

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan LIUNA STAFF AND AFFILIATES PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1962
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND 905 - 16TH STREET, NW WASHINGTON, DC 20006-1703	2b Employer Identification Number (EIN) 52-0743575 2c Plan Sponsor's telephone number 202-737-1664 2d Business code (see instructions) 813930

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.	07/24/2024	MICHAEL SABITONI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/24/2024	BRENT BOOKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 11037
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3533 6a(2) 3559 6b 4132 6c 2729 6d 10420 6e 811 6f 11231 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 492

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

1A 1I

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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 LIUNA STAFF AND AFFILIATES 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 BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND	D Employer Identification Number (EIN) 52-0743575

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 1642460238
(2) Actuarial value of assets for funding standard account	1b(2) 1920189020
c (1) Accrued liability for plan using immediate gain methods	1c(1) 2143417480
(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) 1957934741
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) 3590199500
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 181560669
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 127867343
(3) Expected plan disbursements for the plan year	1d(3) 132267343

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	07/24/2024
Signature of actuary JOSHUA KAPLAN, FSA, MAAA, FCA	Date 23-05487
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 333 WEST 34TH STREET, NEW YORK, NY 10001-2402	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1642460238
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4944	1691258687
(2) For terminated vested participants	2729	252819208
(3) For active participants:		
(a) Non-vested benefits		97790360
(b) Vested benefits		1548331245
(c) Total active	3559	1646121605
(4) Total	11232	3590199500
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	45.75 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2023	111807449				
			Totals ▶	3(b)	111807449
					3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	98.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.55 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.25 %	7.25 %
e Salary scale	6e	5.00 %	☐ 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	3.5 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-11.3 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	4237166	
(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	90518893	9413513
3	10141138	1054628

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	61777639

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)	526964701	69413073
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 9511327**e** Total charges. Add lines 9a through 9d**9e** 140702039**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 167644064**g** Employer contributions. Total from column (b) of line 3**9g** 111807449**h** Amortization credits as of valuation date

Outstanding balance

9h 136092177 24231781**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 17626267**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)** 783331419**(2)** "RPA '94" override (90% current liability FFL)**9j(2)** 1442506325**(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** 321309561**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 180607522**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LIUNA STAFF AND AFFILIATES PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND	D Employer Identification Number (EIN) 52-0743575	

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
HAMILTON LANE ADVISORS, LLC
23-2962336

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GLOBEFLEX CAPITAL, LP
33-0597629

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COLCHESTER GLOBAL INVESTORS
20 SAVILE ROW
LONDON W1S 3PR GB

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
STONE HARBOR INVESTMENT PARTNERS
20-3888589

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

APOLLO ADVISORS VIII, LP

80-0877161

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

MCMORGAN & COMPANY, LLC

52-2334338

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

57 STARS LLC

25-1913783

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

POMONA CAPITAL LLC

30-0748480

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

ROGERSCASEY TARGET SOLUTIONS LLC

20-5093397

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

ENTRUST (PERMAL) GROUP

90-0644478

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

IFM INVESTORS PTY LTD

114 WEST 47TH STREET
NEW YORK, NY 10036

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

ANGELO GORDON & COMPANY, LP

245 PARK AVENUE
NEW YORK, NY 10167

13-3478879

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

NB ALTERNATIVES ADVISORS

30-0536163

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

GROSVENOR CAPITAL MGMT

36-4336976

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

WESTPORT CAPITAL PARTNERS LLC

20-3834766

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

STONEPEAK ASSOCIATES II LLC

47-4513101

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

GERDING EDLEN INVESTMENT MGMT

1477 NW EVERETT STREET
PORTLAND, OR 97209

47-3122349

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

SCHRODER INVESTMENT MANAGEMENT N.A.

13-4064414

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

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

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

LANDMARK EQUITY ADVISORS LLC

06-1519082

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

HAMILTON LANE GP X LLC

61-1808970

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

THE CARLYLE GROUP

98-1310689

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

ULLICO INVESTMENT ADVISORS, INC

8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

90-0622302

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

THE NORTHERN TRUST COMPANY (50 SOUT

36-1561860

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

CENTERBRIDGE SPECIAL CREDIT PARTNER

84-4651725

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

MESIROW FINANCIAL

36-3741067

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

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

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

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

JANUS CAPITAL MANAGEMENT, INC

75-3019302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	514095	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WALTER, SCOTT, & PARTNERS

98-0465834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 28	NONE	437880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HGK ASSET MANAGEMENT, INC.

52-1296988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	406522	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)

JP MORGAN INVESTMENT MGMT, INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	386783	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN SUN ASSET MANAGEMENT

27-2990431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	348720	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES & COMPANY, LP

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	NONE	344505	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)

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 68	NONE	319998	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ADAM DOWNS

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	279243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY, INC.

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 53	NONE	273422	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)

RICHARD MORESCHI

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	259189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
62 50	NONE	231535	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ALLIANCE BERNSTEIN

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	222213	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)

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	219905	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAUL MACKINNON

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	191649	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIAN KANIEWSKI

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	171167	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)

DANIEL MORSE

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	170967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RBC DEXIA INVESTOR SERVICES TRUST

155 WELLINGTON STREET, 7TH FLOOR
TORONTO M5V 3L3 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	166284	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE LAW OFFICES OF JAMES S. RAY

13-4315411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	163512	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)

SEGAL MARCO ADVISORS

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	156734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	151428	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

JENNIFER DODOHARA

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	149884	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 HOLMES

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	148250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICIA PRESTWOOD

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	101887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALL SYSTEMS GO, INC.

52-1765794

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 16	NONE	96570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANA FLOOR

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	96395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CATHERINE DOMINGUEZ

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	92059	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH LINEHAN

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	91856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SABRINA MATTOCKS

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	91540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CATHERINE LUDLOW

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	91321	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DARLENE MCCALIP-THAXTON

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	90326	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)

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	88420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KAREN KING

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	86879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GINA HARRISS

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	85099	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)

NICOLE BERARDI

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	84874	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RYAN LABS ASSET MANAGEMENT

13-3451974

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	84299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEREK RILEY

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	81088	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)

MICHELE HAYNES

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	80080	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIZA OTERA

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	79220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 65 99	NONE	78840	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)

KEVIN ALLEN

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	76799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EFREN FUENTES

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	76729	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL CHANNEL

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	76470	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)

KASEY COOK

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	74853	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICTORIA BLOCKER

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	72919	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH KNAUB

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	65919	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)

CHELSEA ANTHONY

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	65093	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOCELYN DANIELS

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	64053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP, PLLC

7501 WISCONSIN AVENUE, SUITE 1200 W
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?
50	NONE	51200	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)

GILLIAN MACKINNON

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	50690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STANDARD VALUATIONS, INC.

41-1327339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEREK L. RILEY, JR.

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	29469	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)

KELLY PRESS, INC.

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	27299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGATRUST BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 62	NONE	25000	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

FONTANA LITHO INC., DBA MOSAIC

52-0821478

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	12768	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)

PROXYVOTE PLUS

20-0509976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEMPLETON INVESTMENT COUNSEL, LLC

94-3385113

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	16007
(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/MARKEL 8403 COLESVILLE RD SILVER SPRING, MD 20910 13-2988846	COMMISSIONS FOR THE PROCUREMENT OF FIDUCIARY 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	4157
(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	COMMISSIONS FOR THE PROCUREMENT OF FIDUCIARY LIABILITY INSURANCE (EXCESS).	
(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	9185
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RLI INSURANCE 9025 NORTH LINDBERGH DR PEORIA, IL 61615 37-0915434	COMMISSIONS FOR THE PROCUREMENT OF FIDUCIARY LIABILITY INSURANCE (EXCESS).	

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	2221
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHUBB 13-1963496 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889	COMMISSIONS FOR THE PROCUREMENT OF CYBER LIABILITY INSURANCE.	
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>LIUNA STAFF AND AFFILIATES PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND</u>	D Employer Identification Number (EIN) <u>52-0743575</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>				
b Name of sponsor of entity listed in (a): <u>PNC BANK, NATIONAL ASSOCIATION</u>				
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13444400</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO BALANCE-RISK ALLOCATION TR</u>				
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>				
c EIN-PN <u>26-6399613-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25822466</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>J.P. MORGAN REAL ESTATE STRATEGIC</u>				
b Name of sponsor of entity listed in (a): <u>J.P. MORGAN CHASE BANK</u>				
c EIN-PN <u>13-6038770-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>38088372</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES LARGE CAP GROWTH TRUS</u>				
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY</u>				
c EIN-PN <u>84-6391546-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>88703214</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHRODER DIVERSIFIED GROWTH TRUST</u>				
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>				
c EIN-PN <u>46-4679164-072</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26276458</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA ACWI EX US NL</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>				
c EIN-PN <u>80-6103053-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>194694782</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA MSCI US NL</u>				
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>				
c EIN-PN <u>04-6625075-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>113653</u>		

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

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN 90-0337987-123	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88402233
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 3000 INDEX FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN 04-0025081-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6386915
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA WORLD GOVERNMENT BOND INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN 04-6882875-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97115581
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a Name of MTIA, CCT, PSA, or 103-12 IE: BRIGADE OPP CR CIT

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

c EIN-PN 82-5499317-117	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42049384
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS WRLD CRD TRST

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

c EIN-PN 20-8080381-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42120220
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan LIUNA STAFF AND AFFILIATES PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND	D Employer Identification Number (EIN) 52-0743575	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11709783	13914881
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16971426	15365804
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	60312141	34063529
(2) U.S. Government securities	1c(2)	32010326	42367664
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	57713264	37241600
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	213461	0
(B) Common	1c(4)(B)	286146979	304513988
(5) Partnership/joint venture interests	1c(5)	526295855	597178225
(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)	540753753	663217678
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	128008388	103899544
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1816577	1831754

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	1594496	1722219
f Total assets (add all amounts in lines 1a through 1e)	1f	1663546449	1815316886
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	21086211	3876896
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	21086211	3876896
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1642460238	1811439990

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)	111807449	
(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)		111807449
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	728811	
(B) U.S. Government securities	2b(1)(B)	435332	
(C) Corporate debt instruments	2b(1)(C)	4663675	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5827818
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	5368258	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1264189	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		6632447
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	136774279	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	126167950	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		10606329
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	107508466	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		37544764
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		13754187
c Other income	2c		5984489
d Total income. Add all income amounts in column (b) and enter total	2d		299665949

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	121139238	
(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)		121139238
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	3072953	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	51200	
(5) Investment advisory and investment management fees	2i(5)	4095523	
(6) Bank or trust company trustee/custodial fees	2i(6)	397819	
(7) Actuarial fees	2i(7)	273422	
(8) Legal fees	2i(8)	163512	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	21446	
(11) Other expenses	2i(11)	1471084	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9546959
j Total expenses. Add all expense amounts in column (b) and enter total	2j		130686197

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		168979752
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** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		399809827
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 515422.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan LIUNA STAFF AND AFFILIATES PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND				D Employer Identification Number (EIN) 52-0743575	
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	74
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) 2023 v. 230707	

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 LIUNA STAFF

b EIN 53-0088501

c Dollar amount contributed by employer 8811897

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): % OF GROSS ANNUAL SALARY

a Name of contributing employer LOCAL UNION 79

b EIN 13-3882419

c Dollar amount contributed by employer 1685253

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): % OF GROSS ANNUAL SALARY

a Name of contributing employer E. REGION ORGANIZING FUND

b EIN 22-3640887

c Dollar amount contributed by employer 1288140

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): % OF GROSS ANNUAL SALARY

a Name of contributing employer NEW ENGLAND LABORERS TRAINING

b EIN 04-2454286

c Dollar amount contributed by employer 1242719

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): % OF GROSS ANNUAL SALARY

a Name of contributing employer NORTHWEST LABORERS TRAINI

b EIN 91-6092087

c Dollar amount contributed by employer 1236847

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): % OF GROSS ANNUAL SALARY

a Name of contributing employer LIUNA LOCAL UNION 183(CANADIAN EMP)

b EIN _____

c Dollar amount contributed by employer 9191264

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): % OF GROSS ANNUAL SALARY

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 CENT&EAST ORG FUND (CANADIAN EMP)

b EIN

c Dollar amount contributed by employer

2481167

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): % OF GROSS ANNUAL SALARY

a Name of contributing employer LOCAL UNION NO 506 (CANADIAN EMP)

b EIN

c Dollar amount contributed by employer

1368665

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): % OF GROSS ANNUAL SALARY

a Name of contributing employer LOCAL UNION NO 92 (CANADIAN EMP)

b EIN

c Dollar amount contributed by employer

1266813

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): % OF GROSS ANNUAL SALARY

a Name of contributing employer LOCAL UNION 837 (CANADIAN EMP)

b EIN

c Dollar amount contributed by employer

1265790

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): % OF GROSS ANNUAL SALARY

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) 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) 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)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year 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	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: <u>53.3</u> % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: <u>13.5</u> % High-Yield Debt: <u>2.8</u> % Real Assets: <u>7.8</u> % Cash or Cash Equivalents: _____ % Other: <u>22.6</u> % b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	



**LIUNA STAFF AND AFFILIATES
PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2023





LIUNA STAFF AND AFFILIATES PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
LIUNA Staff and Affiliates Pension Fund

We have audited the accompanying financial statements of LIUNA Staff and Affiliates Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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, the net assets available for benefits of LIUNA Staff and Affiliates Pension Fund as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years 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 LIUNA Staff and Affiliates Pension Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about LIUNA Staff and Affiliates Pension Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.





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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental 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 schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Calibre CPA Group, PLLC

Bethesda, MD
July 16, 2024

LIUNA STAFF AND AFFILIATES PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	2023	2022
Assets		
Investments - at fair value (Note 7)	<u>\$ 1,779,598,276</u>	<u>\$ 1,624,760,892</u>
Receivables		
Employer contributions	13,914,881	11,709,783
Accrued interest and dividends	1,679,935	1,881,377
Due from LIUNA National (Industrial) Pension Fund	4,398,442	4,114,277
Due from LIUNA National 401 (k) Savings Plan	170,891	173,184
Due from LIUNA SERP Plan	38,434	36,232
Due from Laborers' National Health and Welfare Fund	10,660	30,910
Due from broker for pending investment transactions	1,418,999	3,442,225
Other	53,670	49,321
Total receivables	<u>21,685,912</u>	<u>21,437,309</u>
Cash	<u>4,715,706</u>	<u>8,509,852</u>
Other assets		
Prepaid pensions	7,594,773	7,243,900
Prepaid expenses - other	1,559,965	1,374,621
Property and equipment (net of accumulated depreciation of \$573,915 and \$508,505)	162,254	219,875
Total other assets	<u>9,316,992</u>	<u>8,838,396</u>
Total assets	<u>1,815,316,886</u>	<u>1,663,546,449</u>
Liabilities		
Accounts payable	729,734	671,773
Due to broker for pending investment transactions	1,617,261	18,839,438
Investment management fees payable	<u>1,529,901</u>	<u>1,575,000</u>
Total liabilities	<u>3,876,896</u>	<u>21,086,211</u>
Net assets available for benefits	<u>\$ 1,811,439,990</u>	<u>\$ 1,642,460,238</u>

See accompanying notes to financial statements.

LIUNA STAFF AND AFFILIATES PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 169,413,746	\$ (222,176,748)
Interest	5,827,818	5,071,713
Dividends	6,632,447	9,604,232
	181,874,011	(207,500,803)
Less: investment expenses	(4,493,342)	(4,669,068)
Net investment income	177,380,669	(212,169,871)
Other additions		
Employer contributions	111,807,449	107,606,869
Securities litigation settlements	73,369	38,045
Currency translation adjustment	5,911,120	(18,702,406)
Total other additions	117,791,938	88,942,508
Total additions	295,172,607	(123,227,363)
Deductions		
Pension benefits	120,635,800	115,272,179
Death benefits	503,438	525,317
Administrative expenses	5,053,617	4,466,805
Total deductions	126,192,855	120,264,301
Net change	168,979,752	(243,491,664)
Net assets available for benefits		
Beginning of year	1,642,460,238	1,885,951,902
End of year	\$ 1,811,439,990	\$ 1,642,460,238

See accompanying notes to financial statements.



LIUNA STAFF AND AFFILIATES PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the LIUNA Staff and Affiliates Pension Fund (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a complete description of the Plan's provisions.

The Plan is a defined benefit pension plan. The Plan was previously known as the LIUNA Local Union and District Council Pension Fund until November 1, 2006, when its name was changed by action of the General Executive Board of the Laborers' International Union of North America (LIUNA), the Plan sponsor. Also, on November 1, 2006, the Staff Pension Plan of LIUNA was merged into the LIUNA Staff and Affiliates Pension Fund. The Plan is funded by LIUNA, local unions and district councils affiliated with LIUNA, various employee benefit plans sponsored by LIUNA or LIUNA affiliates, and various other organizations sponsored by LIUNA or LIUNA affiliates that are required to contribute to the Plan pursuant to LIUNA's constitution, collective bargaining agreements, or participation agreements.

Eligibility for benefits provisions vary with the age and years of service of the participant.

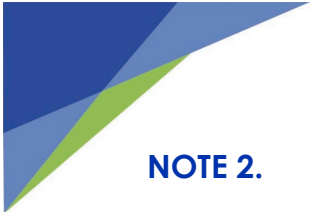
The Plan was amended in 2010 and 2009 to adopt various amendments to comply with new legislation and regulatory guidance including the Pension Protection Act of 2006 and the Internal Revenue Service (IRS) 2008 cumulative list of changes.

Employer Contributions - Contributions from employers are based upon salaries paid to covered employees during the year.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method 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.

Investment Valuation and Income Recognition - Investments are carried at fair value. 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. The Plan's Board of Trustees (Trustees) determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. See Note 7 for a discussion of fair value measurements.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Purchases and sales of securities 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.

Property and equipment - Property and equipment are carried at cost less accumulated depreciation. Depreciation is computed on the straight-line method over five or ten years for office furniture and ten or fifteen years for leasehold improvements.

Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

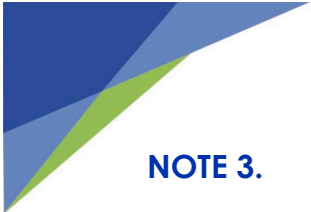
Foreign Currency Translation (Canadian) - The accounting records of the Plan are maintained in U.S. dollars. Investment securities and other assets and liabilities denominated in Canadian currency are translated into U.S. dollars at the prevailing rates of exchange at period end. The elements of the statements of changes in net assets available for benefits are translated into U.S. dollars using an average exchange rate for the year then ended.

Prepaid Pensions - Prepaid pensions represents pension distributions made in the month prior to the benefit month.

Employer 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. The Plan considers receivables to be fully collectible; accordingly, no allowance for credit losses is deemed necessary.

Reclassifications - Some items may have been reclassified from prior years financial statements for comparability purposes.

New Accounting Pronouncement Adopted - During the year ended December 31, 2023, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments - Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred as the current expected credit loss (CECL) methodology. The ASU requires nonprofit entities to immediately recognize the estimated expected credit losses over the life of a financial instrument, including employer contributions. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events. The Plan adopted the ASU effective January 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.



NOTE 3. FUNDING POLICY

The international union, local unions, and district councils, on behalf of eligible full-time officers and employees, made contributions of 29% of gross salary for the year ended December 31, 2023 and 2022. Contributions at the same rate are also made for eligible full-time employees of approved building trade councils, central bodies, and laborer's training, pension, prepaid legal, political league, and education, and cooperation trust funds. The contributions made in the years ended December 31, 2023 and 2022 exceed the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

NOTE 4. PRIORITIES UPON TERMINATION

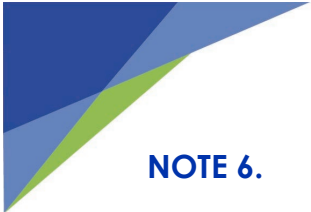
It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan's assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency), if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on May 2, 2016, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was qualified under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, exempt from federal income taxes under the provisions of Section 501(a). 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 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services 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 based on credited services which consist of the sum of past credited service and future credited service as defined in the Plan document.

Actuarial valuations of the Plan covering both the U.S. and Canadian segments as of January 1, 2023 were made by The Segal Consulting Company. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants or beneficiaries currently receiving payments	\$ 1,102,250,777
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Other vested benefits	<u>817,884,592</u>
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	1,920,135,369
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Non-vested benefits

	<u>37,799,372</u>
--	-------------------

Total actuarial present value of accumulated plan benefits	<u>\$ 1,957,934,741</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 January 1, 2022	<u>1,873,447,358</u>
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Change during the year attributed to

Benefits accumulated, net experience gain or loss, and changes in data	67,001,772
--	------------

Interest	131,277,469
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Plan amendments	2,005,638
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Benefits paid	<u>(115,797,496)</u>
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Net change	<u>84,487,383</u>
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Actuarial present value of accumulated plan benefits at January 1, 2023	<u>\$ 1,957,934,741</u>
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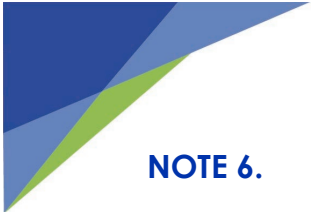
Some of the actuarial assumptions used in the valuation as of January 1, 2020, are listed below. The actuary used the aggregate cost method:

Net investment return	7.25%.
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Contribution rate	29% of salary.
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Retirement age	Ranges from ages 45 to 70 and over, based on probability of retirement at specific ages.
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Percent married	75%.
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NOTE 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Administrative expenses	\$4,400,000 for the year beginning January 1, 2023.
Mortality rates	Healthy mortality rates - 115% of RP-2014 Blue Collar Mortality Table for employees and annuitants with generational projection using scale MP-2014. Disabled mortality rates - 115% of RP-2014 Disabled Mortality Table with generational projection using scale MP-2014.

