

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 07/01/2023 and ending 06/30/2024	
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) _____ ☐ 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 UNITED ASSOCIATION NATIONAL PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/23/1968
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND 103 ORONOCO STREET ALEXANDRIA, VA 22314-2015
2b	Employer Identification Number (EIN) 52-6152779
2c	Plan Sponsor's telephone number 703-739-9020
2d	Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/21/2025	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/21/2025	SMITTY G. BELCHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 185089
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) 84317 6a(2) 88454 6b 47314 6c 44473 6d 180241 6e 10425 6f 190666 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 4548

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

1A

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779	

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

(a) Name of insurance carrier BRIGHTHOUSE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-1912740	87726	919453	190666	07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

NA

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	2215911
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	77773
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions.....	7c(6)	77773
d Total of balance and additions (add lines 7b and 7c(6))	7d	2293684
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2293684

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779	

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

(a) Name of insurance carrier
UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02083	190666	07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	123211834

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

0

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

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

0

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

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

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

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 6671086730
(2) Actuarial value of assets for funding standard account	1b(2) 7341157748
c (1) Accrued liability for plan using immediate gain methods	1c(1) 8990498015
(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) 8990498015
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) 17148184936
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 436626812
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 689185343
(3) Expected plan disbursements for the plan year	1d(3) 730556139

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	04/08/2025
Signature of actuary KEVIN WOODRICH, FSA, EA	Date 23-07086
Type or print name of actuary CHEIRON, INC	Most recent enrollment number 703-893-1456
Firm name 9115 HARRIS CORNERS PARKWAY, CHARLOTTE, NC 28269	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	6671086730
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	55623	8456519380
(2) For terminated vested participants	29913	2342767243
(3) For active participants:		
(a) Non-vested benefits		328750648
(b) Vested benefits		6020147665
(c) Total active	76750	6348898313
(4) Total	162286	17148184936
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	38.90 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2024	467629110				
			Totals ►	3(b)	467629110
				3(c)	
				3(d)	6764

(d) Total withdrawal liability amounts included in line 3(b) total**4** Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	81.7 %
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		2.85 %
	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	% ☒ 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	2.7 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.2 %	
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)	29033000	
(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	407947157	42424470

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	180760283

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)	3497725630	428692649
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 44185338**e** Total charges. Add lines 9a through 9d**9e** 653638270**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 811782078**g** Employer contributions. Total from column (b) of line 3**9g** 467629110**h** Amortization credits as of valuation date

Outstanding balance

9h 1036603285 158302846**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 86986123**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL)
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	3552070285
9j(2)	8522620348

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** 1524700157**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 871061887**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 07/01/2023 and ending 06/30/2024

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

Part I

Service Provider Information (see instructions)

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

x

No
- b

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
RBC GLOBAL ASSET MGMT	50 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402
41-1460668	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HAMILTON LANE	ONE PRESIDENTIAL BLVD BALA CYNWYD, PA 19004
23-2962336	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MESIROW FINANCIAL	353 NORTH CLARK ST CHICAGO, IL 60654
36-3741067	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NEW TOWER TRUST COMPANY	3 BETHESDA METRO CENTER BETHESDA, MD 20814
20-1641876	

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

AFL CIO BUILDING INVESTMENT TRUST

815 CONNECTICUT AVE, NW
WASHINGTON, DC 20006

52-6328901

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

LANDMARK EQUITY PARTNERS

265 FRANKLIN STREET
BOSTON, MA 02110

81-4187171

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

GERDING EDLEN

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

CHEVY CHASE TRUST COMPANY

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

NATIONAL INVESTMENT SERVICES

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

HARRISON STREET REAL ESTATE

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

BOYD WATTERSON ASSET MGMT

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

BLUEBAY ASSET MGMT

107 ELM STREET
STAMFORD, CT 06902

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

FRONTIER PARTNERS INC 400 SKOKIE BLVD
NORTHBROOK, IL 60062

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

GCM GROSVENOR 767 FIFTH AVENUE
NEW YORK, NY 10153

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

CORBIN PRIVATE CREDIT MANAGER FUND 1095 MORRIS AVENUE
UNION, NJ 07083

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

50 SOUTH CAPITAL ADVISORS LLC 50 SOUTH LASALLE STREET
CHICAGO, IL 60603

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

GLOBAL ALPHA CAPITAL MANAGEMENT 1800 AVENUE MCGILL COLLEGE
MONTREAL CA

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

MC CREDIT PARTNERS LP 2200 ATLANTIC STREET
STAMFORD, CT 06902

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

SIGULER GUFF & COMPANY LP 200 PARK AVENUE
NEW YORK, NY 10166

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

TA REALTY ONE FEDERAL STREET, 17TH FLOOR
BOSTON, MA 02110

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

ENTRUST CAPITAL

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

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

AMERICAN REALTY ADVISORS

515 S. FLOWER ST
LOS ANGELES, CA 90071

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

BRIGADE CAPITAL MANAGEMENT

151 WEST 42ND STREET
NEW YORK, NY 10036

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

INTERCONTINENTAL REAL ESTATE CORPOR

1270 SOLDIERS FLD RD
BRIGHTON, MA 02135

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

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

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

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

CHLIC

PO BOX 644546
PITTSBURGH, PA 15264

06-1059331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	2706824	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BELL ASSET MGMT

101 COLLINS STREET
MELBOURNE AU

04-3412674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	2569810	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'DONOGHUE & O'DONOGHUE

5301 WISCONSIN AVE, NW
WASHINGTON, DC 20015

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	1613546	Yes ☒ No ☐	Yes ☒ No ☐	1016	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)

JENNISON ASSOCIATES LLC

1000 WINTER STREET
WALTHAM, MA 02351

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	1184865	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SCHRODER INVESTMENT MGMT

875 THIRD AVENUE
NEW YORK, NY 10022

13-4064414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1073196	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON MANAGEMENT

75 STATE STREET
BOSTON, MA 02109

04-2683227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	979863	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

3700 KOPPERS STREET
BALTIMORE, MD 21227

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	976865	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES & COMPANY

ONE FINANCIAL CENTER
BOSTON, MA 02111

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	861906	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ARISTOTLE CAPITAL MANAGEMENT

ONE FEDERAL STREET, 36TH FLOOR
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	812313	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)

T ROWE PRICE

PO BOX 64043
BALTIMORE, MD 21264

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	774936	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

JPMORGAN CHASE BANK NA

PO BOX 974958
DALLAS, TX 75397

13-2624428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 99	NONE	720370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP LLC

7501 WISCONSIN AVENUE
BETHESDA, MD 20814

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	707070	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 SELECT INSURANCE

333 WEST 34TH STREET
NEW YORK, NY 10087

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 22	NONE	671365	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

RIVERBRIDGE PARTNERS, LLC

80 SOUTH 8TH ST., SUITE 1200
MINNEAPOLIS, MN 55402

41-1930193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	655163	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO

1625 I ST, NW
WASHINGTON, DC 20006

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	598449	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)

VOYA INVESTMENT

230 PARK AVENUE
NEW YORK, NY 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	568845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MACQUARIE INVESTMENT MANAGEMENT ADV

610 MARKET STREET
PHILADELPHIA, PA 19106

23-2859590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 51 68	NONE	554380	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESCO INC

1555 PEACHTREE NE, STREET
ATLANTA, GA 30309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	550368	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.

1701 CABIN BRANCH RD.
CHEVERLY, MD 20785

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	493406	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEUBERGER BERMAN

190 S LASALLE ST
CHICAGO, IL 60603

02-0654486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	355631	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PC CONNECTION SALES CORP

PO BOX 536472
PITTSBURGH, PA 15253

02-0497006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	353748	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK

PO BOX 856177
LOUISVILLE, KY 40285

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62 68	NONE	338523	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BRANDYWINE GLOBAL

2929 ARCH STREET
PHILADELPHIA, PA 19104

51-0294065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	329298	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SEGAL MARCO ADVISORS

333 WEST 34TH STREET
NEW YORK, NY 10001

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	328118	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)

CHEIRON, INC.

PO BOX 37117
BALTIMORE, MD 21297

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	326591	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSCOE, TONI C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	305099	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEFFERNAN, KEVIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	279568	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RAMLOCHAN, NAFEEZA S

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	244111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANKE, BENJAMIN C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	224506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEAHEY, DONALD M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	212355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEUJA, KUMAR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	208177	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENEBE, IYOB

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	194600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KUKKALA, VENKATESWARARAO E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	178205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN, LEWIS & BOCKIUS, LLP

PO BOX 8500 S-6050
PHILADELPHIA, PA 19178

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	173407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARDS, PERPETUA E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	167491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUGO, CURTIS A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	165482	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DUGAN, CHARLOTTE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	164576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUGO, DENNIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	161986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRON MOUNTAIN

PO BOX 27128
NEW YORK, NY 10087

04-3038590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	158785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAGHAN MECHANICAL, INC.

5649D GENERAL WASHINGTON DR
ALEXANDRIA, VA 22312

54-1789937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	158202	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RECOVERY POINT SYSTEMS

75 W WATKINS MILL RD
GAITHERSBURG, MD 20878

52-2212966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	158024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEOHAGAN, WAYNE S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	157461	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEVORE, KAREN A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	155114	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XEROX CORPORATION

PO BOX 827181
PHILADELPHIA, PA 19182

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 36	NONE	149394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'REILLY-WALKER, ARLETTE M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	147088	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YOUHOUSE, JOSEPH D.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	142069	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDRE-INGE, MAURICE A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	141182	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALBREATH-HALL, KIM M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	133076	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)

JOHNSON, DAVID A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	128116	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONVERGEONE INC

PO BOX 1450
MINNEAPOLIS, MN 55485

41-1763228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	125706	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEKOE, KOFI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	124161	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)

FENDERSON, MELISSA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	118350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YIMER, TSEDAY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	117037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RASHEED, SUSAN B.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	116092	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)

DOMINION ENERGY VIRGINIA

PO BOX 26543
RICHMOND, VA 23290

54-1836683

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	111473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAYODE, OYEBISI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	110392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XIOLOGIX, LLC

PO BOX 1880
TUALATIN, OR 97062

93-1297700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	109691	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)

BOYD, CHANTELE Y.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109217	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REVEL, DONNA L.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	108710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANKENBERG, MI JUNG

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106966	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)

LEWIS, WILLIAM

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOACK, LADONNA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	105501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUERRA, MARY M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	104736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBINSON, KIVEN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	102757	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLAASSEN, GREGORY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	102131	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITE, AYEISHA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	101602	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH, TORIA S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	101489	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILEY, ALEXANDER

1000 WINTER STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	99866	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREWS, JUDY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	97465	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOGGS, SHARON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	97373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATON-WALLIS, TRACY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	96837	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELiance STANDARD LIFE INSURANCE

1100 E WOODFIELD ROAD
SCHAUMBURG, IL 60173

36-0883760

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	96523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KNIGHT, SHENIKA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	96309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN CALIFORNIA PIPETRADES

501 SHATTO PL 5TH FL
LOS ANGELES, CA 90020

95-4557526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	96283	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHIFER, LINDA S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVIA, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL, GERALD A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROCTOR, CHRISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93937	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)

PETERS, MICHAEL JR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JONES, NIKKI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	92495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ST. REMY, CHRIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	92456	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOODMAN LAUREN A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMB, DARLENE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	91060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FULTZ, RUTH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	91054	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONGOLD, GARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	91033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSLEY, NAKETA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	90232	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CONLON, DENNIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	89600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SINCLAIR, NEICOLE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	89589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLIS, ROBIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	89016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREEN, TOLEATHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	88112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAMS, YURI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	88091	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLLINS, ZENA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	87880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERTSON, JAMES A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	87657	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'CONNOR, KRISTINA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	87621	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAYSON, MARIBEL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	87142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORRISON, RYAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	86242	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KOPP III, ROBERT

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	85909	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DICKENSON, MARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	85828	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHESNICK, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	84953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCLEOD, JOANNE

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

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30	EMPLOYEE	84572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POWELL, PENNY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	84278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERTSON, BEVERLY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	83869	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAILLARD, KIANA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	83604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YOUHOUSE, MARIANELLA A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	82607	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN VIRGINIA STAFFING, INC.

