investment Loss	7/1/2012	61,405,098	16	6,161,568

Exhibit 7

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

Table V-5 (continued)				
Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2022				
Type of Base	Date Established	7/1/2022 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES (CONTINUED)				
16. Bifurcation Base	7/1/2012	26,265,531	5	6,012,920
17. Recognized Eligible Net Investment Loss	7/1/2013	207,619,223	16	20,833,123
18. Change Assumptions	7/1/2014	6,720,210	7	1,172,817
19. Recognized Eligible Net Investment Loss	7/1/2014	218,921,515	16	21,967,228
20. Change Assumptions	7/1/2015	2,986,882	8	470,921
21. Experience Loss	7/1/2015	152,168,507	8	23,991,378
22. Plan Merger	7/1/2016	7,607,603	9	1,100,338
23. Experience Loss	7/1/2016	194,230,436	9	28,092,840
24. Experience Loss	7/1/2017	160,376,862	10	21,537,199
25. Experience Loss	7/1/2018	273,088,264	11	34,380,441
26. Experience Loss	7/1/2019	120,533,294	12	14,338,652
27. Experience Loss	7/1/2020	28,058,315	13	3,174,761
28. Change Assumptions	7/1/2021	200,188,456	14	21,664,258
29. Experience Loss	7/1/2022	329,875,481	15	34,305,405
30. Plan Amendment	7/1/2022	53,440,799	15	5,557,576
TOTAL CHARGES		3,270,288,754		389,376,426

Exhibit 7

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

Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2022				
Type of Base	Date Established	7/1/2022 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Bifurcation Base	7/1/2014	\$ 148,306,293	7	\$ 25,882,543
2. Change Assumptions	7/1/2016	41,885,909	9	6,058,238
3. Experience Gain	7/1/2021	242,225,515	14	26,213,479
4. Method Change	7/1/2021	692,414,998	9	100,148,586
TOTAL CREDITS		<u>\$ 1,124,832,715</u>		<u>\$ 158,302,846</u>
NET CHARGE		\$ 2,145,456,039		\$ 231,073,580

Exhibit 8

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 2.33% to 2.27%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

The assumed administrative expenses were also increased from \$27,153,000 as of July 1, 2021 to \$27,731,000 as of July 1, 2022.

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

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

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

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

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

7. Spouse's Age

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

8. Administrative Expenses

\$27,731,000 as of the beginning of the year is added to the normal cost.

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 interest assumption for the measurement of the current liabilities for minimum funding was decreased from 2.33% to 2.27%. 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 by assumed inflation of 3% from \$27,153,000 as of July 1, 2021 to \$27,731,000 as of July 1, 2022

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 concurrent with the July 1, 2021 actuarial valuation. Starting with the Plan Year ending June 30, 2022, 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 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.

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, 2022
- (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 forward 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. Modeling Disclosures

In accordance with Actuarial Standard of Practice No. 56 (Modeling), the following disclosures are made:

Proval

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) to calculate liabilities, normal costs, and project benefit payments. We have relied on WinTech as the developer of ProVal. We have reviewed ProVal as it relates to the Plan and have used ProVal in accordance with its original intended purpose. We have not identified any material inconsistencies in the output of ProVal that would affect the contents of this actuarial valuation.

Projection Model

Projections in Sections I and II of this actuarial valuation report were developed using *P-scan*, our proprietary tool for developing deterministic projections. *P-scan* is used to illustrate the impact on the future financial status of the Plan due to changes in active membership, investment experience, and the collection of withdrawal liability payments. The model can show how sensitive the Plan is to changes in an individual assumption or changes in a combination of assumptions. The scenarios shown in this report are deterministic projections and the variables are not necessarily correlated.

6. Changes in Methods Since Last Valuation

None.