The above 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 actuarial results.

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2023. Had the valuation been performed as of December 31, 2022, there would be no material differences.

Since the information on the accumulated plan benefits at December 31, 2023, and the changes in accumulated plan benefits for the year then ended are not presented, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2023, and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2023. The complete financial status is presented as of December 31, 2022.

NOTE 7. 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:

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

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

United States Government and government agency obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate 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.

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

	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 29,347,823	\$ -	\$ 29,347,823	\$ -
United States Government and government agency obligations	42,367,664	21,013,726	21,353,938	-
Corporate bonds and notes	37,241,600	-	37,241,600	-
Common and preferred stocks	304,513,988	294,829,694	-	9,684,294
Total assets in the fair value hierarchy	413,471,075	\$ 315,843,420	\$ 87,943,361	\$ 9,684,294
Investments measured at NAV*	1,366,127,201			
Investments at fair value	<u>\$ 1,779,598,276</u>			

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Assets at Fair Value as of December 31, 2022			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 51,802,289	\$ -	\$ 51,802,289	\$ -
United States Government and government agency obligations	32,010,326	15,692,825	16,317,501	-
Corporate bonds and notes	57,713,264	-	57,713,264	-
Common and preferred stocks	286,360,440	276,801,252	584,277	8,974,911
Total assets in the fair value hierarchy	427,886,319	\$ 292,494,077	\$ 126,417,331	\$ 8,974,911
Investments measured at NAV*	1,196,874,573			
Investments at fair value	\$ 1,624,760,892			

*In accordance with Accounting Standards Codification certain 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 this table and the table on the prior page are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

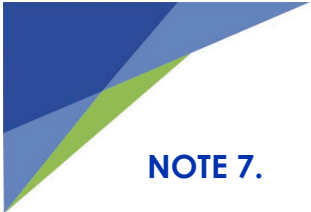
Sales of investments, whose fair value has been determined using significant unobservable inputs (Level 3), were \$-0- for the years ended December 31, 2023 and 2022.

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 December 31, 2023 and 2022, respectively:

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts	\$ 663,217,678	\$ -	Daily	1 day - 30 days
Registered investment companies	103,899,544	-	Daily	1 day - 30 days
Pooled fixed income funds	1,831,754	-	Daily	1 day - 30 days
Limited partnerships/other	597,178,225	205,350,177	N/A	N/A
Total	\$ 1,366,127,201	\$ 205,350,177		

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts	\$ 540,753,753	\$ -	Daily	1 day - 30 days
Registered investment companies	128,008,388	-	Daily	1 day - 30 days
Pooled fixed income funds	1,816,577	-	Daily	1 day - 30 days
Limited partnerships/other	526,295,855	274,294,908	N/A	N/A
Total	\$ 1,196,874,573	\$ 274,294,908		



NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Common collective trusts, registered investment companies, and pooled fixed income companies: The Plan's investment in common collective trusts and registered investment funds 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.

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

NOTE 8. PROPERTY AND EQUIPMENT

Property and equipment of the Plan at December 31, 2023 and 2022 were comprised of the following:

	2023	2022
Property and equipment	\$ 747,881	\$ 793,790
Less: accumulated depreciation	<u>(585,627)</u>	<u>(573,915)</u>
Property and equipment - net	<u>\$ 162,254</u>	<u>\$ 219,875</u>

Depreciation expense for the years ended December 31, 2023 and 2022 amounted to \$68,636 and \$65,410, respectively.

NOTE 9. RELATED PARTY, PARTY-IN-INTEREST TRANSACTIONS AND ADMINISTRATIVE EXPENSES

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.

NOTE 9. RELATED PARTY, PARTY-IN-INTEREST TRANSACTIONS AND ADMINISTRATIVE EXPENSES (CONTINUED)

In addition, the Plan shares certain administrative expenses with the LIUNA National (Industrial) Pension Fund, the LIUNA National 401(k) Savings Plan, the LIUNA SERP Plan and the Laborers' National Health and Welfare Fund. These expenses are initially paid by the Plan. A pro-rata portion of the expenses are allocated to the LIUNA National (Industrial) Pension Fund, the LIUNA National 401(k) Savings Plan and the LIUNA SERP Plan and reimbursed to the Plan.

For the years ended December 31, 2023 and 2022, the expenses allocated to the LIUNA National (Industrial) Pension Fund were \$4,418,788 and \$4,139,319, respectively. At December 31, 2023 and 2022, the LIUNA National (Industrial) Pension Fund owed the Plan \$4,398,442 and \$4,114,277, respectively.

For the years ended December 31, 2023 and 2022, the expenses allocated to the LIUNA National 401(k) Savings Plan were \$169,952 and \$167,063, respectively. At December 31, 2023 and 2022, the LIUNA National 401(k) Savings Plan owed the Plan \$170,891 and \$173,184, respectively.

For the years ended December 31, 2023 and 2022, the expenses allocated to the LIUNA SERP Plan were \$37,495 and \$36,232, respectively. At December 31, 2023 and 2022, the LIUNA SERP Plan owed the Plan \$38,434 and \$36,232, respectively.

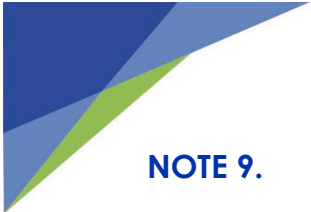
For the years ended December 31, 2023 and 2022, the expenses allocated to the Laborers' National Health and Welfare Fund were \$247,348 and \$178,321. At December 31, 2023 and 2022, the Laborers' National Health and Welfare Fund owed the Plan \$10,660 and \$30,910, respectively.

The Plan leases office space from LIUNA under a lease which commenced on March 1, 2016 that expires on March 1, 2026. Annual rent expense for the years ended December 31, 2023 and 2022 amounted to \$579,469 and \$566,336, respectively.

Minimum annual rental and lease commitments under this lease at December 31, 2023 are as follows:

<u>December 31,</u>	
2024	\$ 589,794
2025	604,449
2026	<u>103,142</u>
	<u>\$ 1,297,385</u>

A pro-rata portion of the rent is allocated to the LIUNA National (Industrial) Pension Fund, LIUNA National 401(k) Savings Plan, and LIUNA SERP Plan. Additionally, the Laborers' National Health and Welfare Fund pays a portion of the lease directly to LIUNA.



NOTE 9. RELATED PARTY, PARTY-IN-INTEREST TRANSACTIONS AND ADMINISTRATIVE EXPENSES (CONTINUED)

The Plan, the LIUNA National (Industrial) Pension Fund, the LIUNA National 401(k) Savings Plan, the LIUNA SERP Plan and the Laborers' National Health and Welfare Fund share common trustees.

NOTE 10. DERIVATIVE FINANCIAL INSTRUMENTS

Off-balance-sheet risk refers to the possibility that a loss, in an amount exceeding amounts recognized as assets or liabilities in the financial statements, may occur in the future. Such a loss may arise due to: (1) the failure of another party to perform according to the terms of a contract (credit risk), or (2) future changes in market prices which make a financial instrument less valuable (market risk). Derivatives are financial instruments whose values are derived from other financial instruments or market indexes. The Canadian Plan is a party to derivative financial instruments with off-balance-sheet risk, in the form of forward currency contracts.

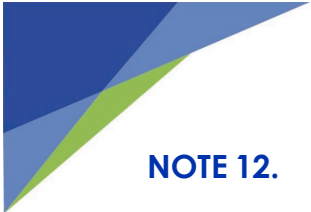
At December 31, 2023 and 2022, the Plan had entered into forward currency contracts with a contract or notional value of \$259,622,610 and \$215,467,279, respectively. The fair value of these forward currency contracts at December 31, 2023 and 2022 was \$259,813,058 and \$214,499,153, respectively. Since all changes in the value of open forward currency contracts are settled on a regular basis, usually daily, the difference between the contract value and the fair value on December 31, 2023 and 2022, a gain of \$190,448 and loss of \$968,126, respectively, is included in net investment income in the accompanying financial statements.

Since fair values of forward currency contracts will continue to fluctuate, the ultimate gain or loss to the Plan for these contracts may exceed amounts already recognized in the accompanying financial statements. There is no delivery of securities and the full value of the contract is not transferred.

NOTE 11. 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 the values of investment securities could be different at the reporting date 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 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation from the financial statements to the Form 5500 is necessary to explain differences in the financial data reported under U.S. generally accepted accounting principles and the Form 5500's requirements.

The following table is a reconciliation for additions per the financial statements to income per the Form 5500 for the year ended December 31, 2023:

Additions per financial statements	\$ 295,172,607
Add: investment expenses	<u>4,493,342</u>
Income per Form 5500	<u>\$ 299,665,949</u>

The following table is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the year ended December 31, 2023:

Deductions per financial statements	\$ 126,192,855
Add: investment expenses	<u>4,493,342</u>
Expenses per Form 5500	<u>\$ 130,686,197</u>

Investment expenses are netted with investment income on the statements of net assets available for benefits.

NOTE 13. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 16, 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 an adjustment to or disclosure in the accompanying financial statements.

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	January 1 through December 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Regular Pension	• <i>Age Requirement:</i> 60 • <i>Service Requirement:</i> Six years of service credit • <i>Amount:</i> One-twelfth of 2.5% of final salary times years of service credit up to a maximum of 35 years of service credit. Final salary is the average annual salary for the three calendar years in which salary has been the highest. • <i>Delayed Retirement Amount:</i> Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each month greater than NRA for 60 months; 1.5% for each month the next 60 months and 3% for each month thereafter. These increases only apply for months for which benefits were not suspended.
Service Pension	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 25 years of service credit • <i>Amount:</i> Regular Pension accrued
Early Retirement	• <i>Age and Service Requirements:</i> Age 55 and vested status or age 50 with 10 years of service credit. • <i>Amount:</i> Regular pension accrued, reduced by 6% for each year of age less than 60
Disability	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 6 years of service credit • <i>Amount:</i> Regular pension accrued
Vesting	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 2 years of service credit • <i>Amount:</i> Regular or Early pension accrued based on plan in effect when last active, times vesting percentage • <i>Vesting Percentage:</i> U.S. participants - 20% after 2 years of service plus 20% for each of the next 4 years up to a maximum of 100% / Canadian participants – Immediate vesting • <i>Normal Retirement Age:</i> 60 or fifth anniversary of participation, if later

Section 3: Certificate of Actuarial Valuation

Spouse's Pre-Retirement Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Vested status • <i>Amount:</i> 100% of the benefit participant would have received had they retired at age 60 the day before they died and elected the joint and survivor option. This benefit is payable starting the first month following the death of the participant and has 60 guaranteed payments. • <i>Charge for Coverage:</i> None
Sixty Month Pre-Retirement Guarantee (for active participants only and if not eligible for spouse's benefit):	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Vested status • <i>Amount:</i> Monthly benefit to which participant would have been entitled had they retired at age 60. This benefit is payable starting the first month following the death of the participant and is payable for 60 months to the designated beneficiary.
Pre-Retirement Lump-Sum Death Benefit (for active participants only):	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 2 years of service credit • <i>Amount:</i> \$2,000 - 2 years of service credit \$4,000 - 3 years of service credit \$6,000 - 4 years of service credit \$8,000 - 5 years of service credit \$10,000 - 6 or more years of service credit
Post-Retirement Death Benefit	<i>Participant and Spouse:</i> If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant with 60 months guaranteed, or in any other available optional form elected by the employee in an actuarially equivalent amount. <i>Lump-sum benefit:</i> \$1,000 - 2 years of service credit \$2,000 - 3 years of service credit \$3,000 - 4 years of service credit \$4,000 - 5 years of service credit \$5,000 - 6 or more years of service credit

Section 3: Certificate of Actuarial Valuation

Optional Forms of Benefits	➤ Single Life Annuity with 60 Months Guaranteed ➤ 50%, 75% and 100% Survivor's Option ➤ 50%, 75% and 100% Survivor's Option with Pop-up ➤ 60% Participant and Spouse with and without Pop-up for Canadian Participants ➤ Sixty Certain Payments Option ➤ Partial Lump-Sum ➤ Social Security Option
Participation	First day after receiving compensation for full-time employment
Service Credit	One year for \$10,000 of earnings
Vesting Credit	One year for \$10,000 of earnings
Contribution Rate	29% of salary
Section 415(b) limit	\$265,000 (previously \$245,000)
Section 401(a)(17) limit	\$330,000 (previously \$305,000)
Changes in Plan Provisions	The increased limit in Section 401(a)(17) and Section 415(b) were reflected in this actuarial valuation.

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LIUNA STAFF AND AFFILIATES PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/Par Value	(d) Cost	(e) Current Value
<u>Short-term investments</u>							
	<u>Investment Manager - Ryan Labs Asset Management</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	\$ 302,786	\$ 302,786	\$ 302,786
	<u>Investment Manager - LSV Asset Management</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	410,673	410,673	410,673
	<u>Investment Manager - Janus U.S. Mid Cap Growth</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	3,470,454	3,470,454	3,470,454
	<u>Investment Manager - Federated Investment Counseling</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	2,089	2,089	2,089
	<u>Investment Manager - Alliance Bernstein</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	376,582	376,582	376,582
	<u>Investment Manager - Loomis Sayles</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	182	182	182
	<u>Investment Manager - J. P. Morgan</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	337	337	337
	<u>Investment Manager - SouthernSun Asset Management</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	1,067,155	1,067,155	1,067,155
	<u>Investment Manager - Franklin Templeton</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	177	177	177
	<u>Working Account</u>						
	EB TEMP INV FD	N/A	N/A	Varies	21,590,677	21,590,677	21,590,677
	<u>Investment Manager - ULLICO</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	152	152	152
	<u>Investment Manager - HGK/GLG Asset Management (Large Cap)</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	1,588,972	1,588,972	1,588,972
	<u>Investment Manager - Income Research & Management</u>						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	537,587	537,587	537,587
	Total short-term investments					29,347,823	29,347,823
<u>U.S. Government, government guaranteed and government agency obligations</u>							
	<u>Investment Manager - Ryan Labs Asset Management</u>						
	FHLMC POOL #G0-7416	N/A	7/1/2043	3.500%	56,517	57,532	53,514
	FHLMC POOL #G0-7426	N/A	6/1/2043	4.000%	64,371	67,550	62,783
	FHLMC POOL #G0-8572	N/A	2/1/2044	3.500%	19,371	19,916	18,216
	FHLMC POOL #G0-8677	N/A	11/1/2045	4.000%	27,097	28,689	26,194
	FHLMC POOL #G0-8707	N/A	5/1/2046	4.000%	33,613	35,525	32,492
	FHLMC POOL #G0-8772	N/A	7/1/2047	4.500%	29,188	31,486	28,784
	FHLMC POOL #Q1-9470	N/A	6/1/2043	3.000%	79,064	79,361	72,883
	FHLMC POOL #QD-5507	N/A	1/1/2052	2.000%	69,260	67,935	57,355
	FHLMC POOL #QD-9791	N/A	4/1/2052	2.000%	89,164	78,750	72,906
	FHLMC POOL #QE-0359	N/A	4/1/2052	3.500%	87,144	87,049	80,458
	FHLMC POOL #RA-3580	N/A	9/1/2050	2.000%	59,207	61,510	48,991
	FHLMC POOL #RA-4245	N/A	12/1/2050	2.000%	59,075	61,383	48,860
	FHLMC POOL #RB-5145	N/A	8/1/2052	4.000%	200,392	183,422	189,796
	FHLMC POOL #SD-1265	N/A	1/1/2042	2.000%	78,425	77,383	66,986
	FHLMC POOL #SD-1556	N/A	3/1/2052	2.000%	164,838	138,541	136,069
	FHLMC POOL #SD-1611	N/A	6/1/2052	2.000%	97,207	78,263	79,519
	FHLMC POOL #SD-1919	N/A	6/1/2052	3.000%	210,073	185,291	186,173
	FHLMC POOL #SD-7528	N/A	3/1/2052	3.000%	76,710	70,430	68,927
	FHLMC POOL #SD-8044	N/A	6/1/2052	3.500%	402,272	370,907	369,635
	FHLMC POOL #SD-8196	N/A	1/1/2052	3.500%	77,884	71,520	72,315
	FHLMC MULTICLASS MTG 5092 BC	N/A	5/1/2052	2.500%	160,486	124,778	138,294
	FNMA POOL #0890813	N/A	11/1/2050	2.000%	62,990	65,401	52,447
	FNMA POOL #0931792	N/A	2/1/2050	3.000%	90,770	81,736	81,354
	FNMA POOL #0A85379	N/A	11/1/2050	3.000%	104,500	86,816	93,120
	FNMA POOL #0A89350	N/A	1/1/2052	3.500%	20,499	21,642	18,924
	FNMA POOL #0AD1645	N/A	9/1/2052	5.000%	117,838	111,854	116,804
	FNMA POOL #0AD7079	N/A	5/1/2053	4.500%	388,136	376,068	376,768
	FNMA POOL #0AE4281	N/A	5/1/2053	5.500%	75,796	72,483	76,166
	FNMA POOL #0AJ5300	N/A	10/1/2053	5.500%	53,885	51,662	54,158