7115 LEESBURG PIKE 314
FALLS CHURCH, VA 22043

54-1549320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	82492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNT, JASON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WARD, STACY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81009	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)

ATKINS, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUTCHEE, TONIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79862	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERIZON

PO BOX 660720
DALLAS, TX 75266

23-2259884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	78532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SPENCER, MARIAH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER, BRIANNA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77607	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COOPER, KEYONA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76680	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)

CHARITY, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACKSON, LILIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76462	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARK-BAXTER, ANTONIE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75087	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)

CRUMLEY, JOHN M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74243	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FULLER, TAMARA S

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74241	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROMERO, LUZ A

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REID, LARRY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	74157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLIVER, CHRIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	73796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIELS BARBOUR, JANICE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	73398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRITT, NICOLE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	72597	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DALTON WHARF ASSOCIATION INC

2112 GALLOWES RD STE C2
VIENNA, VA 22182

54-1182576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	71942	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOODS, BRITTANY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	69860	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAMOS, YENY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	69785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIELDS, KYANA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	69362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATSBEHA, NATHNAEL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	68621	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BASCOPE, CHRISTINA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VENEY, REGINALD

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	67866	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOADI, ROSE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	67712	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAWRENCE, DEVIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66199	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONGRESS ASSET MGMT

2 SEAPORT LANE
BOSTON, MA 02210

94-3362212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	65000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARDS, MONIQUE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCKAY, JAMAL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY SVC, INC.

PO BOX 4058
NEW YORK, NY 10001

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	60877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXANDER, JOCELINE M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60568	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)

EWELL, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60428	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AT&T

PO BOX 5094
CAROL STREAM, IL 60197

13-4924710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	60103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ONEAL, ROBERT

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59424	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)

PERNELL, LACHRISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

P & R ENTERPRISE, INC

5681 COLUMBIA PIKE STE 101
FALLS CHURCH, VA 22041

52-0886864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	50201	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TK ELEVATOR

PO BOX 3796
CAROL STREAM, IL 60132

62-1211267

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	48836	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)

AVAYA COMMUNICATIONS, INC.

PO BOX 5332
NEW YORK, NY 10087

22-3713430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	46876	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAMER WARNER ASSOCIATES, INC.

3545 RHODES AVENUE
NEWTOWN SQUARE, PA 19073

23-1742926

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	46815	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CRANFORD, CYNTHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46771	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AFLAC

1932 WYNNTON RD
COLUMBUS, GA 31999

58-0663085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	45051	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROMOLO & ASSOCIATES

1700 W LUTHY DRIVE
PEORIA, IL 61615

37-1077733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	42300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRAND, GALIT

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37649	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)

ALL STATE COURIER INC

801 N PITT STREET
ALEXANDRIA, VA 22314

27-0742550

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	37174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHULTHEIS & PANETTIERI, LLP

450 WIRELESS BLVD
HAUPAUGUE, NY 11788

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	36137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELL MARKETING LLP

PO BOX 643561
PITTSBURGH, PA 15264

74-2616805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	36095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROBERT HALF

12400 COLLECTIONS CENTER DR
CHICAGO, IL 60693

94-1648752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	32160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSIGHT DIRECT USA INC

PO BOX 731069
DALLAS, TX 75373

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	31273	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CULTURE AMP INC

13949 VENTURA BLVD
SHERMAN OAKS, CA 91423

43-3135453

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	27270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

OPEIU

8555 16TH STREET
SILVER SPRING, MD 20910

53-9120575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	25576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOODBIDGE GLASS CO., INC

14312 JEFFERSON DAVIS HWY
WOODBIDGE, VA 22191

54-0753543

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION BENEFIT INFORMATION

900 LARKSPUR LANDING CIRCLE
LARKSPUR, CA 94939

82-2042737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	24580	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)

OPEN TEXT, INC.

951 MARINERS ISLAND BLVD
SAN MATEO, CA 94404

46-0525483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	24422	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRGINIA & AMBINDER LLP

40 BROAD STREET
NEW YORK, NY 10004

13-4166736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	23298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY & COMPANY LLC

1585 BROADWAY
NEW YORK, NY 10036

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	22040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLER KAPLAN ARASE, LLP

4123 LANKERSHIM BLVD
NORTH HOLLYWOOD, CA 91602

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19727	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRYOR LEARNING, LLC

5700 BROADMOOR ST., SUITE 300
MISSION, KS 66202

92-2053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	18974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RETIREMENT CLEARINGHOUSE, LLC

1916 AYRSLEY TOWN BLVD STE 200
CHARLOTTE, NC 28273

26-0008851

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	18959	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)

APTEAN ADAPTABLE SOLUTIONS, INC.

4301 DEAN LAKES BLVD
SHAKOPEE, MN 55379

41-1688659

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	18410	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ BENEFITS & INSURANCE SERVICES

PO BOX 826435
PHILADELPHIA, PA 19182

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	17757	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METRO MAIL SERVICES, INC.

7942 P CLUNY COURT
SPRINGFIELD, VA 22153

54-1988261

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	17304	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)

RANDSTAD PROFESSIONALS

PO BOX 742699
ATLANTA, GA 30303

58-2426357

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OREVA TECHNOLOGIES, INC.

1320 GREENWAY DR. STE 675
IRVING, TX 75038

81-1727277

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL VISION ADMINISTRATORS

PO BOX 28144
NEW YORK, NY 10087

74-3033381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BARLOW COUGHRAN MORALES

1325 4TH AVENUE
SEATTLE, WA 98101

91-0889948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	12707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONNER AND WINTERS LLP

4000 ONE WILLIAMS CTR
TULSA, OK 74172

73-1388566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	NONE	12370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AIR CONDITIONING & REFRIDGERATION

3500 ORANGEWOOD AVE
ORANGE, CA 92868

95-6035386

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALEXANDRIA RENEW ENTERPRISES

1800 LIMERICK STREET
ALEXANDRIA, VA 22314

54-6002976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANASTASI MOORE & MARTIN PLLC

9 S WASHINGTON ST
SPOKANE, WA 99202

20-8149084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10377	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON GAS

PO BOX 37747
PHILADELPHIA, PA 19101

53-0162882

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FRANK PARSONS PAPER CO INC.

PO BOX 791416
BALTIMORE, MD 21279

53-0179108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 49	NONE	10303	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEEDLES & ASSOCIATES

350 INTERLOCKEN BLVD
BROOMFIELD, CO 80021

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60062

76-0702630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70 50	NONE	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROLLING GREENS, INC

7155 OLD ALEXANDRIA FERRY RD
CLINTON, MD 20735

54-1087867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTOMATIC DATA PROCESSING

11411 RED RUN BLVD
OWINGS MILLS, MD 21117

13-3036741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POWER SOLUTIONS LLC

17201 MELFORD BLVD
BOWIE, MD 20715

52-2100793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	8625	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)

FORD CREDIT

PO BOX 220564
PITTSBURGH, PA 15220

38-1612444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIGICERT, INC

2801 NORTH
LEHI, UT 84043

41-2089542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	8038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EPICORE SOFTWARE CORP

DEPT 1547
LOS ANGELES, CA 90084

45-1478440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7608	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)

NOVAK FRANCELLA, LLC

40 MONUMENT RD 5TH FLR
BALA CYNWYD, PA 19004

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	7147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MURRAY & HEISTER, INC.

10101 H BACON DR
BELTSVILLE, MD 20705

53-0177727

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	6827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLACK TECHNOLOGIES, INC.

500 HOWARD ST
SAN FRANCISCO, CA 94105

26-4400325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HYLAND SOFTWARE, INC

28105 CLEMENS RD
WESTLAKE, OH 44145

34-1699247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUBINBROWN, LLP

10801 W CHARLESTON BLVD
LAS VEGAS, NV 89135

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	6680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAPADULA, CARLSON & CO CPA

550 BILTMORE WAY STE 1200
CORAL GABLES, FL 33134

65-0292391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMCAST COMMUNICATIONS

PO BOX 70219
PHILADELPHIA, PA 19176

23-1709202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5830	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPENCER FANE BRITT & BROWN LLP

PO BOX 872037
KANSAS CITY, MO 64187

44-0561981

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	5696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRGINIA AMERICAN WATER

PO BOX 371880
PITTSBURGH, PA 15250

54-0119650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	5279	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)

COUNCIL OF INSTITUTIONAL INVESTORS

1717 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20006

52-1380217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VISION BUSINESS PRODUCTS

PO BOX 643897
PITTSBURGH, PA 15264

25-1303374

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5190	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	1350

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM WINS PO BOX 603094 CHARLOTTE, NC 28260 13-4279678	SOCIAL ENGINEERING

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	1895

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRAVELERS INSURANCE 300 ARBORETUM PLACE RICHMOND, VA 23236 06-0566090	EMPLOYMENT PRACTICES LIABILITY INSURANCE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	58289

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULLICO 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 13-2988846	FIDUCIARY LIABILITY

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	10662

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARTFORD FIRE INSURANCE COMP 277 PARK AVENUE NEW YORK, NY 10172 06-0383750	FIDUCIARY LIABILITY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	8329

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	CYBER LIABILITY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	27614

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	FIDUCIARY LIABILITY

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) 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 07/01/2023 and ending 06/30/2024

A Name of plan <u>UNITED ASSOCIATION NATIONAL PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
--	--

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND</u>	D Employer Identification Number (EIN) <u>52-6152779</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

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

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>113499099</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEWTOWER TRUST COMPANY MULTI-EMPLOY

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

c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>171815257</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO SL STOCK INDEX FUND

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1012882879</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND (EMER

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

c EIN-PN <u>13-4179575-001</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>101940261</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MESIROW COLLECTIVE INVESTMENT MASTE

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

c EIN-PN <u>82-0633167-105</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>86673162</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT WORLD BOND TRUST