Exhibit 4

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

Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	\$37,795,275	\$23,379,881	\$617,662,894	\$678,838,050
2023	67,377,597	33,460,345	598,424,053	699,261,995
2024	93,871,098	42,944,146	577,993,373	714,808,617
2025	117,551,239	51,745,677	556,212,878	725,509,794
2026	138,722,429	60,549,110	533,229,714	732,501,253
2027	156,749,967	66,382,929	510,265,338	733,398,234
2028	172,607,373	73,053,656	487,227,900	732,888,929
2029	187,083,985	79,298,556	463,689,292	730,071,833
2030	200,803,004	85,075,607	439,662,606	725,541,217
2031	213,580,725	90,624,078	415,230,900	719,435,703
2032	225,682,724	96,092,534	390,995,301	712,770,559
2033	237,081,646	100,898,439	366,854,375	704,834,460
2034	247,458,744	105,377,723	342,735,432	695,571,899
2035	257,086,954	109,184,139	318,749,026	685,020,119
2036	266,050,903	112,236,916	295,013,139	673,300,958
2037	274,413,337	114,756,292	271,651,371	660,821,000
2038	281,828,981	116,591,579	248,791,274	647,211,834
2039	288,416,017	117,732,742	226,557,164	632,705,923
2040	294,290,985	118,246,967	205,069,529	617,607,481
2041	299,421,078	118,239,200	184,439,383	602,099,661
2042	303,371,341	117,568,501	164,772,050	585,711,892
2043	306,246,114	116,455,319	146,163,559	568,864,992
2044	307,984,111	114,578,213	128,695,714	551,258,038
2045	308,195,676	112,142,214	112,437,594	532,775,484
2046	307,009,708	109,214,129	97,438,956	513,662,793

Exhibit 4

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

Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2047	304,843,217	105,786,331	83,734,345	494,363,893
2048	301,743,797	101,998,813	71,340,793	475,083,403
2049	297,526,194	97,883,856	60,254,433	455,664,483
2050	292,504,773	93,532,775	50,449,360	436,486,908
2051	286,752,336	88,836,513	41,879,483	417,468,332
2052	280,072,314	83,931,077	34,476,504	398,479,895
2053	272,625,633	78,877,110	28,156,218	379,658,961
2054	264,521,354	73,738,377	22,821,850	361,081,581
2055	255,806,503	68,586,218	18,371,143	342,763,864
2056	246,526,955	63,494,304	14,698,091	324,719,350
2057	236,718,251	58,517,244	11,696,036	306,931,531
2058	226,499,820	53,677,520	9,263,915	289,441,255
2059	215,890,290	49,017,733	7,309,334	272,217,357
2060	205,231,043	44,559,142	5,748,692	255,538,877
2061	194,267,141	40,325,748	4,509,665	239,102,554
2062	183,066,755	36,328,697	3,530,866	222,926,318
2063	171,849,877	32,575,477	2,760,800	207,186,154
2064	160,659,219	29,070,797	2,156,865	191,886,881
2065	149,606,289	25,814,056	1,684,446	177,104,791
2066	138,778,507	22,802,737	1,315,844	162,897,088
2067	128,261,330	20,032,528	1,028,775	149,322,633
2068	118,125,013	17,497,038	805,369	136,427,420
2069	108,404,245	15,189,250	631,691	124,225,186
2070	99,109,763	13,101,691	496,777	112,708,231
2071	90,252,415	11,225,311	391,883	101,869,609

Notes on the Expected Annual Benefit Payments:

- Based on the 2022 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants or expected expenses

United Association National Pension Fund (EIN 52-6152779)**Form 5500 Schedule R Attachment**

Schedule R, line 13d - Collective Bargaining Agreement Expiration Date

Schedule R, line 13e - Information on Contribution Rates and Base Units

13a.	13b.	13c.	# of Local Unions in Which the Employer is	
<u>Employer</u>	<u>EIN</u>	<u>Contributions</u>	<u># of CBAs</u>	<u>Active</u>
Johnson Controls, Inc.	39-0380010	\$ 8,460,797.90	183	93
Apollo Mechanical Contractors	91-1178943	\$ 6,492,393.79	44	11
Dynamic Systems, Inc.	74-2519426	\$ 5,096,232.71	24	12
Murphy Company	43-0705361	\$ 4,147,923.37	7	4
ACCO Engineered System	95-1625123	\$ 3,224,768.72	71	8
Harder Mechanical Contractors	93-0525328	\$ 3,125,423.60	19	7
US Engineering Construction LLC	36-4906225	\$ 3,343,163.92	7	9
The Brandt Companies, LLC	37-1652957	\$ 3,246,942.04	17	6
McKinstry Co, LLC	20-4030425	\$ 2,932,117.45	64	6
The Waldinger Corporation	42-1230944	\$ 2,910,795.25	34	10

Schedule R, line 13d – Collective Bargaining Agreement Expiration Dates

Due to the large number of CBAs, see above, the UANPF is not able to provide all CBA expiration dates for all agreements for this year's Schedule R.

Schedule R, line 13e– Information on Contribution Rates and Base Units

Due to the large number of CBAs, see above, the UANPF is not able to provide all contribution rates for all agreements for this year's Schedule R.