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value						
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value	
	FNMA POOL #0AJ6086	N/A	6/25/2036	2.500%	14,893	\$ 15,284	\$ 14,507	
	FNMA POOL #0AL1371	N/A	12/1/2047	3.500%	50,448	49,147	47,355	
	FNMA POOL #0AL5538	N/A	8/1/2039	5.000%	21,642	23,512	22,016	
	FNMA POOL #0AL5625	N/A	6/1/2042	3.500%	34,005	35,222	32,211	
	FNMA POOL #0AR3317	N/A	5/1/2043	3.000%	60,212	60,419	55,429	
	FNMA POOL #0AS0210	N/A	3/1/2040	5.000%	12,951	14,120	13,175	
	FNMA POOL #0AS7838	N/A	6/1/2025	4.500%	1,499	1,591	1,491	
	FNMA POOL #0AT5860	N/A	9/1/2025	3.500%	4,369	4,618	4,300	
	FNMA POOL #0AU4228	N/A	11/1/2041	4.000%	29,302	30,834	28,557	
	FNMA POOL #0AV2959	N/A	12/1/2026	3.000%	28,258	29,197	27,502	
	FNMA POOL #0BR2619	N/A	1/1/2027	4.000%	9,264	9,850	9,128	
	FNMA POOL #0BI7339	N/A	7/1/2044	4.000%	45,727	49,271	44,437	
	FNMA POOL #0BV3091	N/A	3/1/2044	3.500%	54,542	57,184	51,618	
	FNMA POOL #0CB0469	N/A	2/1/2043	3.500%	72,847	74,429	69,047	
	FNMA POOL #0CB1090	N/A	8/1/2043	3.500%	81,103	82,814	76,419	
	FNMA POOL #0CB1842	N/A	8/1/2046	3.000%	55,534	52,749	50,641	
	FNMA POOL #0CB4038	N/A	6/1/2043	3.500%	30,504	31,548	28,717	
	FNMA POOL #0FM2500	N/A	9/1/2043	4.000%	31,434	33,099	30,502	
	FNMA POOL #0FM4184	N/A	12/1/2043	4.500%	37,835	37,835	37,340	
	FNMA POOL #0FM5609	N/A	2/1/2051	2.000%	54,947	56,819	45,699	
	FNMA POOL #0FM6708	N/A	9/1/2036	2.000%	65,506	67,798	59,216	
	FNMA POOL #0FM7737	N/A	2/1/2052	2.500%	68,953	68,392	59,278	
	FNMA POOL #0FM8348	N/A	10/1/2050	2.000%	93,993	76,692	77,461	
	FNMA POOL #0FM8595	N/A	5/1/2041	2.500%	43,659	45,917	38,449	
	FNMA POOL #0FM8601	N/A	7/1/2036	2.500%	50,575	53,665	46,603	
	FNMA POOL #0FM8617	N/A	10/1/2041	2.500%	72,112	75,247	64,444	
	FNMA POOL #0FM8857	N/A	6/1/2052	5.000%	79,052	79,052	78,339	
	FNMA POOL #0FM9465	N/A	3/1/2035	2.500%	81,188	76,887	75,391	
	FNMA POOL #0FS0328	N/A	7/1/2050	2.500%	87,135	73,357	75,058	
	FNMA POOL #0FS1395	N/A	4/1/2050	3.000%	88,732	80,621	79,622	
	FNMA POOL #0FS1402	N/A	10/1/2050	2.500%	98,665	86,260	85,575	
	FNMA POOL #0FS1626	N/A	1/1/2036	2.000%	64,095	65,958	57,917	
	FNMA POOL #0FS1931	N/A	1/1/2051	2.500%	62,018	61,911	53,479	
	FNMA POOL #0FS2180	N/A	2/1/2051	2.500%	111,708	92,544	95,910	
	FNMA POOL #0FS2475	N/A	9/1/2051	4.500%	53,482	55,679	46,145	
	FNMA POOL #0FS2521	N/A	8/1/2051	2.500%	97,565	102,062	84,109	
	FNMA POOL #0FS2572	N/A	8/1/2051	2.500%	95,566	99,523	81,496	
	FNMA POOL #0FS2847	N/A	9/1/2051	2.000%	77,620	78,942	64,419	
	FNMA POOL #0FS3218	N/A	10/1/2051	2.000%	96,184	98,122	79,903	
	FNMA POOL #0FS3298	N/A	10/1/2051	4.000%	73,548	78,846	69,826	
	FNMA POOL #0FS3382	N/A	4/1/2052	4.000%	75,577	76,687	72,239	
	FNMA POOL #0MA4157	N/A	4/1/2052	2.500%	89,465	79,106	76,638	
	FNMA POOL #0MA4468	N/A	2/1/2052	2.500%	140,954	127,783	121,255	
	FNMA POOL #0MA4565	N/A	11/1/2051	2.000%	178,119	156,184	146,387	
	GNMA POOL #0782468	N/A	8/1/2052	4.000%	76,986	72,728	72,910	
	GNMA II POOL #0004266	N/A	3/1/2052	2.500%	95,533	82,308	82,317	
	GNMA II POOL #0005331	N/A	10/1/2051	2.500%	207,170	180,257	176,736	
	GNMA II POOL #0786100	N/A	2/1/2052	2.500%	78,561	69,232	67,035	
	GNMA II POOL #0BT1891	N/A	8/1/2051	2.000%	98,198	81,643	80,653	
	GNMA II POOL #0BZ4054	N/A	1/1/2052	2.500%	432,747	371,554	368,441	
	GNMA II POOL #0MA6994	N/A	4/1/2052	3.000%	175,400	158,463	157,567	
	GNMA II POOL #0MA7367	N/A	10/1/2051	2.000%	76,127	63,673	63,335	
	GNMA II POOL #0MA7368	N/A	9/1/2050	1.500%	85,835	83,501	66,994	
	GNMA II POOL #0MA7420	N/A	7/1/2051	2.500%	428,296	367,651	365,461	
	GNMA II POOL #0MA7473	N/A	10/1/2051	2.000%	476,505	395,307	390,181	
	GNMA II POOL #0MA7648	N/A	10/1/2051	3.500%	62,590	67,069	57,754	
	GNMA II POOL #0MA7650	N/A	2/1/2052	3.500%	93,677	96,019	86,487	
	GNMA II POOL #0MA7705	N/A	11/15/2038	5.000%	13,848	15,086	14,003	
	GNMA II POOL #0MA7829	N/A	10/20/2038	5.500%	8,003	8,771	8,306	
	GNMA II POOL #0MA7830	N/A	3/20/2042	3.500%	12,333	12,738	11,706	
	GNMA II POOL #0MA7883	N/A	3/20/2052	2.500%	87,855	75,803	76,590	
	GNMA II POOL #0MA7884	N/A	3/20/2052	2.500%	85,995	76,482	74,983	
	U S TREASURY BOND	N/A	1/20/2050	3.500%	59,976	56,227	56,348	
	U S TREASURY BOND	N/A	12/20/2050	2.500%	74,389	65,009	62,899	
	U S TREASURY BOND	N/A	12/20/2050	2.000%	86,695	75,100	72,516	
	U S TREASURY BOND	N/A	10/20/2049	3.500%	159,010	147,508	147,443	
	U S TREASURY BOND	N/A	12/20/2048	4.000%	71,842	68,480	68,881	
	U S TREASURY BOND	N/A	11/20/2050	2.000%	466,996	393,019	395,845	
	U S TREASURY BOND	N/A	1/20/2051	2.000%	62,968	54,589	53,397	
	U S TREASURY BOND	N/A	5/20/2051	2.500%	39,654	41,094	34,745	
	U S TREASURY BOND	N/A	5/20/2051	3.000%	58,160	57,197	52,840	
	U S TREASURY BOND	N/A	6/20/2051	3.500%	73,115	73,047	68,465	
	U S TREASURY BOND	N/A	7/20/2051	3.000%	139,412	128,608	126,492	
	U S TREASURY BOND	N/A	8/20/2051	2.500%	87,723	78,855	76,794	
	U S TREASURY BOND	N/A	10/20/2051	2.000%	92,547	76,091	78,424	
	U S TREASURY BOND	N/A	10/20/2051	3.000%	75,222	78,607	68,206	
	U S TREASURY BOND	N/A	11/20/2051	2.500%	268,136	227,905	234,705	
	U S TREASURY BOND	N/A	1/20/2052	3.500%	69,352	72,582	64,593	

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

(c) Description of investment including maturity date, rate of interest, collateral, shares/par value							
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	U S TREASURY BOND	N/A	1/20/2052	4.000%	133,052	\$ 140,692	\$ 127,366
	U S TREASURY BOND	N/A	2/20/2052	3.500%	70,037	71,887	65,231
	U S TREASURY BOND	N/A	2/20/2052	4.000%	73,594	76,906	70,357
	U S TREASURY BOND	N/A	3/20/2052	3.000%	126,613	110,203	114,711
	U S TREASURY BOND	N/A	8/20/2052	3.500%	169,756	154,571	158,105
	U S TREASURY NOTE	N/A	9/20/2052	4.500%	154,942	149,519	151,326
	U S TREASURY NOTE	N/A	5/15/2045	3.000%	115,000	116,066	95,261
	U S TREASURY NOTE	N/A	2/15/2047	3.000%	275,000	281,588	225,800
	U S TREASURY NOTE	N/A	5/15/2047	3.000%	100,000	103,003	82,035
	U S TREASURY NOTE	N/A	11/15/2047	2.750%	245,000	230,520	191,568
	U S TREASURY NOTE	N/A	2/15/2048	3.000%	245,000	246,187	200,547
	U S TREASURY NOTE	N/A	5/15/2048	3.125%	180,000	177,397	150,638
	U S TREASURY NOTE	N/A	8/15/2048	3.000%	245,000	239,837	200,344
	U S TREASURY NOTE	N/A	11/15/2048	3.375%	85,000	91,775	74,398
	U S TREASURY NOTE	N/A	2/15/2049	3.000%	65,000	70,275	53,138
	U S TREASURY NOTE	N/A	5/15/2050	1.250%	150,000	84,732	81,293
	U S TREASURY NOTE	N/A	5/15/2040	1.125%	35,000	35,119	22,652
	U S TREASURY NOTE	N/A	11/15/2050	1.625%	750,000	633,844	449,295
	U S TREASURY NOTE	N/A	5/15/2051	2.375%	35,000	38,048	25,104
	U S TREASURY NOTE	N/A	8/15/2041	1.750%	405,000	395,369	282,820
	U S TREASURY NOTE	N/A	11/15/2041	2.000%	475,000	357,901	344,988
	U S TREASURY NOTE	N/A	2/15/2052	2.250%	790,000	671,946	550,504
	U S TREASURY NOTE	N/A	8/15/2052	3.000%	10,000	7,973	8,218
	U S TREASURY NOTE	N/A	11/15/2042	4.000%	60,000	59,841	58,523
	U S TREASURY NOTE	N/A	2/15/2053	3.625%	150,000	140,881	139,184
	U S TREASURY NOTE	N/A	5/15/2053	3.625%	75,000	66,230	69,680
	U S TREASURY NOTE	N/A	8/15/2053	4.125%	10,000	9,668	10,156
	U S TREASURY NOTE	N/A	8/15/2043	4.375%	65,000	63,730	66,594
	U S TREASURY NOTE	N/A	11/15/2043	4.750%	235,000	236,441	252,956
	U S TREASURY NOTE	N/A	2/15/2030	1.500%	31,000	33,297	27,045
	U S TREASURY NOTE	N/A	11/15/2030	0.875%	1,495,000	1,412,724	1,230,221
	U S TREASURY NOTE	N/A	2/15/2031	1.125%	135,000	128,951	112,872
	U S TREASURY NOTE	N/A	5/15/2031	1.625%	570,000	578,837	489,778
	U S TREASURY NOTE	N/A	2/28/2029	1.875%	435,000	436,954	394,780
	U S TREASURY NOTE	N/A	12/31/2024	4.250%	50,000	49,996	49,737
	U S TREASURY NOTE	N/A	1/15/2026	3.875%	145,000	145,200	143,930
	U S TREASURY NOTE	N/A	1/31/2028	3.500%	2,175,000	2,170,192	2,142,375
	U S TREASURY NOTE	N/A	1/31/2030	3.500%	485,000	485,662	474,961
	U S TREASURY NOTE	N/A	2/29/2028	4.000%	100,000	102,926	100,410
	U S TREASURY NOTE	N/A	5/31/2030	3.750%	380,000	381,054	377,150
	U S TREASURY NOTE	N/A	6/30/2028	4.000%	180,000	176,654	181,013
	U S TREASURY NOTE	N/A	6/30/2025	4.625%	1,070,000	1,064,729	1,072,718
	U S TREASURY NOTE	N/A	7/31/2028	4.125%	330,000	327,938	333,713
	U S TREASURY NOTE	N/A	9/30/2030	4.625%	205,000	205,152	214,002
	U S TREASURY NOTE	N/A	9/30/2028	4.625%	25,000	24,988	25,829
	U S TREASURY NOTE	N/A	12/31/2028	3.750%	200,000	199,273	199,282
						22,514,105	21,036,801

Investment Manager - Income Research & Management

FHLMC POOL #84-1089	N/A	6/1/2047	5.365%	35,031	36,410	35,783
FHLMC POOL #A9-3231	N/A	8/1/2040	4.000%	52,711	56,010	51,541
FHLMC POOL #C0-3830	N/A	3/1/2042	4.000%	46,446	49,173	45,329
FHLMC POOL #G0-7668	N/A	7/1/2037	4.000%	39,743	41,997	39,157
FHLMC POOL #G6-0564	N/A	2/1/2042	5.000%	37,425	41,682	38,126
FHLMC POOL #G6-0587	N/A	2/1/2046	4.000%	38,260	40,972	36,984
FHLMC POOL #G6-1242	N/A	12/1/2045	4.500%	57,662	61,536	57,669
FHLMC POOL #G6-7701	N/A	10/1/2046	3.000%	53,873	52,290	49,292
FHLMC POOL #Q3-7573	N/A	10/1/2039	4.500%	54,284	58,728	54,284
FHLMC POOL #QA-8518	N/A	4/1/2050	3.000%	62,168	66,064	55,700
FHLMC POOL #QB-4847	N/A	10/1/2050	2.500%	80,502	85,068	68,628
FHLMC POOL #RA-2790	N/A	6/1/2050	2.500%	164,257	170,648	140,739
FHLMC POOL #RA-2853	N/A	6/1/2050	2.500%	245,077	254,612	209,987
FHLMC POOL #RA-3607	N/A	9/1/2050	3.000%	84,819	91,300	76,033
FHLMC POOL #SB-0307	N/A	2/1/2035	2.500%	135,125	127,207	125,596
FHLMC POOL #SB-0359	N/A	7/1/2035	2.500%	394,623	362,273	365,812
FHLMC POOL #SB-0744	N/A	5/1/2033	3.000%	148,900	143,386	142,229
FHLMC POOL #SB-8031	N/A	1/1/2035	2.500%	394,242	366,090	365,971
FHLMC POOL #SD-0499	N/A	8/1/2050	3.000%	242,941	259,491	218,894
FHLMC POOL #SD-0558	N/A	3/1/2051	2.500%	82,399	85,901	71,204
FHLMC POOL #SD-1100	N/A	5/1/2052	2.500%	143,332	122,213	123,448
FHLMC POOL #SD-1674	N/A	10/1/2052	4.500%	118,311	113,283	115,723
FHLMC POOL #SD-3283	N/A	5/1/2053	5.000%	189,067	186,881	189,711
FHLMC POOL #SD-7543	N/A	8/1/2051	2.500%	131,445	119,841	113,376
FHLMC POOL #SD-7548	N/A	11/1/2051	2.500%	129,421	119,836	111,732
FHLMC POOL #U9-9126	N/A	11/1/2043	3.000%	67,914	65,738	62,101
FHLMC POOL #ZA-6531	N/A	3/1/2049	4.500%	23,882	26,061	23,561

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

(c) Description of investment including maturity date, rate of interest, collateral, shares/par value							
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	FHLMC POOL #ZS-4693	N/A	12/1/2046	3.000%	232,169	\$ 222,231	\$ 210,858
	FHLMC POOL #ZS-7738	N/A	1/1/2031	2.500%	63,325	66,620	60,002
	FHLMC POOL #ZS-7740	N/A	8/1/2030	2.500%	46,265	48,644	43,907
	FHLMC POOL #ZT-1748	N/A	1/1/2049	5.000%	27,817	30,068	27,968
	FNMA POOL #0254903	N/A	10/1/2033	5.000%	46,479	51,718	47,279
	FNMA POOL #0888037	N/A	10/1/2036	5.000%	40,242	43,084	40,935
	FNMA POOL #0890143	N/A	2/1/2039	5.000%	45,854	51,248	46,645
	FNMA POOL #0890711	N/A	11/1/2045	4.500%	103,282	112,319	102,650
	FNMA POOL #0995240	N/A	8/1/2037	4.500%	48,702	53,322	48,774
	FNMA POOL #0AD6431	N/A	6/1/2040	4.500%	42,693	46,709	42,682
	FNMA POOL #0AE0113	N/A	7/1/2040	4.000%	43,041	46,396	42,027
	FNMA POOL #0AL3754	N/A	7/1/2041	5.000%	44,605	49,623	45,325
	FNMA POOL #0AL6040	N/A	8/1/2038	7.500%	44,378	50,868	46,663
	FNMA POOL #0AL6301	N/A	6/1/2042	4.500%	41,673	45,388	41,653
	FNMA POOL #0AL6663	N/A	3/1/2039	4.000%	80,010	85,385	78,721
	FNMA POOL #0AL7521	N/A	6/1/2039	5.000%	120,869	132,415	122,948
	FNMA POOL #0AL8088	N/A	2/1/2046	4.000%	64,210	64,852	62,283
	FNMA POOL #0AL9127	N/A	10/1/2044	4.000%	78,130	82,757	76,095
	FNMA POOL #0AL9918	N/A	2/1/2047	3.500%	32,503	34,037	30,593
	FNMA POOL #0AY8188	N/A	4/1/2045	4.000%	53,505	54,476	52,055
	FNMA POOL #0BK1023	N/A	2/1/2048	4.500%	42,081	44,070	41,409
	FNMA POOL #0BM3286	N/A	11/1/2047	4.500%	15,800	16,571	15,719
	FNMA POOL #0BM3491	N/A	1/1/2038	4.500%	30,482	31,659	30,450
	FNMA POOL #0BM4425	N/A	7/1/2047	5.000%	38,512	41,232	39,175
	FNMA POOL #0BM4896	N/A	2/1/2047	3.000%	50,552	53,435	46,539
	FNMA POOL #0BM5827	N/A	4/1/2049	5.000%	24,188	25,709	24,439
	FNMA POOL #0BM5985	N/A	6/1/2046	4.500%	50,781	54,416	50,773
	FNMA POOL #0BM6585	N/A	4/1/2047	5.641%	37,292	39,017	38,100
	FNMA POOL #0BO1311	N/A	8/1/2049	3.500%	32,734	34,995	30,631
	FNMA POOL #0BO2977	N/A	9/1/2049	3.500%	94,906	98,361	88,445
	FNMA POOL #0BO6275	N/A	1/1/2050	3.500%	69,567	73,757	64,831
	FNMA POOL #0BP0661	N/A	3/1/2035	2.500%	126,348	132,133	117,299
	FNMA POOL #0BP5462	N/A	6/1/2050	2.500%	32,036	33,327	27,785
	FNMA POOL #0BQ3100	N/A	10/1/2050	3.000%	44,102	47,046	39,770
	FNMA POOL #0BQ3137	N/A	10/1/2050	2.500%	50,090	52,869	43,425
	FNMA POOL #0BR5632	N/A	3/1/2051	2.000%	102,846	104,132	85,740
	FNMA POOL #0BU9898	N/A	1/1/2052	3.500%	110,061	107,929	102,509
	FNMA POOL #0BW6304	N/A	8/1/2052	5.000%	150,437	151,848	151,743
	FNMA POOL #0BW9901	N/A	10/1/2052	4.500%	157,914	155,348	154,918
	FNMA POOL #0CA4950	N/A	1/1/2050	3.500%	39,631	42,473	36,933
	FNMA POOL #0CA5969	N/A	6/1/2050	2.500%	133,482	112,375	114,780
	FNMA POOL #0CA6097	N/A	6/1/2050	3.500%	66,577	70,426	61,869
	FNMA POOL #0CA6635	N/A	8/1/2050	2.500%	181,281	164,399	157,223
	FNMA POOL #0CA6738	N/A	8/1/2050	3.000%	58,879	62,237	52,508
	FNMA POOL #0CA6872	N/A	8/1/2035	2.500%	99,354	105,129	92,099
	FNMA POOL #0CA7502	N/A	10/1/2035	3.000%	55,296	59,391	52,257
	FNMA POOL #0CB2284	N/A	12/1/2051	2.500%	153,185	139,997	132,147
	FNMA POOL #0CB2857	N/A	2/1/2052	2.500%	172,498	146,165	148,310
	FNMA POOL #0FM1000	N/A	4/1/2047	3.000%	87,768	92,376	79,783
	FNMA POOL #0FM1242	N/A	7/1/2049	5.000%	15,933	17,258	16,025
	FNMA POOL #0FM2336	N/A	1/1/2050	4.000%	27,270	29,340	26,199
	FNMA POOL #0FM2493	N/A	10/1/2049	5.000%	18,229	19,807	18,342
	FNMA POOL #0FM2674	N/A	3/1/2050	4.000%	49,688	53,430	47,686
	FNMA POOL #0FM3193	N/A	4/1/2050	4.000%	37,384	40,287	35,978
	FNMA POOL #0FM4330	N/A	10/1/2050	2.500%	67,787	72,087	58,751
	FNMA POOL #0FM4622	N/A	7/1/2050	3.000%	61,461	65,600	55,783
	FNMA POOL #0FM4726	N/A	11/1/2034	3.000%	48,117	51,244	46,252
	FNMA POOL #0FM5563	N/A	10/1/2049	5.000%	46,245	52,763	46,625
	FNMA POOL #0FM5721	N/A	12/1/2040	3.000%	59,515	62,956	54,903
	FNMA POOL #0FM5736	N/A	12/1/2050	4.000%	210,029	231,984	201,479
	FNMA POOL #0FM5842	N/A	7/1/2048	4.500%	128,610	142,858	127,198
	FNMA POOL #0FM6497	N/A	3/1/2051	2.000%	76,850	77,180	64,070
	FNMA POOL #0FM7264	N/A	5/1/2051	3.000%	75,207	79,496	67,588
	FNMA POOL #0FM7602	N/A	6/1/2035	3.000%	183,862	176,134	175,737
	FNMA POOL #0FM7794	N/A	1/1/2050	4.000%	150,441	161,677	144,649
	FNMA POOL #0FM8216	N/A	11/1/2048	4.000%	131,609	133,275	126,506
	FNMA POOL #0FM8444	N/A	6/1/2036	2.000%	205,273	184,970	185,076
	FNMA POOL #0FM8672	N/A	11/1/2046	4.000%	155,172	168,944	148,908
	FNMA POOL #0FM9728	N/A	11/1/2051	2.500%	255,108	262,901	219,431
	FNMA POOL #0FS1590	N/A	4/1/2052	2.500%	165,933	136,739	142,065
	FNMA POOL #0FS3669	N/A	3/1/2046	4.000%	131,682	129,809	128,580
	FNMA POOL #0FS3800	N/A	1/1/2050	4.500%	153,566	152,510	153,114
	FNMA POOL #0MA0706	N/A	4/1/2031	4.500%	26,368	28,502	26,234
	FNMA POOL #0MA2868	N/A	1/1/2032	2.500%	227,333	213,764	214,280
	FNMA POOL #0MA4208	N/A	12/1/2050	2.000%	191,918	155,491	157,980
	FNMA POOL #0MA4305	N/A	4/1/2051	2.000%	200,088	157,996	164,339
	GNMA POOL #0734152	N/A	1/15/2041	4.000%	38,250	40,593	37,150