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

c EIN-PN <u>20-8080381-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>61616263</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II, LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC

c EIN-PN <u>16-1626084-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62245274</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND INDEX		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 515717463
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 VALUE IN		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-098	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109059411
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 2000 GROWTH I		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86381618
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SENIOR LOAN TRUST FUND		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138325434
a Name of MTIA, CCT, PSA, or 103-12 IE: BELL INTERNATIONAL EQUITIES CIT		
b Name of sponsor of entity listed in (a): BELL ASSET MANAGEMENT LTD.		
c EIN-PN 93-3873553-173	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99200000
a Name of MTIA, CCT, PSA, or 103-12 IE: BELL AUSTRALIA TRUST		
b Name of sponsor of entity listed in (a): BELL ASSET MANAGEMENT LTD.		
c EIN-PN 04-3412674-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122225079
a Name of MTIA, CCT, PSA, or 103-12 IE: BELL GLOBAL TRUST		
b Name of sponsor of entity listed in (a): BELL ASSET MANAGEMENT LTD.		
c EIN-PN 26-0733642-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116131551
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY SERIES		
b Name of sponsor of entity listed in (a): RBC GLOBAL ASSET MANAGEMENT (U.S.) INC.		
c EIN-PN 47-4883422-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128518310
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT J		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-201	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123211834
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

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 07/01/2023 and ending 06/30/2024		
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND		
		D Employer Identification Number (EIN) 52-6152779

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	70721323	81114617
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	28951367	27317882
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	14056431	26411994
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	43964735	110806527
(2) U.S. Government securities	1c(2)	163559077	157209233
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	198633229	200802264
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1497477756	1782494388
(5) Partnership/joint venture interests	1c(5)	1236470875	1277888767
(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)	2532574022	2559356121
(10) Value of interest in pooled separate accounts	1c(10)	117850291	123211834
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	428206750	366874940
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	358613406	410799887
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2215911	2293684
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	4180369	4044515
f Total assets (add all amounts in lines 1a through 1e)	1f	6697475542	7130626653
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	26381921	39599371
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	26381921	39599371
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6671093621	7091027282

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)	468235591	
(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)		468235591
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5659822	
(B) U.S. Government securities	2b(1)(B)	4274343	
(C) Corporate debt instruments	2b(1)(C)	12813623	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	38705293	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		61453081
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	21811893	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2432636	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		24244529
(3) Rents	2b(3)		76420
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1184492563	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1121024895	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		63467668
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	296431102	
(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)		207859971
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		5959992
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-48551421
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		54652779
c Other income	2c		391937
d Total income. Add all income amounts in column (b) and enter total	2d		1134221649

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	699531376	
(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)		699531376
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)	15545172	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	720520	
(4) IQPA audit fees.....	2i(4)	164697	
(5) Investment advisory and investment management fees	2i(5)	14533782	
(6) Bank or trust company trustee/custodial fees	2i(6)	419588	
(7) Actuarial fees	2i(7)	325235	
(8) Legal fees	2i(8)	1962258	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	13643	
(11) Other expenses	2i(11)	12496618	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		46181513
j Total expenses. Add all expense amounts in column (b) and enter total	2j		745712889

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		388508760
l Transfers of assets:			
(1) To this plan	2l(1)		31424901
(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?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 535136.

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 07/01/2023 and ending 06/30/2024		
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND		D Employer Identification Number (EIN) 52-6152779
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 792
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 **JOHNSON CONTROLS, INC.**

b EIN **39-0380010**

c Dollar amount contributed by employer **8489262**

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 **BMW CONSTRUCTORS, INC.**

b EIN **35-2032531**

c Dollar amount contributed by employer **7911411**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer **APOLLO MECH CONTRACTORS**

b EIN **91-1178943**

c Dollar amount contributed by employer **6261348**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer **DYNAMIC SYSTEMS, INC.**

b EIN **74-2519426**

c Dollar amount contributed by employer **5427734**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer **ACCO ENGINEERED SYSTEM**

b EIN **95-1625123**

c Dollar amount contributed by employer **4713333**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer **THE BRANDT COMPANIES, LLC**

b EIN **37-1652957**

c Dollar amount contributed by employer **4525116**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **MURPHY COMPANY**

b EIN **43-0705361**

c Dollar amount contributed by employer **3962561**

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 **SOUTHLAND INDUSTRIES**

b EIN **95-1596533**

c Dollar amount contributed by employer **3234481**

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 **PACE PLUMBING CORPORATION**

b EIN **11-2000369**

c Dollar amount contributed by employer **3205505**

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) **7.66**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

b EIN **36-4906225**

c Dollar amount contributed by employer **3165867**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	784
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	799
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	797
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	1.02
b The corresponding number for the second preceding plan year	15b	1.08
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	11
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	23398
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☒		

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 55.0 % Private Equity: 6.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 18.0 %

High-Yield Debt: 4.0 % Real Assets: 14.0 % Cash or Cash Equivalents: 1.0 % Other: 2.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



UNITED ASSOCIATION NATIONAL PENSION FUND

FINANCIAL STATEMENTS

JUNE 30, 2024





UNITED ASSOCIATION NATIONAL PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of United Association National Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of June 30, 2024, and changes therein for the year then ended, and its financial status as of June 30, 2023, and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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



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

Auditor's Responsibility for the Audit of the Financial Statements

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

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

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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



Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

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

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

Other Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Bethesda, MD
February 27, 2025



UNITED ASSOCIATION NATIONAL PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

	2024	2023
Assets		
Investments		
Investments, at fair value	\$ 6,989,443,961	\$ 6,577,350,141
Investments, at contract value	2,293,684	2,215,911
Investments on loan	<u>(16,330,075)</u>	<u>(54,428,962)</u>
Investments on hand	<u>6,975,407,570</u>	<u>6,525,137,090</u>
Securities lending		
Investments on loan	16,330,075	54,428,962
Cash collateral held for securities on loan	16,699,669	55,697,514
Obligations to refund collateral	<u>(16,699,669)</u>	<u>(55,697,514)</u>
Net securities lending	<u>16,330,075</u>	<u>54,428,962</u>
Receivables		
Employer contributions and reciprocals	26,729,544	28,944,476
Withdrawal liability (net)	588,338	6,891
Interest and dividends	6,026,134	5,055,025
Due from broker for securities sold	19,773,053	8,557,820
Other	<u>612,807</u>	<u>443,586</u>
Total receivables	<u>53,729,876</u>	<u>43,007,798</u>
Prepaid expenses and deposits	<u>135,607</u>	<u>103,374</u>
Property and equipment (net of depreciation and amortization)	<u>3,908,908</u>	<u>4,076,995</u>
Cash, noninterest bearing	<u>81,114,617</u>	<u>70,721,323</u>
Total assets	<u>7,130,626,653</u>	<u>6,697,475,542</u>
Liabilities		
Due to broker for securities purchased	21,097,645	11,982,071
Trade creditors	2,893,629	4,821,758
Others	<u>15,608,097</u>	<u>9,578,092</u>
Total liabilities	<u>39,599,371</u>	<u>26,381,921</u>
Net assets available for benefits	<u>\$ 7,091,027,282</u>	<u>\$ 6,671,093,621</u>

See accompanying notes to financial statements.



UNITED ASSOCIATION NATIONAL PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments and foreign currency translation	\$ 579,820,091	\$ 312,847,799
Interest and dividends	85,697,610	162,717,997
Commissions recovered	10,988	8,536
Rental income (net of expenses)	76,420	75,908
	665,605,109	475,650,240
Less: investment expenses	(14,953,370)	(16,832,969)
Net investment income (loss)	650,651,739	458,817,271
Contributions		
Employer contributions and reciprocals (net)	467,622,346	446,565,263
Withdrawal liability	613,245	-
Total contributions	468,235,591	446,565,263
Merger income	31,424,901	-
Other income	380,949	397,664
Total additions	1,150,693,180	905,780,198
Deductions		
Benefits paid directly to participants	699,531,376	704,725,494
Administrative expenses	31,228,143	30,235,270
Total deductions	730,759,519	734,960,764
Net change	419,933,661	170,819,434
Net assets available for benefits		
Beginning of year	6,671,093,621	6,500,274,187
End of year	\$ 7,091,027,282	\$ 6,671,093,621

See accompanying notes to financial statements.



UNITED ASSOCIATION NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

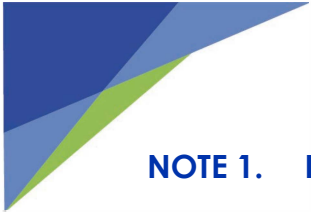
Pension Benefits - Benefit payments to participants are based upon type of pension, age, and pension credits earned. The Plan provides normal, reduced, early retirement, disability, deferred, vesting, severance, disability severance benefit, spouse's pre-retirement, and pre-retirement lump sum death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

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

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

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

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



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

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

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

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

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

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

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

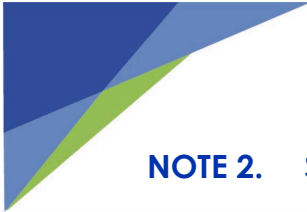
NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

The Plan had \$588,338 and \$6,891 recorded as withdrawal liability contributions receivable at June 30, 2024 and 2023, respectively. An allowance for credit losses of \$-0- has been recorded for the years ended June 30, 2024 and 2023.

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

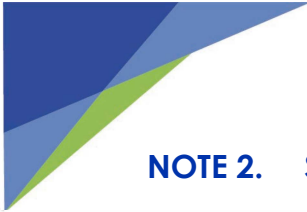
The following is a summary of net property and equipment:

	2024	2023
Land, building and improvements	\$ 12,197,525	\$ 12,084,570
Office furniture and furnishings	1,298,332	1,298,332
Data processing equipment	<u>9,495,631</u>	<u>9,392,403</u>
	22,991,488	22,775,305
Less: accumulated depreciation and amortization	<u>(19,082,580)</u>	<u>(18,698,310)</u>
Net property and equipment	<u>\$ 3,908,908</u>	<u>\$ 4,076,995</u>

Depreciation and amortization expense totaled \$391,665 and \$489,026 for the years ended June 30, 2024 and 2023, respectively.