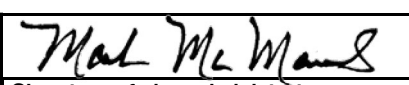
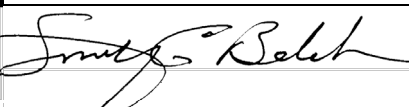
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023			
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 instr.)	
B	This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final 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
		☐ special extension (enter description)	☐ the DFVC program
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 UNITED ASSOCIATION NATIONAL PENSION FUND	1b	Three-digit plan number (PN) ► 001
		1c	Effective date of plan 07/23/1968
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) B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND 103 ORONOCO STREET ALEXANDRIA VA 22314-2015	2b	Employer Identification Number (EIN) 52-6152779
		2c	Plan Sponsor's telephone number 703-739-9020
		2d	Business code (see instructions) 238220

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		3/20/2024	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3/21/2024	
		Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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	178,037
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)	81,342
a (2) Total number of active participants at the end of the plan year	6a(2)	84,317
b Retired or separated participants receiving benefits	6b	46,633
c Other retired or separated participants entitled to future benefits	6c	44,070
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	175,020
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	10,069
f Total. Add lines 6d and 6e	6f	185,089
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	4,499

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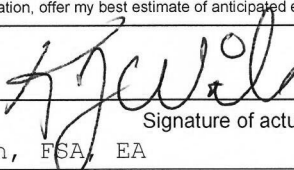
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

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 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information	OMB No. 1210-0110
	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).	2022
	▶ File as an attachment to Form 5500 or 5500-SF.	This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
▶ 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 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 or 5500-SF B/O/T United Association National Pension Fund		D Employer Identification Number (EIN) 52-6152779
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month 7 Day 1 Year 2022		
b Assets		
(1) Current value of assets.....	1b(1)	6,499,934,198
(2) Actuarial value of assets for funding standard account.....	1b(2)	7,428,373,195
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	8,845,050,597
(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)	8,845,050,597
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)	18,829,430,245
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	490,064,785
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	670,065,550
(3) Expected plan disbursements for the plan year.....	1d(3)	707,711,155
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		4/3/2024
Kevin Woodrich, FSA, EA	Signature of actuary	Date
Cheiron, Inc.	Type or print name of actuary	23-07086
		Most recent enrollment number
		(703) 893-1456
		Telephone number (including area code)
9115 Harris Corners Parkway	Firm name	
Suite 380		
Charlotte NC 28269	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) 2022 v. 220413		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	6,499,934,198
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	53,631	8,826,152,008
(2) For terminated vested participants	29,455	2,645,918,724
(3) For active participants:		
(a) Non-vested benefits		437,483,733
(b) Vested benefits		6,919,875,780
(c) Total active	75,118	7,357,359,513
(4) Total	158,204	18,829,430,245
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	34.52 %

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
01/01/2023	446,898,361				
Totals ▶			3(b)	446,898,361	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					333,098

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	84.0 %
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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.27 %
	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 Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-9.6 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	27,731,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	329,875,481	34,305,405
3	53,440,799	5,557,577

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or 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	172,327,815

c Amortization charges as of valuation date:

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

(2) Funding waivers

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

	Outstanding balance	
9c(1)	3,270,288,754	389,376,426
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 40,723,557**e** Total charges. Add lines 9a through 9d..... **9e** 602,427,798**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 728,778,637**g** Employer contributions. Total from column (b) of line 3..... **9g** 446,898,361**h** Amortization credits as of valuation date..... **9h** 1,124,832,715 158,302,846**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 80,230,032**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

	Outstanding balance	
9j(1)	3,481,574,008	
9j(2)	9,931,480,949	
9j(3)		0

k (1) Waived funding deficiency

(2) Other credits

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)..... **9l** 1,414,209,876**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

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

(a) Reconciliation outstanding balance as of valuation date

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

(3) Total as of valuation date

9o(1)	0
9o(2)(a)	0
9o(2)(b)	0
9o(3)	0
10	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: United Association National Pension Fund
PN: 001
EIN: 52-6152779

1. Schedule MB, line 3(d) – 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 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
7. Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases
8. Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

Exhibit 6

Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$ 447,295,936	\$ -	\$ 447,295,936
2023	472,009,037	-	472,009,037
2024	498,087,536	-	498,087,536
2025	500,577,974	-	500,577,974
2026	503,080,864	-	503,080,864
2027	505,596,268	-	505,596,268
2028	508,124,249	-	508,124,249
2029	510,664,871	-	510,664,871
2030	513,218,195	-	513,218,195
2031	515,784,286	-	515,784,286

Notes on the Projected Employer Contributions:

- Based on the 2022 PPA Zone Status Certification assumptions
- Employer contributions are assumed payable mid-year