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value						
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value	
	GNMA POOL #0784605	N/A	1/15/2042	4.500%	19,113	\$ 19,857	\$ 19,040	
	GNMA POOL #0AA6091	N/A	2/15/2043	3.000%	35,930	36,761	32,837	
	GNMA II POOL #0005174	N/A	9/20/2041	4.000%	57,079	59,235	55,981	
	GNMA II POOL #0005203	N/A	10/20/2041	4.000%	61,224	63,683	60,047	
	GNMA II POOL #0005334	N/A	3/20/2042	5.000%	10,141	11,181	10,340	
	GNMA II POOL #0785283	N/A	1/20/2051	2.500%	223,962	238,659	196,410	
	GNMA II POOL #0AV9421	N/A	11/20/2046	3.500%	56,942	59,700	53,827	
	GNMA II POOL #0MA2964	N/A	7/20/2045	5.000%	29,503	31,854	30,082	
	GNMA II POOL #0MA3456	N/A	2/20/2046	4.500%	24,533	25,311	24,581	
	GNMA II POOL #0MA7589	N/A	9/20/2051	2.500%	142,987	129,135	125,177	
	SBA GTD PARTN CTFS 2009-20H 1	N/A	8/1/2029	4.450%	50,810	54,482	49,828	
	SBA GTD PARTN CTFS 2013-20E 1	N/A	5/1/2033	2.070%	34,309	31,917	31,216	
	SBA GTD PARTN CTFS 2014-20C 1	N/A	3/1/2034	3.210%	90,964	90,963	86,127	
	SBA GTD PARTN CTFS 2014-20J 1	N/A	10/1/2034	2.740%	62,624	62,624	56,964	
	SBA GTD PARTN CTFS 2015-20F 1	N/A	6/1/2035	2.980%	61,191	61,191	56,849	
	SBA GTD PARTN CTFS 2015-20L 1	N/A	12/1/2035	2.820%	100,662	100,662	93,332	
	SBA GTD PARTN CTFS 2016-20K 1	N/A	11/1/2036	2.570%	53,498	51,776	48,935	
	SBA GTD PARTN CTFS 2022-25D 1	N/A	4/1/2047	3.500%	116,392	116,392	106,808	
	SBA GTD PARTN CTFS 2022-25E 1	N/A	5/1/2047	3.940%	141,004	141,004	131,673	
	SBA GTD PARTN CTFS 2022-25G 1	N/A	7/1/2047	3.930%	169,031	169,031	160,221	
	SBA GTD PARTN CTFS 2022-25K 1	N/A	11/1/2047	5.130%	96,991	96,991	98,510	
	SBA GTD PARTN CTFS 2023-10A 1	N/A	3/10/2033	5.168%	173,339	173,339	173,993	
	SBA GTD PARTN CTFS 2023-25D 1	N/A	4/1/2048	4.480%	118,087	118,087	115,856	
	SBA GTD PARTN CTFS 2023-25E 1	N/A	5/1/2048	4.620%	193,321	193,321	190,939	
	SBA GTD PARTN CTFS 2023-25H 1	N/A	8/1/2048	5.150%	116,000	116,000	118,256	
	SBA GTD PARTN CTFS 2023-25L 1	N/A	12/1/2048	5.280%	120,000	120,000	123,605	
	U S TREASURY BOND	N/A	2/15/2041	1.875%	220,000	214,182	158,805	
	U S TREASURY BOND	N/A	2/15/2052	2.250%	126,000	101,822	87,802	
	U S TREASURY BOND	N/A	2/15/2042	2.375%	316,000	267,481	243,418	
	U S TREASURY BOND	N/A	8/15/2052	3.000%	775,000	656,728	636,926	
	U S TREASURY BOND	N/A	8/15/2042	3.375%	790,000	733,541	707,082	
	U S TREASURY BOND	N/A	5/15/2053	3.625%	1,327,000	1,111,483	1,232,863	
	U S TREASURY BOND	N/A	5/15/2043	3.875%	473,000	439,333	452,604	
	U S TREASURY BOND	N/A	8/15/2053	4.125%	254,000	230,690	257,970	
	U S TREASURY BOND	N/A	8/15/2043	4.375%	1,711,000	1,575,062	1,752,971	
	U S TREASURY NOTE	N/A	8/15/2032	2.750%	353,000	328,723	323,892	
	U S TREASURY NOTE	N/A	1/31/2028	3.500%	1,515,000	1,513,135	1,492,275	
	U S TREASURY NOTE	N/A	5/15/2033	3.375%	402,000	384,834	386,611	
	U S TREASURY NOTE	N/A	5/31/2028	3.625%	561,000	545,276	555,541	
	U S TREASURY NOTE	N/A	8/15/2033	3.875%	823,000	809,419	823,642	
	U S TREASURY NOTE	N/A	8/31/2028	4.375%	103,000	101,922	105,301	
	U S TREASURY NOTE	N/A	11/30/2028	4.375%	409,000	418,770	418,939	
	US TREAS-CPI INFLAT	N/A	1/15/2030	0.125%	188,946	197,293	171,577	
						21,972,118	21,330,863	
	Total U.S. Government, government guaranteed and government agency obligations					44,486,223	42,367,664	
<u>Corporate bonds</u>								
<u>Investment Manager - Ryan Labs Asset Management</u>								
	AERCAP IRELAND CAPITAL DAC / A	N/A	1/30/2032	3.300%	75,000	75,356	65,350	
	ALLSTATE CORP/THE	N/A	3/30/2033	5.250%	95,000	95,366	97,172	
	ALTRIA GROUP INC	N/A	2/14/2039	5.800%	90,000	94,498	91,922	
	AMERICAN CREDIT ACCEP 1 E 144A	N/A	3/13/2026	3.320%	110,000	114,009	109,649	
	AMERICAN CREDIT ACCEP 2 D 144A	N/A	6/13/2028	4.850%	120,000	119,975	117,526	
	AMERICAN CREDIT ACCEP 4 D 144A	N/A	9/12/2030	7.650%	70,000	69,986	72,186	
	AMERICAN TOWER CORP	N/A	1/15/2051	2.950%	95,000	58,811	63,574	
	AMGEN INC	N/A	2/21/2050	3.375%	60,000	59,977	44,842	
	ANHEUSER-BUSCH INBEV WORLDWIDE	N/A	1/23/2039	5.450%	65,000	79,655	68,679	
	APACHE CORP	N/A	9/1/2040	5.100%	120,000	101,180	102,817	
	ARTHUR J GALLAGHER & CO	N/A	2/15/2034	6.500%	75,000	74,821	82,097	
	AT&T INC	N/A	6/15/2045	4.350%	125,000	139,942	108,279	
	AVIATION CAPITAL GROUP LL 144A	N/A	8/1/2025	4.125%	195,000	191,328	189,302	
	AVOLON HOLDINGS FUNDING L 144A	N/A	5/1/2026	4.375%	80,000	79,555	77,435	
	BAMLL RE-REMIC FRR5 AK37 144A	N/A	1/27/2047	0.047%	130,000	113,628	128,937	
	BANK 2023-BNK45 BNK45 C	N/A	2/15/2056	6.488%	30,000	28,714	27,526	
	BANK OF AMERICA CORP	N/A	4/24/2028	3.705%	120,000	119,333	114,682	
	BANK OF AMERICA CORP	N/A	6/19/2041	2.676%	90,000	86,513	64,672	
	BARCLAYS COMMERCIAL MORTG C4 C	N/A	8/15/2052	3.469%	70,000	56,260	46,667	
	BAT CAPITAL CORP	N/A	4/2/2030	4.906%	10,000	10,000	9,842	
	BAT CAPITAL CORP	N/A	4/2/2027	4.700%	15,000	15,000	14,857	
	BAT CAPITAL CORP	N/A	3/25/2031	2.726%	75,000	77,723	62,990	
	BAYER US FINANCE II LLC 144A	N/A	8/15/2025	5.500%	120,000	132,361	118,742	
	BBCMS MORTGAGE TRUST 202 C19 C	N/A	4/15/2056	6.597%	40,000	36,498	35,857	

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

(c) Description of investment including maturity date, rate of interest, collateral, shares/par value							
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	BBCMS MORTGAGE TRUST 202 C22 C	N/A	11/15/2056	7.364%	50,000	\$ 45,692	\$ 50,061
	BELROSE FUNDING TRUST 1 44A	N/A	8/15/2030	2.330%	225,000	193,737	179,978
	BENCHMARK 2019-B10 B10 E 144A	N/A	3/15/2062	3.000%	60,000	50,025	32,141
	BENCHMARK 2019-B10 MORTG B10 C	N/A	3/15/2062	3.750%	60,000	48,548	43,421
	BENCHMARK 2022-B35 B35 D 144A	N/A	5/15/2055	2.500%	170,000	113,317	75,968
	BENCHMARK 2022-B35 MORTG B35 C	N/A	5/15/2055	4.592%	30,000	24,670	20,994
	BHP BILLITON FINANCE USA LTD	N/A	9/8/2033	5.250%	45,000	44,621	46,772
	BLACKSTONE PRIVATE CREDIT FUND	N/A	12/15/2026	2.625%	110,000	109,129	99,629
	BLUE OWL CAPITAL CORP	N/A	7/15/2026	3.400%	50,000	52,066	46,494
	BLUE OWL CAPITAL CORP	N/A	6/11/2028	2.875%	55,000	48,144	48,406
	BLUE OWL CREDIT INCOME CO 144A	N/A	1/15/2029	7.750%	155,000	158,765	159,997
	BMD2 RE-REMIC TR FRR1 5A1 144A	N/A	5/25/2052	3.477%	125,000	107,080	99,157
	BMD2 RE-REMIC TR FRR1 6A5 144A	N/A	5/25/2052	3.389%	80,000	75,300	71,032
	BMO 2023-C4 MORTGAGE TRUS C4 C	N/A	2/15/2056	6.059%	50,000	45,605	43,301
	BMO 2023-C5 MORTGAGE TRUS C5 C	N/A	6/15/2056	6.848%	100,000	94,362	95,307
	BMO 2023-C7 C	N/A	12/15/2056	7.360%	120,000	115,209	119,920
	BOARDWALK PIPELINES LP	N/A	7/15/2027	4.450%	125,000	125,300	122,643
	BOEING CO/THE	N/A	11/1/2048	3.850%	130,000	119,727	101,439
	BP CAPITAL MARKETS AMERICA INC	N/A	6/17/2041	3.060%	105,000	102,733	81,497
	BROADCOM INC	N/A	9/15/2028	4.110%	26,000	25,872	25,421
	BROADCOM INC	N/A	11/15/2030	4.150%	20,000	19,978	19,131
	BROOKFIELD FINANCE INC	N/A	3/29/2029	4.850%	100,000	99,778	99,470
	CAMERON LNG LLC 144A	N/A	1/15/2039	3.701%	80,000	81,096	68,045
	CANTOR FITZGERALD LP 144A	N/A	5/1/2024	4.875%	75,000	75,943	74,426
	CAPITAL ONE FINANCIAL CORP	N/A	5/10/2033	5.268%	60,000	60,000	58,979
	CAPITAL ONE FINANCIAL CORP	N/A	6/8/2034	6.377%	60,000	60,000	61,847
	CBAM 2019-11R LTD 11RA C 144A	N/A	1/20/2035	7.829%	100,000	100,000	97,748
	CELANESE US HOLDINGS LLC	N/A	11/15/2030	6.550%	95,000	93,647	100,563
	CENTERPOINT ENERGY HOUSTON ELE	N/A	4/1/2051	3.350%	50,000	49,802	38,072
	CENTERPOINT ENERGY RESOURCES C	N/A	10/1/2030	1.750%	70,000	65,619	58,181
	CF HIPPOLYTA ISSUER 1 A2 144A	N/A	7/15/2060	1.990%	61,274	61,245	52,243
	CF HIPPOLYTA ISSUER 1 B1 144A	N/A	7/15/2060	2.280%	193,382	196,276	176,981
	CFCRE COMMERCIAL MOR C6 D 144A	N/A	11/10/2049	4.315%	85,000	77,977	56,548
	CHNGE MORTGAGE TRUST 2 A1 144A	N/A	3/25/2067	3.757%	168,388	168,386	158,534
	CITIGROUP COMMERCIAL MO GC48 C	N/A	5/15/2054	5.037%	170,000	158,451	131,821
	CITIGROUP INC	N/A	9/29/2027	4.450%	85,000	93,588	83,020
	CITIGROUP INC	N/A	1/29/2031	2.666%	110,000	105,106	95,557
	COMM 2014-CCRE20 MORTGA CR20 C	N/A	11/10/2047	4.595%	80,000	81,116	69,825
	COMMONBOND STUDENT AGS B 144A	N/A	2/25/2044	3.580%	21,651	21,642	19,936
	COMMONBOND STUDENT BGS B 144A	N/A	9/25/2045	3.990%	41,106	41,092	38,557
	COREBRIDGE FINANCIAL INC	N/A	4/5/2032	3.900%	45,000	42,245	40,684
	CORPORATE OFFICE PROPERTIES LP	N/A	4/15/2031	2.750%	50,000	49,273	40,396
	CREDIT ACCEPTANCE AU 3A C 144A	N/A	2/15/2030	2.280%	50,000	49,996	49,612
	CSAIL 2019-C16 COMMERCIAL C16 C	N/A	6/15/2052	4.237%	135,000	106,352	107,279
	CSMC 2014-USA OA L USA A2 144A	N/A	9/15/2037	3.953%	65,000	65,969	56,364
	CSMC 2014-USA OA LL USA C 144A	N/A	9/15/2037	4.336%	150,000	145,113	105,095
	CSMC 2021-NQM2 NQM2 M1 144A	N/A	2/25/2066	2.282%	120,000	119,998	77,144
	CSMC 2021-NQM3 NQM3 M1 144A	N/A	4/25/2066	2.317%	120,000	119,997	75,472
	CVS HEALTH CORP	N/A	3/25/2048	5.050%	110,000	115,996	103,359
	DIAMONDBACK ENERGY INC	N/A	3/15/2053	6.250%	110,000	113,510	117,704
	DOMINION ENERGY SOUTH CAROLINA	N/A	10/15/2053	6.250%	55,000	54,689	63,486
	DRIVEN BRANDS FUNDI 1A A2 144A	N/A	4/20/2048	4.739%	103,950	109,212	101,533
	DRIVEN BRANDS FUNDI 1A A2 144A	N/A	4/20/2049	4.641%	180,975	193,000	174,786
	DTE ELECTRIC CO	N/A	4/1/2053	5.400%	110,000	110,585	115,931
	DUKE ENERGY CAROLINAS LLC	N/A	1/15/2054	5.400%	110,000	110,990	113,689
	ELECTRICITE DE FRANCE SA 144A	N/A	9/21/2048	5.000%	95,000	93,119	87,816
	ENERGY TRANSFER LP	N/A	3/15/2027	4.400%	175,000	175,679	171,190
	ENERGY TRANSFER LP	N/A	12/1/2028	6.100%	35,000	34,960	36,776
	ENERGY TRANSFER LP	N/A	5/15/2025	2.900%	100,000	104,606	96,916
	EXETER AUTOMOBILE RECEIVA 2A D	N/A	7/17/2028	4.560%	70,000	67,025	67,899
	EXETER AUTOMOBILE RECEIVA 2A D	N/A	8/15/2029	6.320%	730,000	733,028	731,577
	EXETER AUTOMOBILE RECEIVA 3A D	N/A	6/15/2027	1.550%	285,000	259,282	265,763
	EXETER AUTOMOBILE RECEIVA 3A D	N/A	9/15/2028	6.760%	180,000	174,900	179,955
	EXETER AUTOMOBILE RECEIVA 5A D	N/A	2/15/2029	7.400%	215,000	215,408	219,201
	FINANCE OF AMERICA JR1 A2 144A	N/A	4/25/2051	2.000%	133,804	129,472	126,240
	FINANCE OF AMERICA S1 A2 144A	N/A	7/25/2051	1.750%	269,936	254,350	260,624
	FINANCE OF AMERICA S2 A2 144A	N/A	9/25/2071	1.750%	114,231	111,033	109,026
	FINANCE OF AMERICA S4 A2A 144A	N/A	1/25/2057	3.000%	156,843	138,182	145,150
	FLAGSHIP CREDIT AUTO 2 D 144A	N/A	4/17/2028	5.800%	100,000	93,375	92,832
	FORD CREDIT AUTO OWNE 1 D 144A	N/A	10/17/2033	2.310%	90,000	89,988	81,814
	FREMF 2018-K081 MOR K81 C 144A	N/A	9/25/2051	4.315%	140,000	125,694	131,459
	FREMF 2018-K74 MORT K74 C 144A	N/A	2/25/2051	4.231%	75,000	78,258	70,543
	FREMF 2019-K96 MORT K96 C 144A	N/A	8/25/2056	3.942%	70,000	71,441	63,783
	FREMF 2020-K737 MO K737 C 144A	N/A	1/25/2053	3.417%	35,000	34,612	32,594
	FREMF K-100 MORTGA K100 C 144A	N/A	11/25/2052	3.615%	45,000	43,341	40,201
	GLENCORE FUNDING LLC 144A	N/A	10/6/2030	6.375%	25,000	24,863	26,873
	GLS AUTO RECEIVABLES 1A D 144A	N/A	1/18/2028	3.970%	100,000	94,813	96,008
	GLS AUTO RECEIVABLES 1A D 144A	N/A	1/16/2029	7.010%	80,000	79,984	81,253