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

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Employer Contributions and Reciprocals (Net) - Contributions paid from employers under union agreements and reciprocals received, less reciprocals paid (net) for the fiscal years ended June 30, 2024 and 2023, is comprised of the following:

	2024	2023
Contributions from employers	\$ 454,983,841	\$ 426,814,872
Reciprocal receipts	<u>32,440,887</u>	<u>46,557,580</u>
	487,424,728	473,372,452
Deduct: reciprocal payments	<u>19,802,382</u>	<u>26,807,189</u>
Employer contributions and reciprocals (net)	<u>\$ 467,622,346</u>	<u>\$ 446,565,263</u>

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

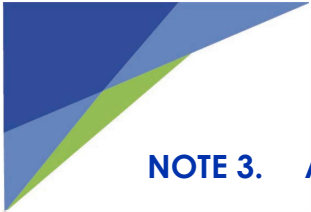
Administrative Expenses - The Plan's expenses are paid by the Plan, as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition,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

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

New Accounting Pronouncement Adopted - During the year ended June 30, 2024, 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 to 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 July 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT

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



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

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

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

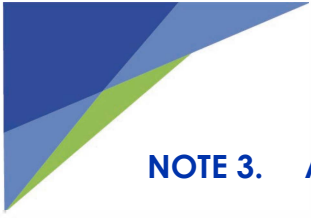
The actuarial present value of accumulated plan benefits is determined by an actuary from Cheiron and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments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

The actuarial present value of accumulated plan benefits as of July 1, 2023 (most recent valuation date) is as follows:

Vested benefits	
Participants currently receiving benefits	\$ 5,256,632,909
Terminated vested	1,053,490,248
Active participants	<u>2,507,363,318</u>
	8,817,486,475
Non-vested benefits	<u>173,011,540</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 8,990,498,015</u>

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

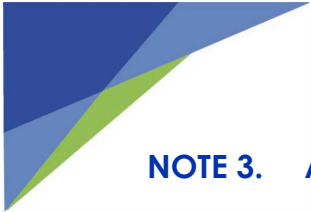
Actuarial present value of accumulated plan benefits at July 1, 2022	<u>\$ 8,845,050,597</u>
Change during the year attributed to	
Benefit accruals	144,596,815
Benefits paid	(704,725,494)
Interest	626,650,104
Experience (gains)/losses	<u>78,925,993</u>
Net change	<u>145,447,418</u>
Actuarial present value of accumulated plan benefits at July 1, 2023	<u>\$ 8,990,498,015</u>



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

The significant actuarial assumptions used in the valuations as of July 1, 2023 were:

Healthy life mortality rates:	RP-2000 Combined Mortality (Blue Collar) with ages set forward two years and generational mortality improvements using 75% of Scale AA.
Disabled life mortality rates:	RP-2000 Disabled Mortality with ages set forward two years and generational mortality improvements using 75% of Scale AA.
Disability rates:	Starting at age 25 with a 0.026% disability probability moving in increments up to age 65 which has a 0.00% disability probability.
Rate of turnover:	Starting at 1 year of service with a 15% rate of turnover moving in increments up to 39 & greater years of service at a 2.5% rate of turnover.
Rate of retirement:	Starting at age 55 with a 10% retirement probability moving in increments up to age 70 which has a 100% retirement probability.
Percent married:	Determined by Social Security awards in 1972.
Spouse's age:	Assumed that husbands are three years older than their spouses.
Net investment return:	7.25% for current valuation; 7.25% for prior valuation.
Interest assumption for current liability:	2.85% for current valuation; 2.27% for prior valuation.
Annual service credits:	Assumed actives will earn 1.02 years of service per year based on the average annual hours of service.
Administrative expenses:	\$29,033,000 for current valuation; \$27,731,000 for prior valuation.
Actuarial value of assets:	The actuarial asset value was reset to the market value concurrent with the July 1, 2021 actuarial valuation. Starting with the plan year ending June 30, 2022, the actuarial asset value will be based on the market value of assets less a phased in portion of the actual market value returns that are more or less than expected



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

returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. The 25% differences will be phased in over the next four years. The actuarial value is further adjusted to be within 20% of the market value. If such an adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

Actuarial cost method: Unit Credit Method.

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

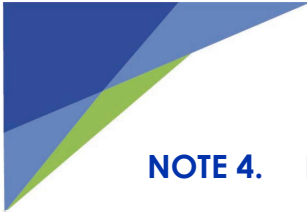
The "special amortization rule," which allowed the Plan's investment losses for the Plan's year ended June 30, 2009 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years.

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

Since information on the accumulated plan benefits at June 30, 2024, and the changes therein for the year then ended are not included, the financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2024, and the changes therein for the year then ended, but a presentation of only the net assets available for benefits and the changes therein as of and for the year ended June 30, 2024. The complete financial status of the Plan is presented as of June 30, 2023.

NOTE 4. RETIREMENT PLANS

The Plan has a non-contributory defined benefit pension plan for employees. Actuarial valuations prepared by an actuary from Cheiron as of June 30, 2024 and 2023 are presented on the following page:



NOTE 4. RETIREMENT PLANS (CONTINUED)

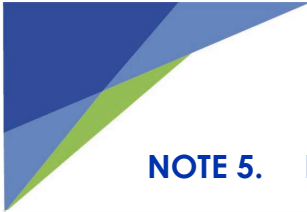
	2024	2023
Actuarial present value of accumulated plan benefits		
Vested	\$ 49,656,800	\$ 46,538,360
Non-vested	<u>1,203,976</u>	<u>1,123,881</u>
	<u>\$ 50,860,776</u>	<u>\$ 47,662,241</u>

Pension expense totaled \$1,865,434 and \$2,605,419 for the years ended June 30, 2024 and 2023, respectively.

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

NOTE 5. PLAN TERMINATION

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



NOTE 5. PLAN TERMINATION (CONTINUED)

- (b) Second, to all other benefits (if any) of the individuals under the Plan guaranteed under Title IV of ERISA.
- (c) Third, to all other vested benefits under this Plan.
- (d) Fourth, to all other benefits under this Plan.

NOTE 6. FUNDING POLICY

The Plan is financed by employer contributions in accordance with the formulas set forth in the collective bargaining agreements. The Plan met the minimum funding requirements of ERISA as of June 30, 2024 and 2023.

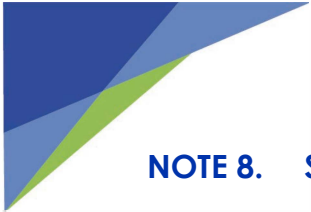
NOTE 7. INCOME TAX STATUS

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

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

NOTE 8. SECURITIES LENDING PROGRAM

The Trustees of the Plan have entered into an agreement with the bank that acts as custodian for the Plan's investments, which authorized the bank to lend securities held in the Plan's accounts to third parties. The bank must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are more than fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Plan's accounts with cash equal to the fair value of the loaned securities.



NOTE 8. SECURITIES LENDING PROGRAM (CONTINUED)

The Plan receives 80% of the net revenue derived from all securities lending activities, and the bank receives the remainder of the net revenue. Interest income reported in the statements of changes in net assets available for benefits includes \$17,557 and \$155,881 earned by the Plan during the years ended June 30, 2024 and 2023, respectively, in connection with the securities lending program.

Although the Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the borrower of securities will be unable to collateralize their loan upon a sudden material change in the fair value of the loaned securities or the collateral, or that the bank's investment of cash collateral received from the borrowers of the Plan's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

At June 30, 2024 and 2023, the fair value of securities loaned was \$16,330,075 and \$54,428,962, respectively, while the cash collateral held was \$16,699,669 and \$55,697,514, respectively. In accordance with Statement of Financial Accounting Standards No. 140, the value of the cash collateral held and a corresponding liability to return the collateral have been reported on the accompanying statements of net assets available for benefits.

NOTE 9. OTHER RISKS AND UNCERTAINTIES

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

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

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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



NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include other significant observable inputs including:

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

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

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

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

Following are the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2024 and 2023.

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

U.S. Government and agency obligations: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. Government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate and foreign bonds and notes: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

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

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023:

Description	Assets at Fair Value as of June 30, 2024			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 110,806,527	\$ 110,806,527	\$ -	\$ -
U.S. Government and agency obligations	157,209,233	77,912,217	79,297,016	-
Corporate bonds and notes	180,094,591	-	179,906,655	187,936
Foreign bonds	20,707,673	-	20,707,673	-
Common and preferred stocks	1,782,494,388	1,708,879,327	-	73,615,061
Mutual funds	<u>208,444,753</u>	<u>208,444,753</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	2,459,757,165	<u>\$ 2,106,042,824</u>	<u>\$ 279,911,344</u>	<u>\$ 73,802,997</u>
Investment measured at NAV*	<u>4,529,686,796</u>			
Total investments at fair value	<u>\$ 6,989,443,961</u>			

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

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

Sales of investments, whose fair value has been determined using significant unobservable inputs (Level 3), was \$-0- for both the years ended June 30, 2024 and 2023.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on NAV per share as of June 30, 2024 and 2023.

Description	June 30, 2024 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual funds	\$ 202,355,134	\$ -	Daily, monthly	30 Days
Common collective trusts	2,926,231,061	-	Daily, monthly	30 Days
Pooled separate account	123,211,834	-	Monthly	30 Days
Limited partnerships	1,277,888,767	184,801,574	N/A	N/A
	<u>\$ 4,529,686,796</u>	<u>\$ 184,801,574</u>		

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

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

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



NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

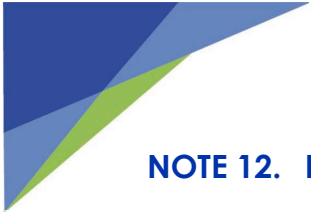
The fair values of limited partnerships recorded by the Plan are determined from financial statements received by the Plan from the limited partnerships or other entities in which the Plan has invested. Some of these financial statements are financial statements audited by independent accountants other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

NOTE 11. GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a fully benefit-responsive guaranteed investment contract with Brighthouse Financial Life Insurance Company (the Company) totaling \$2,293,684 and \$2,215,911 for the years ended June 30, 2024 and 2023, respectively. The Company maintains the contributions in an unallocated general account fund to which it adds interest at a rate of 3.50% per annum.

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

The contracts are credited an interest rate, which generally varies with each deposit. There is no specific formula used to credit interest rates, and the interest rates are not tied to the performance of a set of assets. The interest rates are credited based upon a number of factors, including, but not limited to, the level of net investment income that the company can earn on its newly purchased general account assets, the absolute level of interest rates, the shape of the yield curve, how interest rates have moved since the inception of the contract, the minimum guaranteed interest rate, and interest rates on alternative investments. The contract has a minimum guaranteed interest rate of 3.50%. The interest received by the Plan was \$77,773 and \$74,732 for the years ended June 30, 2024 and 2023, respectively.



NOTE 12. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

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

NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation for additions and deductions per the financial statements to income per Form 5500 for the year ended June 30, 2024:

	2024	2023
Additions per financial statements	\$ 1,150,693,180	\$ 905,780,198
Add: investment expenses	<u>14,953,370</u>	<u>16,832,969</u>
Income per Form 5500	<u>\$ 1,165,646,550</u>	<u>\$ 922,613,167</u>
Deductions per financial statements	\$ 730,759,519	\$ 734,960,764
Add: investment expenses	<u>14,953,370</u>	<u>16,832,969</u>
Expenses per Form 5500	<u>\$ 745,712,889</u>	<u>\$ 751,793,733</u>

Investment expenses are not netted with additions on the Form 5500.

NOTE 14. MERGER INCOME

Effective January 1, 2024, the United Association of Plumbers and Pipefitters Local 693 Defined Benefit Pension Plan merged into the United Association National Pension Fund. Accordingly, on that date, the United Association National Pension Fund assumed all assets, liabilities, rights and obligations of the United Association of Plumbers and Pipefitters Local 693 Defined Benefit Pension Plan.