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value						
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value	
	GLS AUTO RECEIVABLES 2A D 144A	N/A	4/17/2028	6.150%	145,000	\$ 145,770	\$ 144,426	
	GLS AUTO RECEIVABLES 2A D 144A	N/A	3/15/2029	6.310%	350,000	349,906	352,079	
	GLS AUTO RECEIVABLES 4A D 144A	N/A	10/15/2027	2.480%	160,000	139,600	149,680	
	GOLDMAN SACHS GROUP INC/THE	N/A	10/31/2038	4.017%	135,000	129,422	118,114	
	GS MORTGAGE SECURIT GS8 D 144A	N/A	11/10/2050	2.700%	95,000	67,450	65,291	
	HYUNDAI CAPITAL AMERICA 144A	N/A	9/21/2028	6.100%	60,000	58,884	62,405	
	JPMBB COMMERCIAL MORTGAG C28 C	N/A	10/15/2048	4.271%	156,000	156,446	143,710	
	JPMORGAN CHASE & CO	N/A	5/13/2031	2.956%	50,000	50,142	44,008	
	JPMORGAN CHASE & CO	N/A	4/22/2052	3.328%	95,000	81,791	71,338	
	LYB INTERNATIONAL FINANCE III	N/A	10/1/2040	3.375%	80,000	75,046	61,511	
	MACQUARIE GROUP LTD 144A	N/A	1/12/2027	1.340%	55,000	53,095	50,547	
	META PLATFORMS INC	N/A	8/15/2052	4.450%	105,000	90,613	96,823	
	MIDAMERICAN ENERGY CO	N/A	7/15/2049	4.250%	85,000	71,794	74,269	
	MIDWEST CONNECTOR CAPITAL 144A	N/A	4/1/2024	3.900%	180,000	181,940	178,967	
	MILEAGE PLUS HOLDINGS LLC 144A	N/A	6/20/2027	6.500%	266,000	280,462	266,769	
	MITSUBISHI UFJ FINANCIAL GROUP	N/A	7/20/2027	1.538%	115,000	109,798	105,128	
	MIZUHO FINANCIAL GROUP INC	N/A	7/16/2034	5.748%	100,000	94,991	103,654	
	MORGAN STANLEY	N/A	4/23/2027	3.950%	100,000	102,944	97,125	
	MORGAN STANLEY	N/A	4/22/2042	3.217%	50,000	50,000	38,543	
	MORGAN STANLEY CAPITAL I H7 C	N/A	7/15/2052	4.128%	80,000	65,244	63,000	
	MPLX LP	N/A	2/15/2049	5.500%	110,000	111,914	106,819	
	NATWEST GROUP PLC	N/A	9/13/2029	5.808%	150,000	148,763	153,939	
	NEW ECONOMY ASSETS P 1 B1 144A	N/A	10/20/2061	2.410%	220,000	218,629	178,433	
	NRG ENERGY INC 144A	N/A	3/15/2033	7.000%	115,000	116,013	121,695	
	NYC COMMERCIAL MORT 909 D 144A	N/A	4/10/2043	3.312%	240,000	216,407	113,177	
	OBX 2022-NQM1 TRU NQM1 M1 144A	N/A	11/25/2061	3.504%	40,000	39,999	27,535	
	OCTANE RECEIVABLES T 1A C 144A	N/A	9/20/2029	6.370%	45,000	44,988	45,377	
	OCTANE RECEIVABLES T 2A C 144A	N/A	6/20/2031	6.240%	280,000	279,794	281,890	
	ONEMAIN FINANCIAL IS 1A A 144A	N/A	6/14/2038	5.500%	130,000	129,960	131,663	
	ONSLow BAY MORTGA NQM4 M1 144A	N/A	10/25/2061	3.248%	80,000	79,322	53,068	
	ORACLE CORP	N/A	4/1/2040	3.600%	125,000	125,087	100,063	
	PACIFIC GAS AND ELECTRIC CO	N/A	7/1/2050	4.950%	120,000	116,490	102,852	
	PACIFICORP	N/A	2/15/2050	4.150%	100,000	95,607	81,087	
	PALISADES CENTER T PLSD A 144A	N/A	4/13/2033	2.713%	225,000	198,131	120,497	
	PATTERSON-UTI ENERGY INC	N/A	10/1/2033	7.150%	90,000	91,121	95,573	
	PDOF MSN ISSUER LLC 144A	N/A	3/1/2025	9.859%	170,000	170,000	174,957	
	PECO ENERGY CO	N/A	9/15/2049	3.000%	60,000	59,691	42,617	
	PFIZER INVESTMENT ENTERPRISES	N/A	5/19/2033	4.750%	40,000	39,940	40,098	
	PFIZER INVESTMENT ENTERPRISES	N/A	5/19/2043	5.110%	70,000	68,600	69,969	
	PHILIP MORRIS INTERNATIONAL IN	N/A	9/7/2033	5.625%	90,000	88,323	94,159	
	PRINCIPAL FINANCIAL GROUP INC	N/A	3/15/2053	5.500%	85,000	79,291	86,054	
	RFM REREMIC TRU FRR1 AK64 144A	N/A	3/1/2050	2.870%	90,000	77,034	79,311	
	ROGERS COMMUNICATIONS INC	N/A	3/15/2032	3.800%	95,000	94,393	87,522	
	RTX CORP	N/A	3/15/2034	6.100%	15,000	14,972	16,312	
	SANTANDER DRIVE AUT S1 R1 144A	N/A	4/18/2028	8.140%	155,928	155,921	155,921	
	SANTANDER DRIVE AUTO RECEI 7 C	N/A	3/17/2031	6.690%	180,000	179,983	183,451	
	SANTANDER HOLDINGS USA INC	N/A	10/5/2026	3.244%	185,000	190,227	174,279	
	SFAVE COMMERCIAL 5AVE A1 144A	N/A	1/5/2043	3.872%	151,000	150,701	111,086	
	SFAVE COMMERCIAL 5AVE A2B 144A	N/A	1/5/2043	4.144%	60,000	51,417	44,888	
	SHOPS AT CRYSTALS CSTL C 144A	N/A	7/5/2036	3.855%	110,000	109,029	96,512	
	SHOPS AT CRYSTALS CSTL D 144A	N/A	7/5/2036	3.855%	290,000	269,975	244,835	
	SOUND POINT CLO XXV 4A CR 144A	N/A	4/25/2033	7.575%	150,000	150,000	146,552	
	SOUND POINT CLO XXXI 4A C 144A	N/A	10/25/2034	7.736%	195,000	195,000	190,675	
	SPGN 2022-TFLM MOR TFLM D 144A	N/A	2/15/2039	8.833%	110,000	110,000	101,449	
	SPIRIT REALTY LP	N/A	1/15/2030	3.400%	75,000	72,509	68,378	
	SUMITOMO MITSUI FINANCIAL GROU	N/A	9/14/2033	5.808%	95,000	92,844	101,785	
	T-MOBILE USA INC	N/A	4/15/2030	3.875%	100,000	103,930	94,910	
	TRANSCANADA PIPELINES LTD	N/A	10/12/2031	2.500%	80,000	63,784	66,990	
	TRUIST BANK	N/A	9/17/2029	2.636%	130,000	126,217	121,008	
	UBS GROUP AG 144A	N/A	8/10/2027	1.494%	25,000	25,000	22,599	
	UNION ELECTRIC CO	N/A	4/1/2052	3.900%	120,000	116,445	99,287	
	UNITEDHEALTH GROUP INC	N/A	5/15/2032	4.200%	95,000	96,785	93,132	
	US BANCORP	N/A	2/1/2034	4.839%	85,000	79,564	81,564	
	VERIZON COMMUNICATIONS INC	N/A	11/20/2040	2.650%	115,000	102,111	83,136	
	VERIZON COMMUNICATIONS INC	N/A	3/22/2051	3.550%	80,000	62,920	61,738	
	VERUS SECURITIZATIO R3 M1 144A	N/A	4/25/2064	2.411%	140,000	139,997	104,293	
	VERUS SECURITIZATION 2 M1 144A	N/A	2/25/2066	2.187%	150,000	149,998	107,093	
	VERUS SECURITIZATION 3 M1 144A	N/A	6/25/2066	2.397%	75,000	74,999	49,565	
	VERUS SECURITIZATION 4 M1 144A	N/A	7/25/2066	2.195%	70,000	69,998	41,131	
	VMWARE LLC	N/A	5/15/2027	4.650%	90,000	98,112	89,295	
	WARNERMEDIA HOLDINGS INC	N/A	3/15/2027	3.755%	30,000	30,000	28,769	
	WARNERMEDIA HOLDINGS INC	N/A	3/15/2042	5.050%	30,000	30,000	26,546	
	WELLFLEET CLO X LTD XA BR 144A	N/A	7/20/2032	7.779%	250,000	250,000	246,098	
	WELLS FARGO & CO	N/A	2/11/2026	2.164%	50,000	50,232	48,126	
	WELLS FARGO & CO	N/A	4/4/2051	5.013%	40,000	53,160	38,064	
	WELLS FARGO & CO	N/A	4/30/2026	2.188%	30,000	30,000	28,754	
	WELLS FARGO & CO	N/A	10/23/2029	6.303%	35,000	35,000	36,921	
	WELLS FARGO COMMERCIAL M C28 D	N/A	5/15/2048	4.216%	75,000	72,224	57,630	

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

(c) Description of investment including maturity date, rate of interest, collateral, shares/par value							
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	WELLS FARGO COMMERCIAL M C47 C	N/A	9/15/2061	5.084%	190,000	\$ 168,294	\$ 160,472
	WELLS FARGO COMMERCIAL M C50 C	N/A	5/15/2052	4.345%	100,000	83,703	81,679
	WELLS FARGO COMMERCIAL M C52 C	N/A	8/15/2052	3.561%	55,000	42,662	41,614
	WELLS FARGO COMMERCIAL M C62 C	N/A	4/15/2055	4.496%	100,000	78,457	75,726
	WESTLAKE AUTOMOBILE 1A D 144A	N/A	3/15/2027	3.490%	125,000	124,983	120,526
	WESTLAKE AUTOMOBILE 1A D 144A	N/A	11/15/2028	6.790%	100,000	100,461	101,188
	WESTLAKE AUTOMOBILE 2A D 144A	N/A	11/15/2028	7.010%	125,000	124,973	126,863
						19,546,893	18,236,273
<u>Investment Manager - Income Research & Management</u>							
	AERCAP IRELAND CAPITAL DAC / A	N/A	10/29/2028	3.000%	150,000	149,727	137,100
	AIR CANADA 2015-1 CLASS A 144A	N/A	9/15/2028	3.600%	64,740	64,809	60,891
	AIR LEASE CORP	N/A	3/1/2025	3.250%	120,000	114,728	116,873
	AMAZON.COM INC	N/A	4/13/2062	4.100%	183,000	182,144	162,458
	AMERICAN EXPRESS CREDIT AC 3 A	N/A	8/15/2027	3.750%	100,000	99,998	98,308
	AMERICAN HOMES 4 R SFR2 A 144A	N/A	10/17/2052	3.732%	120,511	131,428	116,860
	AMERICAN TOWER TRUST #1 144A	N/A	3/15/2028	5.490%	105,000	105,000	106,581
	AMSR 2021-SFR1 TRU SFR1 A 144A	N/A	6/17/2038	1.953%	100,000	99,997	86,569
	APPLE INC	N/A	8/4/2046	3.850%	150,000	185,387	130,811
	ASCENSION HEALTH	N/A	11/15/2029	2.532%	94,000	97,784	84,012
	AVIATION CAPITAL GROUP LL 144A	N/A	10/25/2028	6.750%	94,000	93,176	98,154
	BA CREDIT CARD TRUST A2 A2	N/A	4/15/2028	5.000%	169,000	168,972	170,028
	BANK 2018-BNK10 BN10 A5	N/A	2/15/2061	3.688%	211,000	202,145	199,920
	BANK OF AMERICA CORP	N/A	4/22/2042	3.311%	116,000	85,659	91,189
	BANK OF AMERICA CORP	N/A	4/27/2033	4.571%	34,000	29,652	32,491
	BANK OF AMERICA CORP	N/A	7/22/2028	4.948%	235,000	222,799	235,153
	BANK5 2023-5YR2 5YR2 A3	N/A	7/15/2056	6.656%	194,000	199,812	205,502
	BARCLAYS PLC	N/A	8/9/2026	5.304%	200,000	194,968	199,216
	BENCHMARK 2020-B20 MORT B20 A2	N/A	10/15/2053	1.750%	99,000	101,970	92,684
	BENCHMARK 2023-V2 MORTGA V2 A3	N/A	5/15/2055	5.812%	154,000	157,327	157,907
	BERKSHIRE HATHAWAY ENERGY CO	N/A	4/15/2025	4.050%	68,000	67,912	67,221
	BERKSHIRE HATHAWAY ENERGY CO	N/A	4/1/2036	6.125%	108,000	120,939	117,246
	BMO 2023-C7 A5	N/A	12/15/2056	6.160%	192,000	197,759	208,725
	BOSTON PROPERTIES LP	N/A	10/1/2026	2.750%	186,000	184,644	172,593
	BROADCOM INC	N/A	9/15/2028	4.110%	106,000	104,627	103,638
	BROOKFIELD FINANCE INC	N/A	4/15/2031	2.724%	192,000	192,461	162,215
	BX COMMERCIAL MORT SOAR A 144A	N/A	6/15/2038	6.118%	93,769	93,769	92,270
	CALIFORNIA ST	N/A	4/1/2034	7.500%	120,000	174,647	145,621
	CANADIAN PACIFIC RAILWAY CO	N/A	9/15/2115	6.125%	112,000	112,000	125,447
	CAPITAL ONE FINANCIAL CORP	N/A	5/10/2028	4.927%	16,000	15,889	15,734
	CAPITAL ONE FINANCIAL CORP	N/A	6/8/2029	6.312%	48,000	48,000	49,309
	CAPITAL ONE FINANCIAL CORP	N/A	10/29/2027	7.149%	43,000	43,000	44,660
	CAPITAL ONE MULTI-ASSET A3 A3	N/A	8/15/2028	2.060%	170,000	176,415	159,334
	CAPITAL ONE MULTI-ASSET E A1 A	N/A	5/15/2028	4.420%	199,000	198,954	198,258
	CARLISLE COS INC	N/A	3/1/2030	2.750%	121,000	100,324	107,373
	CHARTER COMMUNICATIONS OPERATI	N/A	10/23/2035	6.384%	104,000	118,620	105,786
	CHARTER COMMUNICATIONS OPERATI	N/A	10/23/2045	6.484%	69,000	77,640	68,032
	CITIGROUP INC	N/A	5/1/2026	3.400%	239,000	231,160	230,704
	CITIGROUP INC	N/A	3/31/2031	4.412%	86,000	86,000	82,366
	COMCAST CORP	N/A	1/15/2033	4.250%	200,000	190,070	194,654
	COMM 2016-CR28 MORTGAG CR28 A4	N/A	2/10/2049	3.762%	162,000	161,076	155,744
	COMMONSPIRIT HEALTH	N/A	11/1/2027	6.073%	88,000	88,000	90,609
	CONNECTICUT ST	N/A	5/15/2028	4.506%	115,000	115,000	115,979
	COSTCO WHOLESALE CORP	N/A	6/20/2027	1.375%	165,000	164,629	149,815
	COX COMMUNICATIONS INC 144A	N/A	10/1/2030	1.800%	102,000	101,683	83,131
	CREDIT SUISSE AG/NEW YORK NY	N/A	1/9/2025	7.950%	250,000	249,500	255,533
	CVS PASS-THROUGH TRUST	N/A	1/10/2030	6.943%	153,716	177,686	157,113
	DB MASTER FINANCE 1A A23 144A	N/A	11/20/2051	2.791%	105,840	105,840	87,424
	DB MASTER FINANCE 1A A21 144A	N/A	11/20/2051	2.045%	67,620	67,020	61,471
	DB MASTER FINANCE 1A A211 144A	N/A	11/20/2047	4.030%	80,113	85,267	75,976
	DELTA AIR LINES 2015-1 CLASS A	N/A	1/30/2029	3.625%	89,901	97,206	84,709
	DEUTSCHE TELEKOM INTERNATIONAL	N/A	6/1/2032	9.250%	155,000	229,622	201,184
	DISCOVER CARD EXECUTION N A4 A	N/A	10/15/2027	5.030%	101,000	100,987	101,412
	DOMINION ENERGY INC	N/A	8/1/2033	5.250%	172,000	184,592	174,026
	DOMINO'S PIZZA MAS 1A A21 144A	N/A	4/25/2051	2.662%	155,025	132,256	137,113
	DTE ELECTRIC SECURITIZATION FU	N/A	12/1/2027	2.640%	75,162	75,152	72,145
	DTE ENERGY CO	N/A	6/1/2025	1.050%	200,000	198,162	188,484
	DUKE ENERGY CORP	N/A	9/1/2046	3.750%	122,000	121,932	94,365
	DUKE ENERGY FLORIDA LLC	N/A	7/15/2028	3.800%	100,000	111,608	97,129
	ELEVANCE HEALTH INC	N/A	10/15/2032	5.500%	98,000	97,396	102,644
	EMERSON ELECTRIC CO	N/A	10/15/2026	0.875%	183,000	182,473	166,078
	ENERGY TRANSFER LP	N/A	2/15/2033	5.750%	58,000	57,937	59,836
	ENERGY TRANSFER LP	N/A	7/15/2026	3.900%	22,000	21,907	21,391
	EXELON CORP	N/A	6/15/2045	5.100%	88,000	87,704	83,489
	FIRSTKEY HOMES 202 SFR3 A 144A	N/A	12/17/2038	2.135%	113,628	104,147	103,285
	FIVE 2023-V1 MORTGAGE TR V1 A3	N/A	2/10/2056	5.668%	170,000	174,814	172,849
	FLORIDA ST BRD OF ADMIN FIN CO	N/A	7/1/2025	1.258%	103,000	103,000	97,729

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value						
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value	
	FORD CREDIT FLOORPLA 1 A1 144A	N/A	5/15/2028	4.920%	142,000	\$ 141,999	\$ 142,341	
	FORD MOTOR CREDIT CO LLC	N/A	11/77/2028	6.798%	228,000	228,000	238,780	
	GENERAL DYNAMICS CORP	N/A	4/1/2050	4.250%	77,000	98,673	71,694	
	GENERAL MOTORS FINANCIAL CO IN	N/A	10/15/2028	2.400%	151,000	119,758	134,191	
	GM FINANCIAL CONSUMER AUT 1 A3	N/A	2/16/2028	4.660%	167,000	166,975	166,429	
	GMF FLOORPLAN OWNER R 2 A 144A	N/A	6/15/2030	5.340%	198,000	197,914	202,301	
	GOLDMAN SACHS GROUP INC/THE	N/A	3/15/2030	3.800%	238,000	251,251	223,865	
	GS MORTGAGE SECURITIES GC20 A5	N/A	4/10/2047	3.998%	59,307	63,978	59,120	
	GS MORTGAGE SECURITIES GC24 A5	N/A	9/10/2047	3.931%	108,000	117,193	106,019	
	HEALTHPEAK OP LLC	N/A	7/15/2026	3.250%	200,000	187,938	192,038	
	HP INC	N/A	1/15/2028	4.750%	71,000	70,887	71,122	
	HSBC HOLDINGS PLC	N/A	11/3/2026	7.336%	200,000	203,190	207,654	
	J.P. MORGAN MORTGA 4 1A4A 144A	N/A	11/25/2053	5.500%	140,271	138,189	139,009	
	JETBLUE 2019-1 CLASS AA PASS T	N/A	11/15/2033	2.750%	65,369	52,458	55,215	
	JOHNSON & JOHNSON	N/A	9/1/2040	2.100%	170,000	168,870	121,307	
	JP MORGAN MORTGAGE 3 A3A 144A	N/A	8/25/2050	3.000%	50,941	52,206	43,300	
	JP MORGAN MORTGAGE T 4 A4 144A	N/A	8/25/2051	2.500%	118,233	121,596	103,615	
	JPMBB COMMERCIAL MORTGA C33 A4	N/A	12/15/2048	3.770%	173,000	163,694	166,812	
	JPMORGAN CHASE & CO	N/A	7/23/2029	4.203%	367,000	360,869	356,948	
	KKR GROUP FINANCE CO II L 144A	N/A	2/1/2043	5.500%	98,000	91,571	93,984	
	LOUISIANA LOCAL GOVERN M ELL A1	N/A	2/1/2029	3.615%	85,781	85,781	83,862	
	LOWE'S COS INC	N/A	10/15/2050	3.000%	125,000	115,746	85,358	
	MARSH & MCLENNAN COS INC	N/A	3/15/2029	4.375%	170,000	195,566	169,371	
	MASSACHUSETTS MUTUAL LIFE 144A	N/A	12/1/2052	5.672%	40,000	40,540	41,492	
	MICHIGAN ST UNIV REVENUES	N/A	8/15/2122	4.165%	33,000	33,000	26,709	
	MICROSOFT CORP	N/A	3/17/2052	2.921%	93,000	89,490	68,974	
	MOODY'S CORP	N/A	11/29/2061	3.100%	153,000	150,924	103,315	
	MORGAN STANLEY	N/A	2/13/2032	1.794%	145,000	145,000	115,972	
	MORGAN STANLEY	N/A	4/20/2028	4.210%	320,000	297,850	312,976	
	MORGAN STANLEY BANK OF C17 A5	N/A	8/15/2047	3.741%	165,047	177,142	162,853	
	NATIONAL SECURITIES CLEAR 144A	N/A	5/30/2028	5.000%	250,000	250,220	254,918	
	NEW YORK AND PRESBYTERIAN HOSP	N/A	8/1/2040	2.256%	135,000	135,000	93,348	
	NEW YORK LIFE INSURANCE C 144A	N/A	5/15/2033	5.875%	143,000	171,232	151,496	
	NEW YORK ST URBAN DEV CORP REV	N/A	3/15/2039	5.770%	135,000	158,224	138,999	
	NEXTGEAR FLOORPLAN 1A A2 144A	N/A	3/15/2027	2.800%	186,000	185,986	180,158	
	NISSAN AUTO LEASE TRUST 2 A A3	N/A	5/15/2025	3.810%	129,159	129,157	128,629	
	NORTHROP GRUMMAN CORP	N/A	5/1/2050	5.250%	100,000	130,242	103,373	
	NSTAR ELECTRIC CO	N/A	11/15/2025	3.250%	199,000	194,907	192,650	
	NXP BV / NXP FUNDING LLC / NXP	N/A	5/1/2027	3.150%	165,000	148,777	156,768	
	NXP BV / NXP FUNDING LLC / NXP	N/A	6/18/2026	3.875%	51,000	51,011	49,707	
	ORACLE CORP	N/A	3/25/2051	3.950%	112,000	80,463	88,078	
	PENSKE TRUCK LEASING CO L 144A	N/A	11/15/2027	5.875%	133,000	132,594	136,043	
	PG&E WILDFIRE RECOVERY FUNDING	N/A	6/1/2032	3.594%	144,074	144,071	138,781	
	PG&E WILDFIRE RECOVERY FUNDING	N/A	6/1/2038	4.263%	60,000	59,998	56,952	
	PG&E WILDFIRE RECOVERY FUNDING	N/A	6/1/2039	4.722%	114,000	113,993	111,901	
	PNC FINANCIAL SERVICES GROUP I	N/A	8/18/2034	5.939%	273,000	273,000	284,362	
	PROCTER & GAMBLE CO/THE	N/A	3/25/2040	3.550%	59,000	58,707	52,715	
	PROGRESS RESIDENTI SFR4 A 144A	N/A	10/17/2036	2.687%	240,911	240,906	234,532	
	PRUDENTIAL FINANCIAL INC	N/A	3/10/2026	1.500%	209,000	208,105	194,828	
	PSMC 2020-2 TRUST 2 A2 144A	N/A	5/25/2050	3.000%	15,625	16,050	13,750	
	RYDER SYSTEM INC	N/A	6/1/2028	5.250%	160,000	159,794	162,197	
	SABEY DATA CENTER IS 1 A2 144A	N/A	4/20/2045	3.812%	196,000	203,925	188,883	
	SCHLUMBERGER HOLDINGS COR 144A	N/A	5/17/2028	3.900%	99,000	99,126	96,210	
	SEASONED CREDIT RISK TRAN 1 MA	N/A	5/25/2057	3.000%	127,333	125,631	116,355	
	SEASONED CREDIT RISK TRAN 1 MA	N/A	9/25/2060	2.000%	82,324	84,446	71,070	
	SEASONED CREDIT RISK TRAN 2 MA	N/A	4/25/2062	3.000%	92,678	87,202	82,318	
	SEASONED CREDIT RISK TRAN 2 MA	N/A	8/25/2058	3.500%	44,948	45,637	42,376	
	SEASONED CREDIT RISK TRAN 2 MA	N/A	11/25/2059	2.000%	58,387	60,532	51,378	
	SEASONED CREDIT RISK TRAN 3 MA	N/A	3/25/2061	2.000%	66,692	68,424	57,180	
	SEASONED CREDIT RISK TRAN 4 MA	N/A	3/25/2058	3.500%	103,830	107,435	97,998	
	SEASONED CREDIT RISK TRAN 4 MA	N/A	2/25/2059	3.000%	96,816	102,676	88,619	
	SEQUOIA MORTGAGE TRUST 201 2 A	N/A	2/25/2043	1.874%	43,621	43,883	36,361	
	SIMON PROPERTY GROUP LP	N/A	2/1/2040	6.750%	150,000	186,531	169,545	
	SOFI PROFESSIONAL L B AFX 144A	N/A	2/15/2047	1.140%	74,705	74,696	62,881	
	SOUTHERN CO/THE	N/A	6/15/2028	4.850%	200,000	199,696	201,642	
	SPIRIT REALTY LP	N/A	3/15/2028	2.100%	102,000	101,351	90,653	
	STACK INFRASTRUCTUR 1A A2 144A	N/A	3/26/2046	1.877%	169,000	169,000	154,062	
	TACO BELL FUNDING 1A A2II 144A	N/A	8/25/2051	2.294%	191,588	192,755	164,493	
	TAKE-TWO INTERACTIVE SOFTWARE	N/A	4/14/2027	3.700%	108,000	107,739	104,764	
	T-MOBILE USA INC	N/A	4/15/2029	3.375%	45,000	39,489	41,809	
	T-MOBILE USA INC	N/A	7/15/2033	5.050%	116,000	114,166	117,121	
	TRUIST FINANCIAL CORP	N/A	3/2/2027	1.267%	168,000	168,000	153,856	
	UNITED AIRLINES 2012-1 CLASS A	N/A	10/11/2025	4.150%	141,579	140,129	140,932	
	UNITED AIRLINES 2014-1 CLASS A	N/A	10/11/2027	4.000%	61,531	61,531	58,780	
	UNIV OF CALIFORNIA CA REVENUES	N/A	5/15/2025	0.883%	100,000	100,000	94,869	
	UNIVERSITY OF MIAMI	N/A	4/1/2052	4.063%	72,000	72,000	61,766	
	US BANCORP	N/A	10/21/2026	5.727%	110,000	109,507	110,715	

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	VANTAGE DATA CENTER 1A A2 144A	N/A	7/15/2044	3.188%	70,793	\$ 74,057	\$ 69,484
	VANTAGE DATA CENTER 2A A2 144A	N/A	9/15/2045	1.992%	68,000	67,849	59,155
	VERIZON COMMUNICATIONS INC	N/A	8/10/2033	4.500%	94,000	108,656	91,838
	VERIZON COMMUNICATIONS INC	N/A	3/22/2027	3.000%	207,000	214,307	196,932
	WARNERMEDIA HOLDINGS INC	N/A	3/15/2052	5.141%	64,000	59,735	55,223
	WEC ENERGY GROUP INC	N/A	10/15/2027	1.375%	102,000	101,918	90,227
	WELLS FARGO & CO	N/A	4/22/2026	3.000%	220,000	219,245	210,811
	WELLS FARGO COMMERCIAL C29 A4	N/A	6/15/2048	3.637%	106,000	104,878	102,580
	WORLD OMNI AUTO RECEIVABL D A4	N/A	11/15/2027	1.100%	275,000	274,905	257,074
						20,080,650	19,005,327
	Total corporate bonds					39,627,543	37,241,600
<u>Domestic common stock</u>							
<u>Investment Manager - Amalgatrust</u>							
	ULLICO, INCORPORATED CLASS A COM	N/A	N/A	N/A	361,746	9,043,642	9,684,294
						9,043,642	9,684,294
<u>Investment Manager - SouthernSun Asset Management</u>							
	AGCO CORP	N/A	N/A	N/A	15,711	1,506,981	1,907,473
	ARMSTRONG WORLD INDUSTRIES INC	N/A	N/A	N/A	18,372	1,323,139	1,806,335
	BELDEN INC	N/A	N/A	N/A	23,169	1,961,772	1,789,805
	BOOT BARN HOLDINGS INC	N/A	N/A	N/A	25,510	1,690,211	1,958,148
	BOSTON BEER CO INC/THE	N/A	N/A	N/A	5,333	2,092,898	1,843,031
	BRINK'S CO/THE	N/A	N/A	N/A	21,562	1,266,339	1,896,378
	BROADRIDGE FINANCIAL SOLUTIONS	N/A	N/A	N/A	13,181	1,394,911	2,711,991
	DARLING INGREDIENTS INC	N/A	N/A	N/A	55,664	2,659,787	2,774,294
	DYCOM INDUSTRIES INC	N/A	N/A	N/A	25,911	1,823,943	2,982,097
	FLOOR & DECOR HOLDINGS INC	N/A	N/A	N/A	5,802	490,556	647,271
	IDEX CORP	N/A	N/A	N/A	4,838	704,544	1,050,378
	INGEVITY CORP	N/A	N/A	N/A	35,577	2,266,440	1,679,946
	LOUISIANA-PACIFIC CORP	N/A	N/A	N/A	28,331	1,726,033	2,006,685
	MGP INGREDIENTS INC	N/A	N/A	N/A	21,827	2,223,416	2,150,396
	MURPHY USA INC	N/A	N/A	N/A	4,165	486,888	1,485,072
	POLARIS INC	N/A	N/A	N/A	15,915	1,593,292	1,508,265
	SEI INVESTMENTS CO	N/A	N/A	N/A	28,668	1,527,270	1,821,851
	THOR INDUSTRIES INC	N/A	N/A	N/A	13,029	1,139,737	1,540,679
	TIMKEN CO/THE	N/A	N/A	N/A	23,440	1,190,201	1,878,716
	TREX CO INC	N/A	N/A	N/A	15,441	696,857	1,278,360
	US PHYSICAL THERAPY INC	N/A	N/A	N/A	21,310	1,971,857	1,984,813
	WATSCO INC	N/A	N/A	N/A	5,215	964,882	2,234,472
						32,701,954	40,936,456
<u>Investment Manager - LSV Asset Management</u>							
	AFLAC INC	N/A	N/A	N/A	15,700	763,105	1,295,250
	ALLISON TRANSMISSION HOLDINGS	N/A	N/A	N/A	15,100	696,305	878,065
	ALTRIA GROUP INC	N/A	N/A	N/A	14,100	675,734	568,794
	AMDOCS LTD	N/A	N/A	N/A	20,500	1,119,339	1,801,745
	AMERICAN ELECTRIC POWER CO INC	N/A	N/A	N/A	4,800	393,511	389,856
	AMGEN INC	N/A	N/A	N/A	3,100	396,991	892,862
	ARCHER-DANIELS-MIDLAND CO	N/A	N/A	N/A	9,800	690,411	707,756
	ARROW ELECTRONICS INC	N/A	N/A	N/A	5,000	591,360	611,250
	AT&T INC	N/A	N/A	N/A	66,700	1,431,272	1,119,226
	AUTOZONE INC	N/A	N/A	N/A	200	264,424	517,122
	AVNET INC	N/A	N/A	N/A	13,000	569,049	655,200
	BANK OF NEW YORK MELLON CORP/T	N/A	N/A	N/A	16,100	688,420	838,005
	BERKSHIRE HATHAWAY INC	N/A	N/A	N/A	3,300	519,518	1,176,978
	BERRY GLOBAL GROUP INC	N/A	N/A	N/A	6,500	383,245	438,035
	BRISTOL-MYERS SQUIBB CO	N/A	N/A	N/A	21,000	1,225,205	1,077,510
	BUNGE GLOBAL SA	N/A	N/A	N/A	5,000	519,805	504,750
	CAMPBELL SOUP CO	N/A	N/A	N/A	10,400	533,730	449,592
	CANADIAN IMPERIAL BK OF COMM	N/A	N/A	N/A	8,800	316,261	425,785
	CANADIAN TIRE CORP LTD	N/A	N/A	N/A	4,600	494,500	490,909
	CANON INC	N/A	N/A	N/A	33,500	905,465	860,193
	CARDINAL HEALTH INC	N/A	N/A	N/A	8,300	647,642	836,640
	CHESAPEAKE ENERGY CORP	N/A	N/A	N/A	3,400	330,906	261,596
	CHEVRON CORP	N/A	N/A	N/A	3,900	529,586	581,724
	CI FINANCIAL INC	N/A	N/A	N/A	12,700	178,873	143,123
	CIGNA GROUP/THE	N/A	N/A	N/A	1,900	628,378	568,955
	CISCO SYSTEMS INC	N/A	N/A	N/A	31,400	1,057,561	1,586,328
	COGECO COMMUNICATIONS INC	N/A	N/A	N/A	5,300	296,016	238,552
	COGNIZANT TECHNOLOGY SOLUTIONS	N/A	N/A	N/A	8,000	530,687	604,240

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	COMCAST CORP	N/A	N/A	N/A	26,900	\$ 1,077,069	\$ 1,179,565
	CONAGRA BRANDS INC	N/A	N/A	N/A	19,600	708,852	561,736
	CONSENSUS CLOUD SOLUTIONS INC	N/A	N/A	N/A	833	32,050	21,833
	CONSOLIDATED EDISON INC	N/A	N/A	N/A	3,300	309,513	300,201
	CSG SYSTEMS INTERNATIONAL INC	N/A	N/A	N/A	8,400	496,826	446,964
	CUMMINS INC	N/A	N/A	N/A	3,200	643,132	766,624
	CVS HEALTH CORP	N/A	N/A	N/A	12,600	1,014,925	994,896
	DELL TECHNOLOGIES INC	N/A	N/A	N/A	2,590	134,700	198,135
	DT MIDSTREAM INC	N/A	N/A	N/A	8,900	443,119	487,720
	EBAY INC	N/A	N/A	N/A	7,800	366,577	340,236
	ENI SPA	N/A	N/A	N/A	9,700	272,220	329,897
	ENTERGY CORP	N/A	N/A	N/A	5,100	396,800	516,069
	EVERGY INC	N/A	N/A	N/A	15,400	891,966	803,880
	EXELON CORP	N/A	N/A	N/A	6,800	152,093	244,120
	EXXON MOBIL CORP	N/A	N/A	N/A	9,100	903,449	909,818
	FORTREA HOLDINGS INC	N/A	N/A	N/A	1,200	36,057	41,880
	FOX CORP	N/A	N/A	N/A	10,500	365,236	311,535
	GENERAL MILLS INC	N/A	N/A	N/A	9,400	544,834	612,316
	GILEAD SCIENCES INC	N/A	N/A	N/A	19,800	1,481,214	1,603,998
	GRAPHIC PACKAGING HOLDING CO	N/A	N/A	N/A	14,900	374,864	367,285
	GSK PLC	N/A	N/A	N/A	6,880	277,147	254,973
	H&R BLOCK INC	N/A	N/A	N/A	14,100	621,219	682,017
	HARTFORD FINANCIAL SERVICES GR	N/A	N/A	N/A	12,700	844,348	1,020,826
	HEWLETT PACKARD ENTERPRISE CO	N/A	N/A	N/A	58,700	918,853	996,726
	HONDA MOTOR CO LTD	N/A	N/A	N/A	28,200	735,280	871,662
	INCYTE CORP	N/A	N/A	N/A	7,100	390,224	445,809
	INGREDION INC	N/A	N/A	N/A	4,000	461,797	434,120
	INSIGHT ENTERPRISES INC	N/A	N/A	N/A	3,600	521,196	637,884
	INTERNATIONAL BUSINESS MACHINE	N/A	N/A	N/A	8,400	1,386,084	1,373,820
	J M SMUCKER CO/THE	N/A	N/A	N/A	5,100	575,174	644,538
	JAZZ PHARMACEUTICALS PLC	N/A	N/A	N/A	3,000	466,583	369,000
	JOHNSON & JOHNSON	N/A	N/A	N/A	4,900	308,867	768,026
	JUNIPER NETWORKS INC	N/A	N/A	N/A	21,200	598,928	624,976
	KELLANOVA	N/A	N/A	N/A	10,500	646,257	587,055
	KRAFT HEINZ CO/THE	N/A	N/A	N/A	17,100	503,256	632,358
	KROGER CO/THE	N/A	N/A	N/A	23,100	555,588	1,055,901
	LOBLAW COMPANIES LTD	N/A	N/A	N/A	7,100	445,740	690,723
	LOCKHEED MARTIN CORP	N/A	N/A	N/A	1,600	628,016	725,184
	MCKESSON CORP	N/A	N/A	N/A	2,300	535,662	1,064,854
	MERCK & CO INC	N/A	N/A	N/A	14,400	783,649	1,569,888
	METLIFE INC	N/A	N/A	N/A	5,000	314,759	330,650
	MOLSON COORS BEVERAGE CO	N/A	N/A	N/A	14,200	753,576	869,182
	MURPHY USA INC	N/A	N/A	N/A	1,900	424,185	677,464
	NATIONAL FUEL GAS CO	N/A	N/A	N/A	8,200	469,029	411,394
	NETAPP INC	N/A	N/A	N/A	7,000	532,836	617,120
	NEWMARKET CORP	N/A	N/A	N/A	2,100	750,399	1,146,243
	NIPPON TELEGRAPH & TELEPHONE C	N/A	N/A	N/A	12,600	219,439	384,980
	NORTHROP GRUMMAN CORP	N/A	N/A	N/A	800	246,748	374,512
	OCEANFIRST FINANCIAL CORP	N/A	N/A	N/A	17,849	384,689	309,859
	OLD REPUBLIC INTERNATIONAL COR	N/A	N/A	N/A	12,900	351,035	379,260
	OPEN TEXT CORPORATION	N/A	N/A	N/A	16,700	524,075	705,311
	ORACLE CORP	N/A	N/A	N/A	7,900	320,203	832,897
	ORGANON & CO	N/A	N/A	N/A	2,240	51,552	32,301
	OTTER TAIL CORP	N/A	N/A	N/A	5,400	341,420	458,838
	PACCAR INC	N/A	N/A	N/A	8,400	652,807	820,260
	PFIZER INC	N/A	N/A	N/A	23,600	766,574	679,444
	PPL CORP	N/A	N/A	N/A	17,000	472,991	460,700
	PUBLIC SERVICE ENTERPRISE GROU	N/A	N/A	N/A	5,300	318,760	324,095
	QUEST DIAGNOSTICS INC	N/A	N/A	N/A	2,800	395,680	386,064
	RELIANCE INC	N/A	N/A	N/A	2,700	547,709	755,136
	SANOFI SA	N/A	N/A	N/A	6,700	328,249	333,191
	SCIENCE APPLICATIONS INTERNATI	N/A	N/A	N/A	4,400	469,968	547,008
	SIXTH STREET SPECIALTY LENDING	N/A	N/A	N/A	10,289	219,885	222,242
	SK TELECOM CO LTD	N/A	N/A	N/A	13,200	322,137	282,480
	SNAP-ON INC	N/A	N/A	N/A	2,500	483,860	722,100
	SONOCO PRODUCTS CO	N/A	N/A	N/A	6,000	362,508	335,220
	SPROUTS FARMERS MARKET INC	N/A	N/A	N/A	7,600	203,349	365,636
	TEXTRON INC	N/A	N/A	N/A	4,200	322,077	337,764
	T-MOBILE US INC	N/A	N/A	N/A	2,100	326,402	336,693
	TOWNE BANK/PORTSMOUTH VA	N/A	N/A	N/A	450	14,382	13,392
	TOYOTA MOTOR CORP	N/A	N/A	N/A	2,900	385,129	531,802
	TRAVELERS COS INC/THE	N/A	N/A	N/A	2,200	410,172	419,078
	VERIZON COMMUNICATIONS INC	N/A	N/A	N/A	40,600	1,878,955	1,530,620
	VISTRA CORP	N/A	N/A	N/A	13,900	481,141	535,428
	WAFD INC	N/A	N/A	N/A	10,300	326,273	339,488
	WALMART INC	N/A	N/A	N/A	2,100	320,639	331,065
	WESTERN UNION CO/THE	N/A	N/A	N/A	46,300	868,991	551,896

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value				(d) Cost	(e) Current Value
		Collateral	Maturity Date	Interest Rate	Shares/Par Value		
	WHIRLPOOL CORP	N/A	N/A	N/A	2,200	\$ 349,894	\$ 267,894
	WK KELLOGG CO	N/A	N/A	N/A	2,625	40,030	34,493
						57,179,170	66,002,289
	<u>Janus Capital Management, LLC</u>						
	89BIO INC	N/A	N/A	N/A	13,802	144,831	154,168
	AGILITI INC	N/A	N/A	N/A	28,136	399,730	222,837
	ALIGHT INC	N/A	N/A	N/A	144,647	1,332,091	1,233,839
	ALTAIR ENGINEERING INC	N/A	N/A	N/A	8,118	322,949	683,130
	AMPRIUS TECHNOLOGIES INC	N/A	N/A	N/A	13,200	5,382	5,148
	ARAMARK	N/A	N/A	N/A	22,433	622,031	630,367
	ARDELYX INC	N/A	N/A	N/A	60,845	267,035	377,239
	ASCENDIS PHARMA A/S	N/A	N/A	N/A	3,876	448,801	488,182
	ASPEN TECHNOLOGY INC	N/A	N/A	N/A	2,292	429,080	504,584
	AST SPACEMOBILE INC	N/A	N/A	N/A	22,773	238,626	137,321
	AXCELIS TECHNOLOGIES INC	N/A	N/A	N/A	868	137,680	112,571
	AXIS CAPITAL HOLDINGS LTD	N/A	N/A	N/A	9,883	570,320	547,222
	AXON ENTERPRISE INC	N/A	N/A	N/A	4,359	259,606	1,126,060
	AZENTA INC	N/A	N/A	N/A	4,993	268,832	325,244
	BELLRING BRANDS INC	N/A	N/A	N/A	16,736	425,116	927,676
	BIOHAVEN LTD	N/A	N/A	N/A	12,137	304,245	519,464
	BIO-TECHNE CORP	N/A	N/A	N/A	8,406	274,828	648,607
	BLACKBAUD INC	N/A	N/A	N/A	20,454	1,192,870	1,773,362
	BRADY CORP	N/A	N/A	N/A	9,395	422,873	551,393
	BROADRIDGE FINANCIAL SOLUTIONS	N/A	N/A	N/A	7,270	509,996	1,495,803
	BRUKER CORP	N/A	N/A	N/A	8,786	349,474	645,595
	CABLE ONE INC	N/A	N/A	N/A	770	676,918	428,574
	CARUSLE COS INC	N/A	N/A	N/A	2,692	333,238	841,062
	CASEY'S GENERAL STORES INC	N/A	N/A	N/A	2,425	315,423	666,245
	CATALENT INC	N/A	N/A	N/A	24,600	882,231	1,105,278
	CBOE GLOBAL MARKETS INC	N/A	N/A	N/A	7,645	729,881	1,365,091
	CHAMPIONX CORP	N/A	N/A	N/A	16,543	453,752	483,221
	CHART INDUSTRIES INC	N/A	N/A	N/A	2,719	452,758	370,681
	CHURCHILL DOWNS INC	N/A	N/A	N/A	3,724	319,968	502,479
	CLARIVATE PLC	N/A	N/A	N/A	86,351	1,063,556	799,610
	CLEAN HARBORS INC	N/A	N/A	N/A	3,859	534,640	673,434
	CLEARWATER ANALYTICS HOLDINGS	N/A	N/A	N/A	16,931	298,788	339,128
	CONSENSUS CLOUD SOLUTIONS INC	N/A	N/A	N/A	10,414	415,447	272,951
	CROWN HOLDINGS INC	N/A	N/A	N/A	16,176	985,271	1,489,648
	CYMABAY THERAPEUTICS INC	N/A	N/A	N/A	10,901	95,430	257,482
	DAYFORCE INC	N/A	N/A	N/A	7,582	567,177	508,904
	DONALDSON CO INC	N/A	N/A	N/A	12,768	684,169	834,389
	DOXIMITY INC	N/A	N/A	N/A	16,668	384,315	467,371
	DRIVEN BRANDS HOLDINGS INC	N/A	N/A	N/A	28,476	535,910	406,068
	DYNATRACE INC	N/A	N/A	N/A	20,409	750,942	1,116,168
	EAGLE PHARMACEUTICALS INC/DE	N/A	N/A	N/A	3,321	215,736	17,369
	ENERSYS	N/A	N/A	N/A	8,835	657,776	891,982
	ENTEGRIS INC	N/A	N/A	N/A	4,424	173,751	530,084
	ENVESTNET INC	N/A	N/A	N/A	7,214	312,613	357,237
	ETSY INC	N/A	N/A	N/A	3,988	121,660	323,227
	EURONET WORLDWIDE INC	N/A	N/A	N/A	9,091	623,253	922,646
	FLEX LTD	N/A	N/A	N/A	56,305	1,016,242	1,715,050
	GATES INDUSTRIAL CORP PLC	N/A	N/A	N/A	48,412	653,381	649,689
	GLAUKOS CORP	N/A	N/A	N/A	9,367	463,366	744,583
	GLOBUS MEDICAL INC	N/A	N/A	N/A	18,462	915,222	983,840
	GROCERY OUTLET HOLDING CORP	N/A	N/A	N/A	18,768	594,628	505,985
	GS ACQUISITION HOLDINGS CORP	N/A	N/A	N/A	37,172	371,720	-
	HEALTH EQUITY INC	N/A	N/A	N/A	7,598	388,398	503,747
	ICU MEDICAL INC	N/A	N/A	N/A	5,972	988,237	595,647
	IDEAYA BIOSCIENCES INC	N/A	N/A	N/A	8,287	279,368	294,851
	IMMUNOGEN INC	N/A	N/A	N/A	18,191	267,711	539,363
	ITRON INC	N/A	N/A	N/A	4,062	278,419	306,722
	ITT INC	N/A	N/A	N/A	8,106	441,860	967,208
	LAMAR ADVERTISING CO	N/A	N/A	N/A	5,374	334,257	571,149
	LANTHEUS HOLDINGS INC	N/A	N/A	N/A	10,156	658,739	629,672
	LEGEND BIOTECH CORP	N/A	N/A	N/A	2,880	131,328	173,290
	LESLIE'S INC	N/A	N/A	N/A	72,597	1,042,343	501,645
	LIGAND PHARMACEUTICALS INC	N/A	N/A	N/A	9,107	757,986	650,422
	LIVERAMP HOLDINGS INC	N/A	N/A	N/A	21,122	789,734	800,101
	LPL FINANCIAL HOLDINGS INC	N/A	N/A	N/A	4,460	198,342	1,015,185
	MACOM TECHNOLOGY SOLUTIONS HOL	N/A	N/A	N/A	6,400	471,734	594,880
	MADRIGAL PHARMACEUTICALS INC	N/A	N/A	N/A	2,744	587,958	634,907
	MAGNOLIA OIL & GAS CORP	N/A	N/A	N/A	29,866	777,018	635,847
	MAXIMUS INC	N/A	N/A	N/A	12,184	812,291	1,021,750
	MIRION TECHNOLOGIES INC	N/A	N/A	N/A	94,491	893,141	968,533
	NCR VOYIX CORP	N/A	N/A	N/A	16,098	269,494	272,217
	NEOGEN CORP	N/A	N/A	N/A	26,010	455,682	523,061