NOTE 15. SUBSEQUENT EVENTS

Subsequent events have been evaluated through February 27, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION





UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
Audit fees and expenses	\$ 164,697	\$ 161,827
Actuarial services and expenses	325,235	327,250
Contribution-staff retirement plan	1,865,434	2,605,419
Depreciation and amortization	391,665	489,026
Dues and subscriptions	39,068	27,489
Employees' benefits	2,897,067	3,227,319
Equipment, rent, maintenance and repairs	371,108	469,846
Insurance expense	714,148	708,325
Legal fees and expenses	1,962,258	1,605,511
Other expenses	38,654	98,926
Outside services	738,894	878,375
Payroll expenses	10,782,671	9,815,083
Payroll compliance reviews	720,520	733,899
Pension Benefit Guaranty Corporation premiums	6,211,308	5,463,902
Postage, freight and express	349,234	346,989
Printing, stationery, and office supplies	367,563	309,235
Records storage expenses	212,671	176,049
Software expenses	1,336,120	1,130,597
Taxes		
Payroll	797,127	721,699
Other	183,858	194,411
Telephone and communications	143,691	167,102
Travel	122,299	114,863
Virginia property expense	492,853	462,128
Total administrative expenses	<u>\$ 31,228,143</u>	<u>\$ 30,235,270</u>

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

1. Normal Pension

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

Schedule A – benefit rates prior to January 1, 2005

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Reduced Pension

Age Requirement	65
Credited Service Requirement	Pension Credit, including 1,500 hours after the Contribution Date.
Benefit	Normal Pension.

3. Early Pension

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

4. Disability Pension

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

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

5. Deferred Pension

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

6. Vesting

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

7. Severance Benefit

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

8. Disability Severance Benefit

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

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

9. Spouse's Pre-Retirement Death Benefit

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

10. Pre-Retirement Lump Sum Death Benefit

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

11. Post-Retirement Death Benefit(s)

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

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

12. Past Service Credit

Years of Service after the Contribution Date:

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

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

13. Future Service Credit

Years of Service after the Contribution Date:

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

14. Pension Credit

Sum of Past Service Credit and Future Service Credit.

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

15. Contribution Date

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

16. Changes in Benefits Since Last Year

None.

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

A. Actuarial Assumptions

Rationale for Economic and Demographic Assumptions

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

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

1. Rate of Investment Return

Funding and disclosure purposes: 7.25% compounded annually

Current Liability under RPA 1994: Minimum funding 2.85%

All investment returns are net of investment expenses.

2. Rate of Mortality

(a) Funding:

Healthy Lives – RP-2000 Combined Mortality (Blue Collar) with ages set forward two years and generational mortality improvement using 75% of Scale AA.

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

(b) RPA '94 Current Liability:

2023 Current Liability Mortality Table pursuant to Internal Revenue Service



UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
<u>Short-term investments</u>							
	CLIENT CASH COLLATERAL WITH CITIBANK	MONEY MARKET	N/A	N/A	60,000	\$ 60,000	\$ 60,000
	DREYFUS TREASURY PRIME CASH	MONEY MARKET	N/A	N/A	8,483,236	8,483,236	8,479,675
	FEDERATED HERMES GOVERNMENT	MONEY MARKET	N/A	N/A	99,962,620	99,962,620	99,990,526
	RESERVE INVT FDS INC #25	MONEY MARKET	N/A	N/A	2,172,745.00	3,709,681.00	2,172,745.00
	USA TREASURY BILLS	TREASURY BILL	10/03/2024	N/A	105,000.00	104,738.00	103,581.00
	Total short-term investments					112,320,275	110,806,527
<u>U.S. Government and agency obligations</u>							
	FEDERAL HOME LN MTG CORP	U.S. GOV/AGENCY OBL.	07/01/2032	7.00%	5,987	6,197	6,164
	FEDERAL HOME LN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2032	7.00%	14,927	15,452	15,367
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2052	5.00%	508,771	492,794	492,566
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	4.50%	1,059,628	1,040,361	999,663
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2052	4.50%	745,375	721,205	703,261
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	617,549	596,618	597,837
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2052	5.50%	1,730,929	1,707,565	1,711,093
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2032	7.00%	13,428	13,901	13,824
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2032	7.00%	14,498	15,007	14,975
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2049	4.50%	51,127	53,867	48,799
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	07/15/2031	4.50%	70,000	60,006	50,287
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2049	3.00%	49,725	52,142	42,921
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2050	4.50%	116,368	126,478	110,782
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2050	2.00%	71,013	58,020	56,260
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2051	2.00%	67,752	55,355	53,674
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2051	2.50%	227,538	184,803	186,501
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2051	1.50%	89,455	71,564	67,044
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2051	1.50%	141,312	113,049	105,929
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2051	3.00%	65,628	68,827	56,392
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2051	2.50%	86,527	73,508	71,198
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/01/2051	2.50%	76,188	64,736	62,942
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	4.00%	122,906	131,931	112,679
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2051	3.00%	314,752	329,997	271,036
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2051	4.00%	139,123	130,819	127,583
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2052	2.00%	159,369	128,342	124,988
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	133,266	138,263	114,510
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	121,951	126,010	105,234
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	220,043	208,628	187,560
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	03/01/2052	3.00%	91,205	80,201	77,692
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2052	3.00%	851,727	727,029	725,305
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2052	5.00%	334,597	332,820	323,736
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	07/01/2052	5.50%	287,881	298,946	284,870
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2053	6.50%	399,573	412,278	409,015
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2053	6.50%	226,894	231,929	232,013
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	07/01/2053	5.50%	196,954	197,293	195,042
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2053	5.50%	458,022	458,237	453,011
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2053	6.00%	319,314	321,035	321,019
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2053	6.00%	353,442	352,172	355,329
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	03/01/2054	6.50%	227,267	231,280	231,508
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2051	2.00%	165,431	135,162	130,519
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2051	1.50%	838,518	626,006	629,249
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	03/01/2046	2.00%	52,498	42,893	42,387
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2052	2.50%	298,319	243,689	244,586
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2051	2.00%	165,430	124,848	129,743
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	325,644	289,772	280,285
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	07/01/2052	4.50%	114,900	106,346	108,497
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2053	5.00%	709,756	690,570	686,426
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2051	2.00%	125,358	94,684	99,414
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2051	2.00%	114,512	86,492	90,615
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2053	6.00%	113,878	112,597	114,477
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2037	2.50%	192,034	177,992	173,478
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2051	3.00%	163,836	138,979	142,280
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2051	2.50%	68,219	57,944	56,004
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	4.50%	127,374	117,891	120,253
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2052	2.50%	213,549	169,547	174,864
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2053	5.00%	242,654	235,298	235,357
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/01/2051	1.50%	544,206	396,335	408,677
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	2.00%	161,824	127,209	126,894
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2052	2.50%	204,497	159,571	169,100
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2053	6.00%	256,373	260,219	258,873
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2052	2.50%	313,624	249,723	257,357
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2053	6.00%	582,013	585,651	585,942
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	04/01/2052	2.00%	280,686	223,759	221,312
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2053	6.00%	385,306	390,303	389,502
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2053	4.50%	44,788	41,478	42,259
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	12/01/2050	1.50%	551,601	464,163	413,728
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	2.50%	1,124,516	954,494	919,607
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	2.50%	617,142	633,662	506,211

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	04/01/2052	3.00%	541,265	\$ 478,470	\$ 460,968
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2052	3.50%	1,069,287	1,051,879	947,025
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2052	4.00%	975,492	966,194	893,278
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2052	4.50%	241,950	243,386	228,125
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2052	5.00%	1,220,638	1,219,427	1,182,615
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	4.50%	1,012,251	988,611	954,967
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	5.00%	489,527	490,292	474,112
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	1,002,350	995,303	970,355
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2053	5.50%	971,740	985,105	959,739
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2053	6.00%	463,326	475,597	465,397
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2052	4.50%	1,507,757	1,463,841	1,422,599
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2052	5.00%	513,457	496,429	497,124
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	1,108,161	1,071,626	1,073,808
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2052	5.50%	1,239,071	1,227,050	1,222,665
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2029	7.00%	110	132	114
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2032	7.00%	12,890	13,392	13,257
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2029	7.00%	4,677	4,859	4,811
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2037	7.00%	125	126	125
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2033	VAR%	7,326	7,572	7,020
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2048	3.50%	8,623	9,099	8,233
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2029	4.50%	200,000	225,031	194,468
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2026	4.20%	240,000	252,000	230,878
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.02%	902,290	765,607	716,716
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2049	2.00%	9,677	10,070	8,970
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2049	4.00%	63,946	67,053	55,209
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2050	3.00%	25,448	26,705	21,931
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2050	3.00%	70,394	73,694	63,043
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2050	3.50%	27,574	29,371	24,718
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2050	3.50%	76,255	79,829	68,023
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2050	3.50%	261,229	216,248	205,866
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	2.00%	223,971	185,336	176,684
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2051	2.00%	194,970	205,755	167,538
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2051	3.00%	243,570	199,123	182,636
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2051	1.50%	363,759	304,705	298,890
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	2.50%	106,656	87,925	83,728
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	2.00%	82,955	83,538	71,758
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	82,500	70,015	67,572
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	2.50%	395,386	373,825	343,333
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.00%	252,406	238,602	218,336
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	41,434	42,516	36,842
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2052	3.50%	176,333	166,001	161,645
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2052	4.00%	101,871	104,792	98,753
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	551,205	533,894	533,853
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2053	6.00%	303,700	309,822	305,695
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2053	6.00%	352,632	358,087	355,097
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2050	2.00%	29,094	23,771	23,059
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2051	3.00%	288,946	280,187	247,531
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2051	4.00%	148,083	161,654	135,937
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/01/2051	3.00%	259,291	230,080	222,101
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.50%	102,929	94,156	91,788
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	233,814	206,633	200,552
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2052	2.50%	443,910	374,363	363,589
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	143,126	125,125	126,774
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	1,067,466	969,101	945,540
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2052	4.50%	533,018	455,314	453,940
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2052	6.00%	290,751	269,445	274,143
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2053	5.50%	183,562	184,480	184,713
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2053	6.00%	258,639	253,747	255,215
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2053	2.00%	212,847	206,595	213,903
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	2.00%	64,870	53,001	51,398
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2050	2.00%	32,349	26,430	25,757
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2051	4.50%	67,404	55,071	53,405
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2050	3.00%	90,474	98,730	86,173
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2051	2.00%	134,847	139,250	117,566
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2051	3.00%	237,857	193,076	186,677
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	196,548	197,930	170,077
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	3.50%	416,127	422,954	360,087
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	404,030	414,257	360,298
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2052	3.50%	153,726	155,384	132,511
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	2.50%	532,125	517,575	475,667
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2052	3.00%	459,607	390,881	378,188
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2052	2.00%	458,748	382,960	390,568
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	4.50%	168,852	132,470	132,491
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2053	4.00%	71,543	66,289	67,657
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2053	4.50%	263,510	239,671	241,491