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	NEOGENOMICS INC	N/A	N/A	N/A	27,290	\$ 459,568	\$ 441,552
	NEUROCRINE BIOSCIENCES INC	N/A	N/A	N/A	5,107	383,358	672,898
	NICE LTD	N/A	N/A	N/A	2,712	436,962	541,071
	NORDSON CORP	N/A	N/A	N/A	1,504	219,865	397,297
	NRG ENERGY INC	N/A	N/A	N/A	11,284	306,610	583,383
	OMNIAB INC	N/A	N/A	N/A	39,358	140,295	242,839
	OMNIAB INC	N/A	N/A	N/A	11,107	26,934	68,530
	OMNIAB INC/OLD	N/A	N/A	N/A	1,642	2,366	7,909
	OMNIAB INC/OLD	N/A	N/A	N/A	1,642	2,366	7,241
	ON HOLDING AG	N/A	N/A	N/A	14,720	393,222	396,998
	ON SEMICONDUCTOR CORP	N/A	N/A	N/A	15,481	292,927	1,293,128
	OSI SYSTEMS INC	N/A	N/A	N/A	8,752	667,132	1,129,446
	P3 HEALTH PARTNERS INC	N/A	N/A	N/A	28,346	28,346	39,968
	PAGERDUTY INC	N/A	N/A	N/A	30,123	760,066	697,347
	PROTHENA CORP PLC	N/A	N/A	N/A	2,491	138,395	90,523
	QUANTUMSCAPE CORP	N/A	N/A	N/A	11,865	103,857	82,462
	REGAL REXNORD CORP	N/A	N/A	N/A	2,268	191,132	335,709
	RENTOKIL INITIAL PLC	N/A	N/A	N/A	53,428	1,226,097	1,528,575
	REVVITY INC	N/A	N/A	N/A	4,102	279,835	448,390
	SAIA INC	N/A	N/A	N/A	2,219	175,235	972,410
	SAREPTA THERAPEUTICS INC	N/A	N/A	N/A	5,697	619,319	549,362
	SENSIENT TECHNOLOGIES CORP	N/A	N/A	N/A	16,164	1,023,593	1,066,824
	SHIFT4 PAYMENTS INC	N/A	N/A	N/A	6,134	394,715	456,002
	SHOCKWAVE MEDICAL INC	N/A	N/A	N/A	2,059	430,536	392,363
	SILGAN HOLDINGS INC	N/A	N/A	N/A	6,014	268,111	272,134
	SIMPLY GOOD FOODS CO/THE	N/A	N/A	N/A	11,700	263,318	463,320
	SOLENO THERAPEUTICS INC	N/A	N/A	N/A	6,841	191,996	275,350
	SOTERA HEALTH CO	N/A	N/A	N/A	25,715	368,646	433,298
	SPX TECHNOLOGIES INC	N/A	N/A	N/A	5,671	457,493	572,828
	SS&C TECHNOLOGIES HOLDINGS INC	N/A	N/A	N/A	22,005	890,894	1,344,726
	STERIS PLC	N/A	N/A	N/A	4,472	470,701	983,169
	STRIDE INC	N/A	N/A	N/A	12,488	467,660	741,413
	STRUCTURE THERAPEUTICS INC	N/A	N/A	N/A	2,463	59,065	100,392
	STRUCTURE THERAPEUTICS PIPE	N/A	N/A	N/A	4,566	57,029	57,029
	SUMMIT MATERIALS INC	N/A	N/A	N/A	24,628	569,189	947,193
	TANDEM DIABETES CARE INC	N/A	N/A	N/A	7,822	268,489	231,375
	TELEDYNE TECHNOLOGIES INC	N/A	N/A	N/A	3,295	909,701	1,470,526
	TELEFLEX INC	N/A	N/A	N/A	4,329	1,020,000	1,079,393
	THOR INDUSTRIES INC	N/A	N/A	N/A	2,900	221,730	342,925
	TRINET GROUP INC	N/A	N/A	N/A	7,510	497,203	893,164
	VAXCYTE INC	N/A	N/A	N/A	16,683	448,494	1,047,692
	VESTIS CORP	N/A	N/A	N/A	17,497	329,036	369,887
	WALKER & DUNLOP INC	N/A	N/A	N/A	5,768	388,093	640,306
	WALLBOX BV CLASS A CW26	N/A	N/A	N/A	5,069	6,582	760
	WENDY'S CO/THE	N/A	N/A	N/A	32,044	479,379	624,217
	WEX INC	N/A	N/A	N/A	5,230	799,124	1,017,497
	WILLIAMS-SONOMA INC	N/A	N/A	N/A	2,605	160,363	525,637
	WOLFSPED INC	N/A	N/A	N/A	6,525	318,920	283,903
	ZIFF DAVIS INC	N/A	N/A	N/A	10,736	892,966	721,352
	ZURN ELKAY WATER SOLUTIONS COR	N/A	N/A	N/A	23,876	421,916	702,191
						56,278,427	74,463,389
<u>Investment Manager - Alliance Bernstein</u>							
	ABM INDUSTRIES INC	N/A	N/A	N/A	9,496	420,721	425,706
	ACADIA HEALTHCARE CO INC	N/A	N/A	N/A	3,993	255,324	310,496
	ACI WORLDWIDE INC	N/A	N/A	N/A	15,250	451,699	466,650
	ADT INC	N/A	N/A	N/A	67,121	526,981	457,765
	ALASKA AIR GROUP INC	N/A	N/A	N/A	10,143	453,870	396,287
	AMERICAN FINANCIAL GROUP INC/O	N/A	N/A	N/A	3,361	386,100	399,589
	AMKOR TECHNOLOGY INC	N/A	N/A	N/A	16,563	429,475	551,051
	AMN HEALTHCARE SERVICES INC	N/A	N/A	N/A	4,860	494,118	363,917
	APARTMENT INCOME REIT CORP	N/A	N/A	N/A	14,048	498,296	487,887
	ARCBEST CORP	N/A	N/A	N/A	3,900	400,286	468,819
	ATI INC	N/A	N/A	N/A	8,445	259,663	383,994
	AVANTOR INC	N/A	N/A	N/A	18,688	383,600	426,647
	AVNET INC	N/A	N/A	N/A	7,828	320,229	394,531
	BANKUNITED INC	N/A	N/A	N/A	8,651	327,942	280,552
	BATH & BODY WORKS INC	N/A	N/A	N/A	14,960	594,778	645,674
	BELDEN INC	N/A	N/A	N/A	4,672	261,710	360,912
	BERRY GLOBAL GROUP INC	N/A	N/A	N/A	7,820	494,382	526,990
	BROADSTONE NET LEASE INC	N/A	N/A	N/A	18,664	453,404	321,394
	BRUNSWICK CORP/DE	N/A	N/A	N/A	6,120	477,313	592,110
	BUILDERS FIRSTSOURCE INC	N/A	N/A	N/A	4,075	484,166	680,281
	CALIX INC	N/A	N/A	N/A	11,031	454,350	481,944
	CAMECO CORP	N/A	N/A	N/A	12,691	302,962	546,982
	CBOE GLOBAL MARKETS INC	N/A	N/A	N/A	3,415	421,407	609,782
	CENTERPOINT ENERGY INC	N/A	N/A	N/A	11,300	311,520	322,841
	CHAMPIONX CORP	N/A	N/A	N/A	14,171	413,737	413,935

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	COMERICA INC	N/A	N/A	N/A	10,912	\$ 666,086	\$ 608,999
	COMMMVAULT SYSTEMS INC	N/A	N/A	N/A	4,987	304,345	398,212
	CRITEO SA	N/A	N/A	N/A	13,247	359,963	335,414
	CUBESMART	N/A	N/A	N/A	7,642	295,577	354,207
	DANA INC	N/A	N/A	N/A	21,414	366,096	312,859
	DICK'S SPORTING GOODS INC	N/A	N/A	N/A	4,040	449,826	593,678
	DINE BRANDS GLOBAL INC	N/A	N/A	N/A	6,626	531,596	328,981
	DYCOM INDUSTRIES INC	N/A	N/A	N/A	5,576	465,359	641,742
	ELEMENT SOLUTIONS INC	N/A	N/A	N/A	20,343	413,118	470,737
	ENVISTA HOLDINGS CORP	N/A	N/A	N/A	13,934	593,301	335,252
	EVEREST GROUP LTD	N/A	N/A	N/A	1,080	362,908	381,866
	FIRST BANCORP/PUERTO RICO	N/A	N/A	N/A	32,572	440,545	535,809
	FIRST CITIZENS BANCSHARES INC/	N/A	N/A	N/A	439	272,328	622,928
	FIRST HAWAIIAN INC	N/A	N/A	N/A	25,437	681,752	581,490
	FIRST INDUSTRIAL REALTY TRUST	N/A	N/A	N/A	7,062	369,811	371,956
	FLUOR CORP	N/A	N/A	N/A	14,256	404,796	558,408
	FORMFACTOR INC	N/A	N/A	N/A	11,105	331,050	463,190
	FORTREA HOLDINGS INC	N/A	N/A	N/A	12,220	404,215	426,478
	GATES INDUSTRIAL CORP PLC	N/A	N/A	N/A	12,465	164,640	167,280
	GEN DIGITAL INC	N/A	N/A	N/A	18,356	404,815	418,884
	GOODYEAR TIRE & RUBBER CO/THE	N/A	N/A	N/A	32,029	480,823	458,655
	HAIN CELESTIAL GROUP INC/THE	N/A	N/A	N/A	24,513	696,917	268,417
	HANOVER INSURANCE GROUP INC/TH	N/A	N/A	N/A	2,211	282,474	268,460
	HERC HOLDINGS INC	N/A	N/A	N/A	4,103	454,528	610,896
	HF SINCLAIR CORP	N/A	N/A	N/A	6,334	226,824	351,980
	IDACORP INC	N/A	N/A	N/A	4,020	386,899	395,246
	INTEGRA LIFESCIENCES HOLDINGS	N/A	N/A	N/A	10,288	670,212	448,042
	INTERNATIONAL SEAWAYS INC	N/A	N/A	N/A	7,606	303,981	345,921
	JONES LANG LASALLE INC	N/A	N/A	N/A	3,482	554,484	657,645
	KEMPER CORP	N/A	N/A	N/A	5,390	313,622	262,331
	KNIGHT-SWIFT TRANSPORTATION HO	N/A	N/A	N/A	8,293	360,187	478,091
	KORN FERRY	N/A	N/A	N/A	4,410	262,465	261,734
	LAMB WESTON HOLDINGS INC	N/A	N/A	N/A	4,070	381,999	439,926
	LUMENTUM HOLDINGS INC	N/A	N/A	N/A	7,907	561,542	414,485
	MAGNOLIA OIL & GAS CORP	N/A	N/A	N/A	22,033	495,405	469,083
	MASTEC INC	N/A	N/A	N/A	8,567	737,642	648,693
	MIDDLEBY CORP/THE	N/A	N/A	N/A	4,005	562,378	589,416
	MOELIS & CO	N/A	N/A	N/A	7,906	369,794	443,764
	NEXSTAR MEDIA GROUP INC	N/A	N/A	N/A	3,552	601,434	556,776
	NOMAD FOODS LTD	N/A	N/A	N/A	26,305	609,141	445,870
	OSHKOSH CORP	N/A	N/A	N/A	4,983	414,586	540,207
	PAPA JOHN'S INTERNATIONAL INC	N/A	N/A	N/A	4,649	379,372	354,393
	PEDIATRIX MEDICAL GROUP INC	N/A	N/A	N/A	26,131	567,802	243,018
	PORTLAND GENERAL ELECTRIC CO	N/A	N/A	N/A	10,288	520,573	445,882
	PULTEGROUP INC	N/A	N/A	N/A	5,577	208,749	575,658
	PVH CORP	N/A	N/A	N/A	5,980	501,788	730,278
	RALPH LAUREN CORP	N/A	N/A	N/A	3,672	327,600	529,502
	REGAL REYNORD CORP	N/A	N/A	N/A	3,499	401,341	517,922
	ROBERT HALF INC	N/A	N/A	N/A	5,388	369,104	473,713
	RYMAN HOSPITALITY PROPERTIES I	N/A	N/A	N/A	4,237	355,635	466,324
	SENSATA TECHNOLOGIES HOLDING P	N/A	N/A	N/A	8,873	545,369	333,359
	SPIRIT AEROSYSTEMS HOLDINGS IN	N/A	N/A	N/A	16,150	488,575	513,247
	STAG INDUSTRIAL INC	N/A	N/A	N/A	13,703	455,326	537,980
	STAR BULK CARRIERS CORP	N/A	N/A	N/A	18,673	450,870	396,988
	STERICYCLE INC	N/A	N/A	N/A	10,452	469,131	518,001
	STIFEL FINANCIAL CORP	N/A	N/A	N/A	6,372	322,471	440,624
	SYNAPTICS INC	N/A	N/A	N/A	5,001	501,078	570,514
	TAPESTRY INC	N/A	N/A	N/A	10,930	368,043	402,333
	TAYLOR MORRISON HOME CORP	N/A	N/A	N/A	7,911	203,013	422,052
	TEXAS CAPITAL BANCSHARES INC	N/A	N/A	N/A	7,023	425,362	453,896
	WEBSTER FINANCIAL CORP	N/A	N/A	N/A	6,875	331,388	348,975
	WILLIAMS-SONOMA INC	N/A	N/A	N/A	2,194	258,325	442,705
	WINTRUST FINANCIAL CORP	N/A	N/A	N/A	5,287	385,813	490,369
	WNS HOLDINGS LTD	N/A	N/A	N/A	6,350	399,105	401,320
	ZIONS BANCORP NA	N/A	N/A	N/A	8,951	482,892	392,680
						38,006,222	40,582,477
<u>Investment Manager - Raymond James & Associates</u>							
	INVESTRUST PROPERTIES CORP	N/A	N/A	N/A	15,000	114,619	49,350
	NHB HOLDINGS INC	N/A	N/A	N/A	25,000	250,000	250,000
	XENIA HOTELS & RESORTS INC	N/A	N/A	N/A	1,875	35,381	40,481
	RAYMOND JAMES	N/A	N/A	N/A	15,000	-	5,400
						400,000	345,231
Total domestic common stock						193,609,415	232,014,136

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
<u>Global common stock</u>							
<u>Investment Manager - HGK (GLG) Investment Management</u>							
	AIA GROUP LTD	N/A	N/A	N/A	151,400	\$ 1,567,582	\$ 1,319,422
	BAE SYSTEMS PLC	N/A	N/A	N/A	245,624	1,729,538	3,477,214
	CAPGEMINI SE	N/A	N/A	N/A	10,396	1,861,123	2,167,594
	COMPASS GROUP PLC	N/A	N/A	N/A	77,087	1,611,949	2,108,885
	DAIKIN INDUSTRIES LTD	N/A	N/A	N/A	10,500	2,077,441	1,711,892
	DBS GROUP HOLDINGS LTD	N/A	N/A	N/A	69,100	1,707,133	1,750,156
	DEUTSCHE BOERSE AG	N/A	N/A	N/A	12,325	2,036,325	2,539,162
	EISAI CO LTD	N/A	N/A	N/A	40,800	2,682,298	2,040,868
	ESSITY AB	N/A	N/A	N/A	77,564	2,345,864	1,924,121
	FORTUM OYJ	N/A	N/A	N/A	121,963	2,456,915	1,759,527
	FRANCO-NEVADA CORP	N/A	N/A	N/A	15,100	1,953,408	1,680,742
	GALAXY ENTERTAINMENT GROUP LTD	N/A	N/A	N/A	202,000	949,886	1,131,772
	GETLINK SE	N/A	N/A	N/A	150,335	1,923,763	2,750,909
	HARBOUR ENERGY PLC	N/A	N/A	N/A	459,374	2,507,465	1,807,192
	ICON PLC	N/A	N/A	N/A	7,795	1,648,909	2,206,531
	KB FINANCIAL GROUP INC	N/A	N/A	N/A	38,273	1,739,431	1,607,710
	KOMATSU LTD	N/A	N/A	N/A	85,600	2,093,786	2,239,274
	LONDON STOCK EXCHANGE GROUP PL	N/A	N/A	N/A	19,704	2,048,386	2,329,504
	NEXT PLC	N/A	N/A	N/A	20,298	1,430,160	2,100,605
	NINTENDO CO LTD	N/A	N/A	N/A	32,500	1,753,876	1,696,464
	NOMURA RESEARCH INSTITUTE LTD	N/A	N/A	N/A	74,114	1,748,013	2,155,919
	RHEINMETALL AG	N/A	N/A	N/A	10,272	750,236	3,256,579
	RYANAIR HOLDINGS PLC	N/A	N/A	N/A	19,200	1,805,875	2,560,512
	SAMSUNG ELECTRONICS CO LTD	N/A	N/A	N/A	45,213	2,298,467	2,755,821
	SMURFIT KAPPA GROUP PLC	N/A	N/A	N/A	53,937	2,082,673	2,137,784
	SONY GROUP CORP	N/A	N/A	N/A	24,400	1,940,922	2,320,925
	STMICROELECTRONICS NV	N/A	N/A	N/A	48,559	2,043,074	2,426,973
	SUZUKI MOTOR CORP	N/A	N/A	N/A	4,502	192,495	192,655
	SVENSKA HANDELSBANKEN AB	N/A	N/A	N/A	179,828	2,022,683	1,953,013
	TAIWAN SEMICONDUCTOR MANUFACTU	N/A	N/A	N/A	14,900	1,391,964	1,549,600
	THALES SA	N/A	N/A	N/A	17,984	1,951,198	2,661,054
	TREASURY WINE ESTATES LTD	N/A	N/A	N/A	303,852	2,261,335	2,235,054
	UNIVERSAL MUSIC GROUP NV	N/A	N/A	N/A	87,228	2,055,028	2,486,959
	VESTAS WIND SYSTEMS A/S	N/A	N/A	N/A	108,876	2,838,948	3,457,460
	Total global common stock					63,508,149	72,499,852
	Total common stock					257,117,564	304,513,988
<u>Registered investment companies</u>							
	AFL-CIO HOUSING INVESTMENT TRUST	N/A	N/A	N/A	37,912	42,265,839	36,914,914
	WALTER SCOTT LIMITED GROUP TRUST GLOBAL FUND	N/A	N/A	N/A	1,167,050	24,346,983	66,984,630
	Total registered investment companies					66,612,822	103,899,544
<u>Pooled fixed income funds</u>							
	UBS CANADIAN BOND FUND SERIES A	N/A	N/A	N/A	355,963	2,098,740	1,831,754
<u>Common collective trust funds</u>							
	AFL-CIO BUILDING INVESTMENT TRUST	N/A	N/A	N/A	2,468	2,947,645	13,444,400
	BRIGADE OPP CR CIT	N/A	N/A	N/A	3,345,218	40,000,000	42,049,384
	INVESCO BALANCED RISK ALLOCATION TRUST FUND	N/A	N/A	N/A	1,462,312	18,855,035	25,822,466
	JP MORGAN STRATEGIC PROPERTY FUND	N/A	N/A	N/A	3,385,603	30,780,695	38,088,372
	LOOMIS SAYLES LARGE CAP GROWTH TRUST	N/A	N/A	N/A	1,884,496	68,359,080	88,703,214
	LOOMIS WRLD CRD TRST	N/A	N/A	N/A	2,430,032	39,971,042	42,120,220
	SCHRODER DIVERSIFIED GROWTH TRUST FUND	N/A	N/A	N/A	1,934,938	21,911,756	26,276,458
	SSGA ACWI EX USA NL FUND	N/A	N/A	N/A	13,998,606	141,397,405	194,694,782
	SSGA MSCI UNITED STATES INDEX NL FUND	N/A	N/A	N/A	113,653	-	113,653
	SSGA RUSSELL 1000 INDEX FUND	N/A	N/A	N/A	602,947	75,801,158	88,402,233
	SSGA RUSSELL 3000 INDEX FUND	N/A	N/A	N/A	114,496	4,392,681	6,386,915
	SSGA WORLD GOVERNMENT BOND INDEX FUND	N/A	N/A	N/A	5,612,999	100,437,997	97,115,581
	Total common collective trust funds					544,854,494	663,217,678
<u>Limited partnerships and other investments</u>							
	50 SOUTH PRIVATE EQUITY CORE FUND X (OFFSHORE), LP	N/A	N/A	N/A	N/A	7,183,500	7,050,719
	57 STARS GLOBAL OPPORTUNITY FUND 3, LP	N/A	N/A	N/A	N/A	6,122,794	10,858,126
	AG REALTY FUND IX, LP	N/A	N/A	N/A	N/A	333,531	2,743,046
	APOLLO INVESTMENT FUND VIII, LP	N/A	N/A	N/A	N/A	343,562	3,657,835
	CARLYLE GLOBAL INFRASTRUCTURE FUND LP	N/A	N/A	N/A	N/A	10,741,365	14,548,588
	CENTERBRIDGE SPECIAL CREDIT PARTNERS IV, LP	N/A	N/A	N/A	N/A	12,401,492	14,395,790
	ENTRUST CAPITAL DIVERSIFIED FUND QP LTD	N/A	N/A	N/A	N/A	1,116,278	76,639
	GCM GROSVENOR SECONDARY OPPORTUNITIES FUND III, LP	N/A	N/A	N/A	N/A	13,996,658	17,376,829

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line i

EIN No.: 52-6074345
Plan No.: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value				(d) Cost	(e) Current Value
		Collateral	Maturity Date	Interest Rate	Shares/Par Value		
	GERDING EDLEN GREEN CITIES III, LP	N/A	N/A	N/A	N/A	\$ 10,087,742	\$ 3,936,713
	GLOBEFLEX INT'L ALL CAP COMMINGLED TRUST	N/A	N/A	N/A	N/A	47,806,331	68,974,555
	GROSVENOR CIS II ONSHORE FUND, LP	N/A	N/A	N/A	N/A	3,609,024	12,042,793
	HAMILTON LANE PRIVATE EQUITY FUND IX, LP	N/A	N/A	N/A	N/A	701,894	5,780,067
	HAMILTON LANE PRIVATE EQUITY FUND X, LP	N/A	N/A	N/A	N/A	13,875,175	23,733,112
	HAMILTON LANE STRATEGIC OPPS VII, LP	N/A	N/A	N/A	N/A	26,085,090	28,758,192
	IFM GLOBAL INFRASTRUCTURE FUND, LP	N/A	N/A	N/A	N/A	17,022,301	62,023,203
	INTERCONTINENTAL U.S. REAL ESTATE INV. FUND, LLC	N/A	N/A	N/A	N/A	15,000,000	17,980,968
	LANDMARK EQUITY PARTNERS XVI, LP	N/A	N/A	N/A	N/A	9,282,409	15,951,543
	LANDMARK EQUITY PARTNERS XVII, LP	N/A	N/A	N/A	N/A	8,006,960	9,933,793
	MCMORGAN INFRASTRUCTURE FUND I, LP	N/A	N/A	N/A	N/A	3,702,329	8,347,863
	MESIROW FINANCIAL PRIVATE EQUITY FUND VIII A, LP	N/A	N/A	N/A	N/A	10,552,143	10,718,191
	MESIROW FINANCIAL PRIVATE EQUITY FUND VIII B, LP	N/A	N/A	N/A	N/A	8,798,247	8,970,443
	NB CROSSROADS FUND XXI, LP	N/A	N/A	N/A	N/A	943,040	8,169,789
	NB PRIVATE DEBT FUND IV (A) LP	N/A	N/A	N/A	N/A	23,096,347	27,212,971
	POMONA CAPITAL IX (OFFSHORE), LP	N/A	N/A	N/A	N/A	2,805,291	9,096,761
	POMONA CAPITAL VIII (OFFSHORE) LP	N/A	N/A	N/A	N/A	64,053	64,997
	POMONA CAPITAL X	N/A	N/A	N/A	N/A	10,252,038	13,081,729
	RCTS EMERGING MARKETS EQUITY	N/A	N/A	N/A	N/A	93,141,391	122,925,337
	STONEPEAK INFRASTRUCTURE FUND II, LP	N/A	N/A	N/A	N/A	2,499,366	2,082,076
	TA REALTY LOGISTICS FUND, LP	N/A	N/A	N/A	N/A	20,000,000	16,996,796
	ULLICO INFRASTRUCTURE FUND, LP	N/A	N/A	N/A	N/A	30,000,000	38,383,703
	WCP SPECIAL CORE PLUS FUND, LP	N/A	N/A	N/A	N/A	4,036,106	5,913,191
	FORWARD CURRENCY DERIVATIVES	N/A	N/A	N/A	N/A	5,391,867	5,391,867
	Total limited partnerships and other investments					418,998,324	597,178,225
	Total assets (held at end of year)					\$ 1,403,143,533	\$ 1,779,598,276

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2022 and shows count and average salary.

Age	Total	Years of Service								
		1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	60	53	7							
	\$39,552	\$38,435								
25 - 29	152	108	42	2						
	60,054	53,802	\$74,039							
30 - 34	256	127	96	32	1					
	76,889	66,161	84,325	\$96,416						
35 - 39	360	141	109	71	39					
	85,175	65,715	91,596	96,735	\$116,542					
40 - 44	459	160	140	78	58	22	1			
	93,173	68,642	98,570	110,570	120,374	\$104,993				
45 - 49	524	148	138	89	79	53	17			
	96,758	65,292	98,527	109,517	110,264	131,499				
50 - 54	655	154	159	93	111	91	30	17		
	104,290	67,705	89,117	109,717	112,372	153,937	\$157,045			
55 - 59	568	81	118	101	112	90	43	16	7	
	113,095	65,057	89,346	105,962	115,884	138,871	175,773			
60 - 64	376	55	80	69	74	58	28	4	7	1
	117,778	72,038	94,572	110,601	117,354	134,798	216,378			
65 - 69	115	13	20	21	16	20	13	4	5	3
	139,137		93,004	107,634		131,060				
70 & over	22	2	3	5	2	3		3	1	3
	183,036									
Unknown	12	7	1			1	1	2		
Totals	3,559	1,049	913	561	492	338	133	46	20	7
	\$99,225	\$64,099	\$91,267	\$106,664	\$115,472	\$138,481	\$173,665	\$175,926	\$234,586	

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

The participant data is for the year ended December 31, 2022 and shows count and average accrued monthly benefit at Normal Retirement Age.

Age	Total	Years of Service								
		1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	60	53	7	-	-	-	-	-	-	-
	\$222	\$176	-	-	-	-	-	-	-	-
25 - 29	152	108	42	2	-	-	-	-	-	-
	473	272	\$906	-	-	-	-	-	-	-
30 - 34	256	127	96	32	1	-	-	-	-	-
	863	336	1,086	\$2,213	-	-	-	-	-	-
35 - 39	360	141	109	71	39	-	-	-	-	-
	1,380	371	1,230	2,338	\$3,705	-	-	-	-	-
40 - 44	459	160	140	78	58	22	1	-	-	-
	1,703	369	1,315	2,660	3,906	\$4,596	-	-	-	-
45 - 49	524	148	138	89	79	53	17	-	-	-
	2,249	364	1,374	2,661	3,699	5,697	-	-	-	-
50 - 54	655	154	159	93	111	91	30	17	-	-
	2,941	354	1,280	2,653	3,778	6,671	\$8,420	-	-	-
55 - 59	568	81	118	101	112	90	43	16	7	-
	3,704	396	1,285	2,490	3,869	6,190	9,093	-	-	-
60 - 64	376	55	80	69	74	58	28	4	7	1
	3,782	407	1,353	2,686	3,985	5,931	10,900	-	-	-
65 - 69	115	13	20	21	16	20	13	4	5	3
	5,471	-	1,426	2,620	-	5,597	-	-	-	-
70 & over	22	2	3	5	2	3	-	3	1	3
	8,347	-	-	-	-	-	-	-	-	-
Unknown	12	7	1	-	-	1	1	2	-	-
	-	-	-	-	-	-	-	-	-	-
Total	3,559	1,049	913	561	492	338	133	46	20	7
	\$2,544	\$347	\$1,260	\$2,561	\$3,852	\$6,061	\$9,048	\$10,578	\$15,433	-

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/2009	\$390,308	1	\$390,308
Investment loss subject to relief	01/01/2009	135,460,447	15	14,087,211
Plan amendment	01/01/2012	625,453	4	173,142
Actuarial loss	01/01/2012	20,744,749	4	5,742,689
Plan amendment	01/01/2013	790,451	5	180,957
Actuarial loss	01/01/2013	3,565,793	5	816,311
Plan amendment	01/01/2014	910,328	6	179,449
Actuarial loss	01/01/2014	13,565,878	6	2,674,188
Plan amendment	01/01/2015	649,637	7	113,375
Actuarial loss	01/01/2015	14,040,213	7	2,450,310
Assumption change	01/01/2015	29,711,562	7	5,185,288
Actuarial loss	01/01/2016	39,364,950	8	6,206,405
Plan amendment	01/01/2017	1,396,911	9	202,045
Actuarial loss	01/01/2017	25,077,931	9	3,627,188
Plan amendment	01/01/2018	1,596,616	10	214,411
Actuarial loss	01/01/2018	22,736,917	10	3,053,367
Plan amendment	01/01/2019	1,672,035	11	210,501
Actuarial loss	01/01/2019	34,997,278	11	4,405,982
Plan amendment	01/01/2020	1,848,042	12	219,843
Actuarial loss	01/01/2020	19,981,275	12	2,376,974
Plan amendment	01/01/2021	1,506,571	13	170,466
Assumption change	01/01/2021	48,649,302	13	5,504,603
Plan amendment	01/01/2022	7,022,023	14	759,919
Plan amendment	01/01/2023	10,141,138	15	1,054,628

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	01/01/2023	90,518,893	15	9,413,513
Total		\$526,964,701		\$69,413,073

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Combined base	01/01/2022	\$136,092,177	6.82	\$24,231,781
Total		\$136,092,177		\$24,231,781

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.22% to 2.55% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Healthy: 115% of RP-2014 Blue Collar Mortality Tables for employees and annuitants with generational projection using Scale MP-2014.

Disabled: 115% of RP-2014 Disabled Mortality Table with generational projection using Scale MP-2014.

The tables with the generational projection to the ages of participants as of the measurement date reasonably reflect mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using a generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over recent years.

Termination Rates

Age	Rate (%)			
	Mortality ¹		Disability ²	Withdrawal ³
	Male	Female		
20	0.06	0.02	0.03	9.94
25	0.07	0.02	0.03	9.67
30	0.07	0.03	0.03	9.30
35	0.08	0.04	0.03	8.71
40	0.09	0.05	0.05	7.75
45	0.14	0.08	0.09	6.35
50	0.25	0.14	0.20	4.22
55	0.41	0.22	0.43	1.55
60	0.70	0.32	0.87	0.15

¹ Mortality rates shown for base table without reflecting generational projection.

² Disability rates cut out at the earlier of Normal Retirement Age or eligibility for the Service Pension.

³ Withdrawal rates cut out at the early retirement age.

The termination rates and disability rates were based on historical and current demographic data, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior years' assumption over recent years.

Section 3: Certificate of Actuarial Valuation

Retirement Rates

Age	Annual Retirement Rates
45 – 54	0% ¹
55 – 59	10% ¹
60 – 69	20%
70 and over	100%

¹ 15% if eligible for the Service Pension

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over recent years.

Description of Weighted Average Retirement Age	Age 61, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2023 actuarial valuation.
Retirement Age for Inactive Vested Participants	Age 60, or immediately if 25 or more years of service credit. The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over recent years.
Future Benefit Accruals	One pension credit per year. The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the last several years.
Salary Scale	5% per year, including 3% annual inflation component. The salary scale assumption was based on historical and current demographic data, future experience and professional judgment. As part of the analysis, the increases in salaries were reviewed over the last several years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those who have earned a year of service credit in the most recent plan year, excluding those who have retired as of the valuation date.
Percent Married	75%
Age of Spouse	Spouses of male participants are three years younger, and spouses of female participants are three years older.

Section 3: Certificate of Actuarial Valuation

Benefit Election	Married participants are assumed to elect the more valuable option between the 100% Survivor's Option with Pop-up form of payment and Single Life Annuity with 60 months guaranteed. Non-married participants are assumed to elect the Single Life Annuity with 60 months guaranteed. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over recent years.
Delayed Retirement Factors	Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, but not beyond age 71.
Net Investment Return	7.25% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$4,400,000 for the year beginning January 1, 2023 (equivalent to \$4,237,166 payable at the beginning of the year). This is equivalent to a 7.4% load on the normal cost as of January 1, 2023. The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years beginning with the year January 1, 2022. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Projected Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Canadian Assets and Liabilities	All Canadian assets and liabilities included in the valuation were converted to their U.S. dollar equivalent. The conversion factor as of the valuation date is 0.7386 U.S. dollars for each Canadian dollar.
Current Liability Assumptions	<i>Interest:</i> 2.55%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2021 (previously, the MP-2020 scale was used).
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 3.5%, for the Plan Year ending December 31, 2022 <i>On current (market) value of assets (Schedule MB, line 6h):</i> -11.3%, for the Plan Year ending December 31, 2022

Section 3: Certificate of Actuarial Valuation

FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.22% to 2.55% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	\$10,916,886	\$3,592,713	\$113,678,113	\$128,187,712
2024	19,854,746	4,088,913	111,579,992	135,523,651
2025	27,814,912	4,742,517	109,346,367	141,903,796
2026	35,017,663	5,251,918	106,821,072	147,090,653
2027	41,748,982	5,610,947	104,248,481	151,608,410
2028	47,561,015	6,212,973	101,704,828	155,478,816
2029	52,585,851	7,029,212	99,106,693	158,721,756
2030	57,079,661	7,607,794	96,396,927	161,084,382
2031	60,945,599	8,328,173	93,578,124	162,851,896
2032	64,235,933	8,877,148	90,652,956	163,766,037
2033	67,031,880	9,582,183	87,624,758	164,238,821
2034	69,669,556	9,979,880	84,497,313	164,146,749
2035	71,816,524	10,398,123	81,275,293	163,489,940
2036	73,663,254	10,796,075	77,964,635	162,423,964
2037	75,276,457	11,129,268	74,572,387	160,978,112
2038	76,518,523	11,424,250	71,107,440	159,050,213
2039	77,525,757	11,668,100	67,580,528	156,774,385
2040	78,335,283	12,011,146	64,004,542	154,350,971

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are converted by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

Page 1 of 3

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2041	\$78,838,941	\$12,068,448	\$60,394,152	\$151,301,541
2042	79,152,256	12,116,053	56,765,422	148,033,731
2043	79,273,496	12,289,604	53,135,416	144,698,516
2044	79,097,772	12,297,527	49,521,839	140,917,138
2045	78,885,952	12,230,430	45,943,348	137,059,730
2046	78,098,364	12,182,937	42,419,049	132,700,350
2047	77,153,594	12,035,835	38,968,030	128,157,459
2048	75,964,890	11,869,661	35,609,141	123,443,692
2049	74,663,064	11,656,636	32,360,554	118,680,254
2050	72,906,323	11,440,597	29,238,892	113,585,812
2051	71,076,664	11,173,972	26,259,779	108,510,415
2052	68,930,269	10,895,092	23,436,493	103,261,854
2053	66,611,572	10,601,772	20,780,807	97,994,151
2054	64,149,123	10,286,732	18,301,949	92,737,804
2055	61,605,512	9,960,105	16,007,051	87,572,668
2056	58,879,383	9,597,463	13,900,073	82,376,919
2057	56,072,874	9,218,895	11,982,015	77,273,784
2058	53,170,537	8,827,781	10,251,413	72,249,731

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2059	\$50,239,193	\$8,424,569	\$8,704,017	\$67,367,779
2060	47,245,469	8,013,726	7,333,704	62,592,899
2061	44,293,547	7,596,838	6,131,947	58,022,332
2062	41,334,977	7,171,008	5,088,202	53,594,187
2063	38,427,036	6,741,648	4,190,350	49,359,034
2064	35,580,917	6,311,106	3,425,710	45,317,733
2065	32,821,006	5,881,672	2,780,814	41,483,492
2066	30,159,586	5,455,889	2,242,212	37,857,687
2067	27,611,699	5,036,366	1,796,646	34,444,711
2068	25,186,573	4,625,546	1,431,145	31,243,264
2069	22,892,216	4,225,876	1,133,913	28,252,005
2070	20,733,304	3,839,477	894,067	25,466,848
2071	18,712,215	3,468,461	702,033	22,882,709
2072	16,828,936	3,114,707	549,309	20,492,952

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$104,698,610	\$0	\$104,698,610
2024	\$107,900,147	\$0	\$107,900,147
2025	\$111,197,729	\$0	\$111,197,729
2026	\$114,594,071	\$0	\$114,594,071
2027	\$118,091,937	\$0	\$118,091,937
2028	\$121,694,144	\$0	\$121,694,144
2029	\$125,403,549	\$0	\$125,403,549
2030	\$129,223,059	\$0	\$129,223,059
2031	\$133,155,667	\$0	\$133,155,667
2032	\$137,204,455	\$0	\$137,204,455

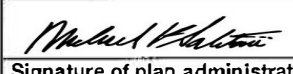
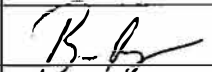
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Fillers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	 ☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	 ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan LIUNA STAFF AND AFFILIATES PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PEN 905 - 16TH STREET, NW WASHINGTON DC 200061703	2b Employer Identification Number (EIN) 52-0743575 2c Plan Sponsor's telephone number 202-737-1664 2d Business code (see instructions) 813930

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		07/24/2024	MICHAEL F. SABITONI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		07/24/2024	BRENT BOOKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

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

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

5 Total number of participants at the beginning of the plan year	5	11,037
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)	3,533
a (2) Total number of active participants at the end of the plan year	6a(2)	3,559
b Retired or separated participants receiving benefits	6b	4,132
c Other retired or separated participants entitled to future benefits	6c	2,729
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	10,420
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	811
f Total. Add lines 6d and 6e	6f	11,231
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	492

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

1A 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

LIUNA STAFF AND AFFILIATES PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2023

Form 5500, Schedule H, Part IV, Line j

EIN No.: 52-0743575
Plan No.: 001

(a) Identity of Party Involved	(b) Description of Assets (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	BNY Mellon Cash (Reserve)	\$ 36,024,580	\$ -	\$ -	\$ -	\$ 36,024,580	\$ 36,024,580	\$ -
N/A	BNY Mellon Cash (Reserve)	-	36,176,340	-	-	36,176,340	36,176,340	-
N/A	EB Temporary Investment Fund Deposit Account	190,251,050	-	-	-	190,251,050	190,251,050	-
N/A	EB Temporary Investment Fund Deposit Account	-	211,186,409	-	-	211,186,409	211,186,409	-

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning and ending

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

A Name of plan LIUNA STAFF AND AFFILIATES 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. OF THE LIUNA STAFF & AFFILIATES PENSION FD	D Employer Identification Number (EIN) 52-0743575

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 1,642,460,238
(2) Actuarial value of assets for funding standard account	1b(2) 1,920,189,020
c (1) Accrued liability for plan using immediate gain methods	1c(1) 2,143,417,480
(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) 1,957,934,741
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) 3,590,199,500
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 181,560,669
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 127,867,343
(3) Expected plan disbursements for the plan year	1d(3) 132,267,343

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 Joshua Kaplan JK Signature of actuary Joshua Kaplan, FSA, FCA, MAAA Type or print name of actuary SEGAL Firm name 333 WEST 34TH STREET NEW YORK NY 10001-2402 Address of the firm	07/24/2024 Date 2305487 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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i 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	2.55 %
	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	5.00 % ☐ 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	3.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-11.3 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	4,237,166
(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	90,518,893	9,413,513
3	10,141,138	1,054,628

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

61,777,639

c Amortization charges as of valuation date:

Outstanding balance

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

9c(1)

526,964,701

69,413,073

(2) Funding waivers

9c(2)

0

0

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

9c(3)

0

0

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

9d

9,511,327

e Total charges. Add lines 9a through 9d

9e

140,702,039

Credits to funding standard account:

f Prior year credit balance, if any

9f

167,644,064

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

9g

111,807,449

Outstanding balance

h Amortization credits as of valuation date

9h

136,092,177

24,231,781

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

9i

17,626,267

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

783,331,419

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

9j(2)

1,442,506,325

(3) FFL credit

9j(3)

0

k **(1)** Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l

321,309,561

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

9m

180,607,522

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n**o** Current year's accumulated reconciliation account:

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

9o(1)

0

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

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

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions



Yes



No