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					(d) Cost	(e) Current value
(a)		Description	Maturity date	Rate of interest	Par/Maturity value or shares			
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	08/01/2053	4.50%	344,907	\$	329,845	\$ 326,486
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	12/01/2050	1.50%	555,399		467,359	416,588
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	06/01/2051	4.00%	35,183		37,745	32,314
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	09/01/2051	4.00%	211,443		228,491	194,200
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	10/01/2051	4.00%	69,371		74,943	63,710
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	05/01/2052	2.50%	947,687		828,782	779,197
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	10/01/2051	2.00%	1,794,090		1,481,978	1,408,666
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	11/01/2051	2.00%	894,025		892,542	701,586
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	10/01/2051	2.50%	1,287,862		1,322,336	1,056,382
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	03/01/2052	2.00%	2,095,524		1,733,861	1,643,729
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	1,062,500		1,044,953	941,078
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	06/01/2052	4.00%	972,659		963,388	890,722
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	07/01/2052	3.00%	553,823		489,311	471,658
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	08/01/2052	4.50%	753,878		746,655	710,817
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	08/01/2052	5.00%	1,686,176		1,685,776	1,633,668
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	10/01/2052	5.00%	466,834		442,835	451,984
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	01/01/2053	5.50%	956,008		969,069	944,775
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	01/01/2053	6.00%	449,330		461,230	451,527
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	07/01/2053	5.50%	537,611		539,669	530,300
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	04/01/2054	6.50%	895,424		908,716	911,453
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	08/15/2051	3.50%	1,936,660		1,936,660	1,916,371
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	07/13/2009	3.50%	1,222,226		1,222,226	1,222,509
FEDERAL NATL MTG ASSN		U.S. GOV/AGENCY OBL.	07/15/2053	5.50%	1,314,443		1,314,443	1,316,590
GOVT NATL MTG ASSN		U.S. GOV/AGENCY OBL.	09/15/2028	7.50%	112		281	113
GOVT NATL MTG ASSN		U.S. GOV/AGENCY OBL.	03/15/2043	3.00%	36,332		37,634	32,443
GOVT NATL MTG ASSN		U.S. GOV/AGENCY OBL.	04/15/2046	3.00%	29,111		30,171	25,559
GOVT NATL MTG ASSN		U.S. GOV/AGENCY OBL.	06/15/2046	3.00%	30,413		31,521	26,702
GOVT NATL MTG ASSN I		U.S. GOV/AGENCY OBL.	10/15/2029	7.50%	119		133	121
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	02/20/2053	5.50%	713,957		715,073	708,660
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	04/20/2053	5.50%	1,302,379		1,304,414	1,292,716
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	05/20/2053	5.50%	919,382		919,992	912,753
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	06/20/2053	5.00%	1,066,689		1,053,689	1,038,678
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	06/20/2053	5.50%	1,044,606		1,043,619	1,036,866
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	08/20/2053	5.50%	808,590		806,237	802,590
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	09/20/2053	5.50%	2,129,985		2,107,715	2,114,180
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	09/20/2046	3.00%	17,501		18,105	15,575
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	11/20/2050	4.00%	47,092		50,941	43,375
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	07/20/2051	3.00%	182,934		158,152	159,121
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	01/20/2052	2.50%	284,198		232,088	235,211
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	08/20/2051	2.50%	622,724		525,764	521,531
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	02/20/2052	2.50%	497,771		413,461	414,255
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	03/20/2052	2.50%	426,268		357,532	354,246
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	07/20/2048	5.00%	7,337		7,736	7,204
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	07/20/2048	5.00%	3,130		3,297	3,072
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	08/20/2059	3.50%	40,887		42,689	36,311
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	05/20/2050	2.50%	192,406		158,254	157,892
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	09/20/2050	2.00%	507,176		398,133	397,804
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	12/20/2050	2.00%	557,794		438,827	437,506
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	06/20/2051	2.00%	623,702		489,411	489,194
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	10/20/2051	2.00%	199,048		153,966	156,119
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	08/20/2051	2.50%	592,679		497,434	498,307
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	04/20/2052	3.00%	1,246,257		1,057,310	1,085,752
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	12/20/2052	3.50%	890,633		803,588	799,646
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	12/20/2052	6.00%	842,336		852,602	846,380
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	05/20/2053	5.50%	1,019,506		1,015,484	1,012,156
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	06/20/2053	5.50%	519,545		519,545	515,695
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	06/20/2053	6.00%	471,187		476,672	473,449
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	07/20/2053	5.50%	520,670		509,667	516,807
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	09/20/2053	5.00%	553,462		549,203	538,928
GOVT NATL MTG ASSN II		U.S. GOV/AGENCY OBL.	01/20/2054	6.00%	1,241,577		1,249,483	1,248,969
RESOLUTION FUNDING STRIP		U.S. GOV/AGENCY OBL.	01/15/2030	VAR%	240,000		210,842	185,585
RFCSP STRIP PRINCIPAL		U.S. GOV/AGENCY OBL.	04/15/2030	VAR%	530,000		438,314	405,000
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	08/15/2052	3.00%	4,000,000		3,658,815	3,009,240
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	02/15/2033	3.50%	7,830,000		7,946,417	7,338,824
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	02/15/2034	4.00%	4,510,000		4,339,677	4,377,541
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	08/15/2053	4.13%	3,290,000		3,015,041	3,063,681
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	02/15/2054	4.25%	6,520,000		6,502,035	6,208,279
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	10/31/2025	VAR%	910,000		915,075	910,710
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	08/31/2025	25.00%	3,780,000		3,549,632	3,576,371
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	08/15/2041	1.75%	4,065,000		3,060,774	2,686,071
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	11/15/2041	2.00%	8,455,000		7,976,564	5,808,500
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	05/15/2027	2.38%	1,130,000		1,065,842	1,064,234
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	07/31/2029	2.63%	5,475,000		5,217,944	5,044,939
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	05/15/2052	2.88%	2,545,000		2,172,898	1,865,307
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	08/15/2052	3.00%	1,065,000		944,562	801,210
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	05/15/2042	3.25%	1,110,000		968,639	923,032
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	02/15/2053	3.63%	420,000		376,432	357,294
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	08/15/2043	6.63%	605,000		531,547	525,691
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	05/15/2043	3.88%	500,000		458,540	451,135
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	10/15/2025	4.25%	2,335,000		2,326,466	2,313,121

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	05/15/2050	1.25%	83,000	\$ 48,500	\$	41,137
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	05/15/2052	2.88%	4,304,000	3,716,565		3,154,531
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	08/15/2052	3.00%	4,152,000	3,710,079		3,123,591
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	08/31/2024	3.25%	909,500	897,563		906,035
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	08/15/2042	3.38%	6,438,400	6,028,830		5,437,937
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	02/15/2053	3.63%	80,000	79,720		68,056
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	12/31/2030	3.75%	13,000	12,704		12,558
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	02/15/2043	3.88%	278,000	279,379		251,287
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	03/31/2025	3.88%	354,000	352,189		350,527
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	05/15/2043	3.88%	977,000	945,385		881,518
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	01/31/2029	4.00%	52,000	51,478		51,200
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	11/15/2052	4.00%	1,014,000	1,054,117		923,774
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	03/31/2031	4.13%	658,000	638,428		649,341
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	02/15/2054	4.25%	137,000	134,099		130,450
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	02/28/2031	4.25%	354,000	355,148		351,911
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	03/15/2027	4.25%	152,000	150,956		150,782
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	05/31/2025	4.25%	876,000	870,457		868,685
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	05/31/2029	4.50%	313,000	316,264		315,128
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	11/15/2025	4.50%	955,000	962,273		949,222
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	11/30/2024	4.50%	950,000	952,352		946,837
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	02/28/2026	4.63%	201,000	200,906		200,278
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	04/30/2029	4.63%	1,498,000	1,513,177		1,515,197
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	04/30/2031	4.63%	205,000	206,257		208,298
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	05/15/2044	4.63%	690,000	691,033		688,710
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	06/15/2027	4.63%	352,000	353,884		353,017
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	09/15/2026	4.63%	33,000	32,829		32,956
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	10/15/2026	4.63%	105,000	104,532		104,906
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	11/15/2043	4.75%	1,314,000	1,371,184		1,331,450
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	11/15/2053	4.75%	994,000	1,073,573		1,027,548
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	09/30/2025	5.00%	105,500	105,244		105,455
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	09/30/2024	4.25%	823,000	820,525		820,737
USA TREASURY NOTES		U.S. GOV/AGENCY OBL.	10/31/2024	4.38%	1,047,000	1,043,934		1,043,393
Total U.S. Government and agency obligations						166,786,712		157,209,233
<u>Corporate bonds and notes</u>								
1011778 BC / NEW RED FIN		CORPORATE DEBT	01/15/2028	3.88%	115,000	107,188		107,709
1011778 BC / NEW RED FIN		CORPORATE DEBT	06/15/2029	6.13%	60,000	60,000		60,218
1011778 BC / NEW RED FIN		CORPORATE DEBT	10/15/2030	4.00%	115,000	109,833		101,235
180 MEDICAL INC		CORPORATE DEBT	10/15/2029	3.88%	140,000	121,347		126,706
AAR ESCROW ISSUER LLC		CORPORATE DEBT	03/15/2029	6.75%	105,000	105,000		107,035
ABBVIE INC		CORPORATE DEBT	11/21/2029	3.20%	125,000	120,182		114,700
ABBVIE INC		CORPORATE DEBT	03/15/2054	5.40%	90,000	89,691		88,994
ABBVIE INC		CORPORATE DEBT	03/15/2064	5.50%	70,000	69,738		69,103
ABBVIE INC		CORPORATE DEBT	11/21/2059	4.25%	260,000	259,744		216,674
ABBVIE INC		CORPORATE DEBT	03/15/2031	4.95%	261,000	260,729		260,321
ACADIA HEALTHCARE CO INC		CORPORATE DEBT	04/15/2029	5.00%	45,000	41,629		42,763
ACRISURE LLC / FIN INC		CORPORATE DEBT	02/01/2029	8.25%	165,000	164,698		165,799
ACRISURE LLC / FIN INC		CORPORATE DEBT	11/06/2030	7.50%	260,000	260,000		260,179
ACRISURE LLC / FIN INC		CORPORATE DEBT	06/15/2029	8.50%	85,000	85,000		85,876
ACUSHNET CO		CORPORATE DEBT	10/15/2028	7.38%	55,000	55,244		56,995
ADIENT GLOBAL HOLDINGS		CORPORATE DEBT	08/15/2026	4.88%	40,000	38,931		38,903
ADIENT GLOBAL HOLDINGS SER 144A		CORPORATE DEBT	04/15/2031	8.25%	235,000	246,921		245,251
ADT SEC CORP		CORPORATE DEBT	08/01/2029	4.13%	115,000	114,745		106,055
ADT SEC CORP		CORPORATE DEBT	07/15/2032	4.88%	155,000	138,063		142,337
ADVANCED DRAINAGE SYSTEM		CORPORATE DEBT	06/15/2030	6.38%	150,000	150,032		150,543
ADVENTIST HEALTH SYS/W		CORPORATE DEBT	12/01/2034	5.76%	310,000	310,000		309,743
AERCAP GLOBAL AVIATION		CORPORATE DEBT	06/15/2045	VAR%	230,000	220,599		229,469
AERCAP IRELAND CAP/GLOBA		CORPORATE DEBT	10/29/2028	3.00%	500,000	425,805		454,385
AERCAP IRELAND CAP/GLOBA		CORPORATE DEBT	10/29/2024	1.65%	365,000	364,555		360,054
AERCAP IRELAND CAP/GLOBA		CORPORATE DEBT	01/30/2032	3.30%	634,000	631,616		544,745
AGCO CORP		CORPORATE DEBT	03/21/2034	5.80%	215,000	214,420		214,162
AHEAD DB HOLDINGS LLC		CORPORATE DEBT	05/01/2028	6.63%	210,000	185,275		198,757
AIB GROUP PLC 144A		CORPORATE DEBT	09/13/2029	VAR%	290,000	290,000		299,344
AIB GROUP PLC SER 144		CORPORATE DEBT	03/28/2035	VAR%	230,000	230,000		228,491
AIB GROUP PLC SER 144		CORPORATE DEBT	03/28/2035	VAR%	425,000	425,000		422,212
ALABAMA POWER CO		CORPORATE DEBT	12/01/2047	3.70%	155,000	154,800		115,182
ALBERTSONS COS LLC/SAFEW		CORPORATE DEBT	02/15/2028	5.88%	45,000	43,594		44,478
ALBERTSONS COS/SAFEWAY		CORPORATE DEBT	02/15/2028	6.50%	225,000	225,296		226,067
ALCOA NEDERLAND HOLDING 144A		CORPORATE DEBT	03/15/2031	7.13%	85,000	85,000		87,358
ALEXANDRIA REAL ESTATE E		CORPORATE DEBT	05/18/2032	2.00%	322,000	321,005		252,017
ALLEGHENY TECHNOLOGIES		CORPORATE DEBT	10/01/2029	4.88%	100,000	99,646		93,478
ALLEGHENY TECHNOLOGIES		CORPORATE DEBT	12/01/2027	5.88%	90,000	83,988		88,802
ALLIANT HOLD / CO-ISSUER		CORPORATE DEBT	01/15/2031	7.00%	115,000	115,411		116,175
ALLIANT HOLD / CO-ISSUER		CORPORATE DEBT	04/15/2028	6.75%	170,000	170,000		170,270
ALLIANT HOLD / CO-ISSUER		CORPORATE DEBT	10/15/2027	6.75%	320,000	330,317		315,635
ALLIANT HOLD / CO-ISSUER		CORPORATE DEBT	11/01/2029	5.88%	60,000	60,000		56,145
ALLIED UNIVERSAL		CORPORATE DEBT	06/01/2029	6.00%	205,000	175,508		179,455
ALLIED UNIVERSAL		CORPORATE DEBT	07/15/2026	6.63%	10,000	9,422		9,970

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares			
ALLIED UNIVERSAL HOLDCO	CORPORATE DEBT	02/15/2031	7.88%	285,000	\$	284,800	\$ 285,741
ALLWYN ENTERTAINMENT FIN 144A	CORPORATE DEBT	04/30/2029	7.88%	185,000		186,636	191,175
ALLY FINANCIAL INC	CORPORATE DEBT	11/20/2025	5.75%	45,000		44,150	44,716
ALLY FINANCIAL INC	CORPORATE DEBT	02/14/2033	6.70%	115,000		114,935	114,330
ALTICE FINANCING SA	CORPORATE DEBT	01/15/2028	5.00%	50,000		42,246	38,022
ALTICE FINANCING SA SER 144A	CORPORATE DEBT	08/15/2029	5.75%	85,000		70,530	61,715
ALTICE FRANCE SA	CORPORATE DEBT	10/15/2029	5.50%	170,000		124,925	112,045
ALTICE FRANCE SA	CORPORATE DEBT	02/01/2027	8.13%	85,000		78,200	63,745
ALTICE FRANCE SA	CORPORATE DEBT	01/15/2028	5.50%	175,000		172,851	119,856
AMAZON.COM INC	CORPORATE DEBT	08/22/2037	3.88%	265,000		305,962	234,011
AMERICAN AIRLINES INC	CORPORATE DEBT	02/15/2028	7.25%	25,000		25,000	25,016
AMERICAN AIRLINES/AADVAN	CORPORATE DEBT	04/20/2026	5.50%	200,000		196,418	198,222
AMERICAN AIRLINES/AADVAN	CORPORATE DEBT	04/20/2029	5.75%	295,000		283,321	286,997
AMERICAN EXPRESS CO	CORPORATE DEBT	07/28/2027	VAR%	1,315,000		1,315,000	1,316,604
AMERICAN EXPRESS CREDIT ACCOUN	CORPORATE DEBT	04/16/2029	5.23%	400,000		399,918	403,744
AMERICAN EXPRESS CREDIT ACCOUN	CORPORATE DEBT	04/15/2031	5.24%	445,000		444,897	453,277
AMERICAN FIN TR/FINAN OP	CORPORATE DEBT	09/30/2028	4.50%	205,000		194,088	180,357
AMERICAN HOMES 4 RENT	CORPORATE DEBT	04/17/2052	3.47%	602,341		609,980	591,077
AMERICAN INTL GROUP	CORPORATE DEBT	01/15/2035	3.88%	40,000		37,432	35,623
AMERICAN TOWER CORP	CORPORATE DEBT	10/15/2030	1.88%	385,000		383,283	313,444
AMGEN INC	CORPORATE DEBT	02/21/2040	3.15%	105,000		108,904	78,465
AMGEN INC	CORPORATE DEBT	03/02/2053	5.65%	115,000		114,834	113,257
AMGEN INC	CORPORATE DEBT	01/15/2032	2.00%	480,000		476,774	386,544
AMGEN INC	CORPORATE DEBT	11/15/2041	5.15%	53,000		52,833	49,482
AMSTED INDUSTRIES	CORPORATE DEBT	07/01/2027	5.63%	50,000		48,083	49,172
AMWINS GROUP INC	CORPORATE DEBT	02/15/2029	6.38%	75,000		75,000	75,205
AMWINS GROUP INC	CORPORATE DEBT	06/30/2029	4.88%	135,000		117,642	125,586
ANGLO AMERICAN CAPITAL 144A	CORPORATE DEBT	04/05/2034	5.75%	359,000		357,733	358,257
ANHEUSER-BUSCH CO/INBEV	CORPORATE DEBT	02/01/2036	4.70%	190,000		176,744	181,142
ANHEUSER-BUSCH INBEV WOR	CORPORATE DEBT	06/15/2034	5.00%	170,000		169,313	168,691
ANTERO MIDSTREAM PART/FI	CORPORATE DEBT	02/01/2032	6.63%	120,000		120,000	121,080
ANTERO MIDSTREAM PART/FI	CORPORATE DEBT	03/01/2027	5.75%	105,000		100,464	104,152
ANTERO RESOURCES MIDSTREAM	CORPORATE DEBT	06/15/2029	5.38%	80,000		77,434	77,549
ANTHEM INC	CORPORATE DEBT	12/01/2024	3.35%	140,000		139,955	138,732
ANTHEM INC	CORPORATE DEBT	12/01/2027	3.65%	450,000		449,096	430,133
API ESCROW CORP	CORPORATE DEBT	10/15/2029	4.75%	65,000		65,514	60,647
API GROUP DE INC	CORPORATE DEBT	07/15/2029	4.13%	65,000		63,912	59,150
APX GROUP INC	CORPORATE DEBT	02/15/2027	6.75%	20,000		19,670	19,948
APX GROUP INC	CORPORATE DEBT	07/15/2029	5.75%	95,000		94,767	91,146
ARCHROCK PARTNERS LP/FIN	CORPORATE DEBT	04/01/2028	6.25%	120,000		119,069	118,846
ARDAGH METAL PACKAGING	CORPORATE DEBT	09/01/2029	4.00%	135,000		112,374	114,245
ARDAGH METAL PACKAGING SER 144A	CORPORATE DEBT	06/15/2027	6.00%	80,000		78,600	78,610
ARDAGH PKG FIN/HLDGS USA 144A	CORPORATE DEBT	08/15/2026	4.13%	65,000		56,550	56,418
ARSENAL AIC PARENT LLC	CORPORATE DEBT	10/01/2030	8.00%	65,000		65,111	68,211
ARSENAL AIC PARENT LLC	CORPORATE DEBT	10/01/2031	11.50%	240,000		255,600	268,565
ARTERA SERVICES LLC	CORPORATE DEBT	02/15/2031	8.50%	220,000		220,700	226,490
ASBURY AUTOMOTIVE GROUP	CORPORATE DEBT	11/15/2029	4.63%	135,000		118,281	124,776
ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	12/31/2028	8.25%	135,000		137,203	138,308
ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	06/30/2029	5.88%	45,000		44,881	43,977
ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	11/01/2026	7.00%	80,000		71,297	80,055
ASGN INCORPORATED	CORPORATE DEBT	05/15/2028	4.63%	225,000		222,264	212,191
ASHLAND INC	CORPORATE DEBT	05/15/2043	6.88%	75,000		76,713	76,490
ASHLAND INC	CORPORATE DEBT	09/01/2031	3.38%	185,000		149,138	155,674
ASSUREDPARTNERS INC	CORPORATE DEBT	02/15/2032	7.50%	125,000		125,000	125,471
ASSUREDPARTNERS INC	CORPORATE DEBT	01/15/2029	5.63%	75,000		72,376	70,155
AT&T INC	CORPORATE DEBT	09/15/2053	3.50%	516,000		389,146	350,281
AT&T INC	CORPORATE DEBT	05/15/2035	4.50%	70,000		83,350	64,464
AT&T INC	CORPORATE DEBT	03/01/2029	4.35%	772,000		880,844	748,207
AT&T INC	CORPORATE DEBT	06/01/2031	2.75%	412,000		411,337	352,791
ATI INC	CORPORATE DEBT	08/15/2030	7.25%	120,000		120,000	123,871
AUTOMATION TOOLING SYSTE	CORPORATE DEBT	12/15/2028	4.13%	135,000		122,052	123,024
AUTOZONE INC	CORPORATE DEBT	11/01/2028	6.25%	145,000		144,862	151,183
AVALONBAY COMMUNITIES	CORPORATE DEBT	01/15/2031	2.45%	310,000		308,621	263,720
AVEANNA HEALTHCARE (3/17)	CORPORATE DEBT	07/17/2028	VAR%	124,680		118,727	119,070
AVIENT CORP	CORPORATE DEBT	08/01/2030	7.13%	230,000		222,901	234,391
AVOLON HOLDINGS FNDG LTD 144A	CORPORATE DEBT	05/04/2028	6.38%	190,000		189,994	192,947
AVOLON HOLDINGS FNDG LTD 144A	CORPORATE DEBT	11/15/2029	5.75%	678,000		672,529	673,864
AXA EQUITABLE HOLDINGS I	CORPORATE DEBT	04/20/2028	4.35%	429,000		437,905	414,697
AXALTA COATING SYSTEMS SER 144A	CORPORATE DEBT	02/15/2031	7.25%	210,000		214,210	218,072
BACARDI LTD / MARTINI BV 144A	CORPORATE DEBT	06/15/2033	5.40%	763,000		760,154	743,902
BALDWIN INSUR GRP/FIN	CORPORATE DEBT	05/15/2031	7.13%	150,000		150,000	151,743
BANIJAY ENTERTAINMENT	CORPORATE DEBT	05/01/2029	8.13%	65,000		65,181	66,476
BANK	CORPORATE DEBT	06/15/2055	VAR%	145,000		149,349	136,763
BANK OF AMERICA CORP	CORPORATE DEBT	06/14/2029	VAR%	535,000		533,871	474,620
BANK OF AMERICA CORP	CORPORATE DEBT	10/01/2025	VAR%	200,000		200,000	198,604
BANK OF AMERICA CORP	CORPORATE DEBT	12/20/2028	VAR%	35,000		33,219	32,911
BANK OF AMERICA CORP	CORPORATE DEBT	12/31/2089	VAR%	155,000		153,414	155,834

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	BANK OF AMERICA CORP	CORPORATE DEBT	03/08/2037	VAR%	356,000	\$ 356,000	\$ 311,988
	BANK OF AMERICA CORP	CORPORATE DEBT	04/02/2026	VAR%	637,000	637,000	625,591
	BANK OF AMERICA CORP	CORPORATE DEBT	08/01/2025	3.88%	310,000	320,440	305,257
	BANK OF AMERICA CORP	CORPORATE DEBT	04/24/2028	VAR%	414,000	410,063	396,533
	BANK OF AMERICA CORPORATION	CORPORATE DEBT	10/24/2026	VAR%	155,000	154,710	146,221
	BANK OF AMERICA CORPORATION	CORPORATE DEBT	07/22/2027	VAR%	180,000	164,716	166,847
	BANK OF AMERICA CORPORATION	CORPORATE DEBT	04/22/2032	VAR%	393,000	324,598	332,132
	BANK OF AMERICA CREDIT CARD TR	CORPORATE DEBT	05/15/2028	4.79%	100,000	99,375	99,331
	BANK OF AMERICA CREDIT CARD TR	CORPORATE DEBT	11/15/2028	4.98%	245,000	244,967	244,819
	BANK OF NY MELLON CORP	CORPORATE DEBT	02/01/2029	VAR%	230,000	230,000	225,481
	BANK OF NY MELLON CORP	CORPORATE DEBT	12/31/2059	VAR%	90,000	79,880	85,488
	BARCLAYS COMMERCIAL MORTGAGE S	CORPORATE DEBT	12/15/2055	5.71%	195,000	200,846	200,645
	BARCLAYS PLC	CORPORATE DEBT	09/13/2029	VAR%	248,000	248,000	256,730
	BARCLAYS PLC	CORPORATE DEBT	11/02/2026	VAR%	396,000	396,000	402,906
	BARCLAYS PLC	CORPORATE DEBT	09/23/2035	3.56%	497,000	497,000	426,943
	BARCLAYS PLC	CORPORATE DEBT	09/13/2027	6.50%	278,000	278,000	282,618
	BAT CAPITAL CORP	CORPORATE DEBT	08/02/2030	6.34%	455,000	455,000	474,351
	BATH & BODY WORKS INC	CORPORATE DEBT	07/01/2036	6.75%	80,000	80,647	79,646
	BAUSCH & LOMB ESCROW COR 144A	CORPORATE DEBT	10/01/2028	8.38%	110,000	110,305	112,613
	BAUSCH HEALTH COS INC	CORPORATE DEBT	08/15/2027	5.75%	145,000	109,269	115,095
	BAUSCH HEALTH COS INC	CORPORATE DEBT	06/01/2028	4.88%	205,000	151,188	153,414
	BAUSCH HEALTH COS INC SER 144A	CORPORATE DEBT	02/01/2027	6.13%	155,000	116,138	129,038
	BCPE EMPIRE HOLDINGS INC	CORPORATE DEBT	05/01/2027	7.63%	270,000	265,140	261,630
	BEACON ROOFING SUPPLY IN	CORPORATE DEBT	08/01/2030	6.50%	155,000	155,124	156,397
	BEAZER HOMES USA	CORPORATE DEBT	03/15/2031	7.50%	165,000	166,063	164,655
	BENTELER INTERNATIONAL SER 144A	CORPORATE DEBT	05/15/2028	10.50%	235,000	243,365	252,350
	BERKSHIRE HATHAWAY ENERG	CORPORATE DEBT	05/15/2051	2.85%	25,000	24,969	15,237
	BERKSHIRE HATHAWAY ENERG	CORPORATE DEBT	05/15/2031	1.65%	568,000	543,150	451,969
	BERKSHIRE HATHAWAY ENERG	CORPORATE DEBT	07/15/2030	3.70%	262,000	261,958	243,623
	BERRY GLOBAL ESCROW CORP	CORPORATE DEBT	07/15/2027	5.63%	175,000	174,918	172,170
	BLACKROCK FUNDING INC	CORPORATE DEBT	03/14/2054	5.25%	40,000	39,518	38,654
	BLACKSTONE MORTGAGE TR	CORPORATE DEBT	01/15/2027	3.75%	185,000	161,172	166,733
	BLOCK INC	CORPORATE DEBT	05/15/2032	6.50%	410,000	410,600	415,490
	BLUE RACER MID LLC/FINAN	CORPORATE DEBT	07/15/2026	6.63%	25,000	25,000	24,990
	BLUE RACER MID LLC/FINAN	CORPORATE DEBT	07/15/2029	7.00%	60,000	60,000	61,103
	BLUE RACER MID LLC/FINAN	CORPORATE DEBT	07/15/2032	7.25%	45,000	45,000	46,267
	BMW VEHICLE LEASE TRUST	CORPORATE DEBT	11/25/2025	5.16%	52,848	52,847	52,749
	BMW VEHICLE OWNER TRUST	CORPORATE DEBT	02/25/2028	5.47%	95,000	94,983	95,297
	BMW VEHICLE OWNER TRUST	CORPORATE DEBT	02/26/2029	5.51%	496,000	495,925	496,486
	BOEING CO	CORPORATE DEBT	05/01/2031	6.39%	355,000	355,000	361,411
	BOEING CO	CORPORATE DEBT	05/01/2034	6.53%	497,000	497,000	508,878
	BOMBARDIER INC	CORPORATE DEBT	04/15/2027	7.88%	52,000	50,792	52,133
	BOMBARDIER INC SERIES 144A	CORPORATE DEBT	07/01/2031	7.25%	105,000	105,988	107,806
	BOMBARDIER INC SERIES 144A	CORPORATE DEBT	06/01/2032	7.00%	160,000	160,000	162,222
	BOMBARDIER INC SERIES 144A	CORPORATE DEBT	02/15/2028	6.00%	60,000	58,350	59,310
	BOMBARDIER INC SERIES 144A	CORPORATE DEBT	11/15/2030	8.75%	70,000	74,400	75,655
	BORR IHC LTD SR SEC 144A	CORPORATE DEBT	11/15/2028	10.00%	240,396	236,215	251,214
	BORR IHC LTD/BORR FIN SER 144A	CORPORATE DEBT	11/15/2030	10.38%	4,873	5,058	5,097
	BOSTON PROPERTIES INC	CORPORATE DEBT	06/21/2029	3.40%	180,000	179,667	159,980
	BOSTON PROPERTIES INC	CORPORATE DEBT	06/21/2029	3.40%	622,000	620,849	552,821
	BOSTON PROPERTIES LP	CORPORATE DEBT	10/01/2033	2.45%	672,000	671,724	497,851
	BP CAP MARKETS AMERICA	CORPORATE DEBT	09/11/2033	4.89%	225,000	224,996	218,792
	BP CAP MARKETS AMERICA	CORPORATE DEBT	02/13/2033	4.81%	330,000	330,000	319,919
	BPR TRUST	CORPORATE DEBT	08/15/2039	VAR%	490,000	487,395	490,431
	BRAND INDUSTRIAL SERVICE	CORPORATE DEBT	08/01/2030	10.38%	105,000	110,916	113,472
	BRINKS CO/THE	CORPORATE DEBT	06/15/2029	6.50%	40,000	40,000	40,419
	BRISTOL-MYERS SQUIBB CO	CORPORATE DEBT	02/01/2031	5.75%	340,000	339,320	352,998
	BROADSTREET PARTNERS INC	CORPORATE DEBT	04/15/2029	5.88%	195,000	181,667	181,951
	BUCKEYE PARTNERS LP	CORPORATE DEBT	10/15/2024	4.35%	130,000	125,390	129,145
	BUILDERS FIRTSOURCE INC	CORPORATE DEBT	03/01/2030	5.00%	100,000	92,991	94,597
	BUILDERS FIRTSOURCE INC	CORPORATE DEBT	06/15/2032	6.38%	140,000	140,000	140,202
	BURLINGTN NORTH SANTA FE	CORPORATE DEBT	04/01/2044	4.90%	55,000	58,585	50,743
	CABLE ONE INC	CORPORATE DEBT	11/15/2030	4.00%	135,000	105,195	100,757
	CAESARS ENTERTAIN INC	CORPORATE DEBT	02/15/2032	6.50%	85,000	85,000	85,417
	CAESARS ENTERTAIN INC	CORPORATE DEBT	07/01/2027	8.13%	75,000	75,563	76,525
	CALDERYS FINANCING LLC	CORPORATE DEBT	06/01/2028	11.25%	40,000	40,000	42,312
	CALPINE CORP	CORPORATE DEBT	02/01/2029	4.63%	117,000	114,349	108,553
	CALPINE CORP	CORPORATE DEBT	02/01/2031	5.00%	379,000	363,687	353,721
	CAMDEN PROPERTY TRUST	CORPORATE DEBT	05/15/2030	2.80%	70,000	69,950	62,039
	CAMELOT RETURN MERGER SU	CORPORATE DEBT	08/01/2028	8.75%	120,000	113,774	117,648
	CANPACK SA/CANPACK US SER 144A	CORPORATE DEBT	11/15/2029	3.88%	180,000	158,738	161,363
	CAPITAL ONE PRIME AUTO RECEIVA	CORPORATE DEBT	05/17/2027	4.14%	300,000	299,979	295,278
	CARNIVAL CORP	CORPORATE DEBT	03/01/2027	5.75%	40,000	36,700	39,517
	CARNIVAL CORP	CORPORATE DEBT	03/01/2026	7.63%	150,000	152,242	151,484
	CARNIVAL CORP	CORPORATE DEBT	08/15/2029	7.00%	90,000	88,875	93,293
	CARNIVAL HLDGS BM LTD	CORPORATE DEBT	05/01/2028	10.38%	440,000	462,600	476,335
	CARPENTER TECHNOLOGY	CORPORATE DEBT	03/15/2030	7.63%	220,000	222,390	226,494

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	CARPENTER TECHNOLOGY	CORPORATE DEBT	07/15/2028	6.38%	25,000	\$ 24,138	\$ 24,995
	CARVANA CO	CORPORATE DEBT	12/01/2028	12.00%	261,559	242,517	281,262
	CARVANA CO	CORPORATE DEBT	06/01/2031	14.00%	140,000	149,975	157,455
	CBS CORP	CORPORATE DEBT	02/15/2028	3.38%	45,000	40,017	40,224
	CBS CORP	CORPORATE DEBT	07/01/2042	4.85%	55,000	39,718	39,393
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	01/15/2034	4.25%	140,000	100,189	106,268
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	02/01/2032	4.75%	125,000	103,086	102,371
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	03/03/2031	7.38%	125,000	123,019	123,251
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	05/01/2027	5.13%	130,000	121,712	124,820
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	02/01/2028	5.00%	50,000	51,910	46,745
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	03/01/2030	4.75%	190,000	198,132	164,565
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	09/01/2029	6.38%	355,000	345,025	337,438
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	05/01/2032	4.50%	245,000	235,230	197,328
	CCO HOLDINGS LLC/CAP CORP	CORPORATE DEBT	02/01/2031	4.25%	235,000	190,694	191,863
	CENOVUS ENERGY INC	CORPORATE DEBT	01/15/2032	2.65%	108,000	106,671	89,325
	CENTRAL PARENT/MERGER SU	CORPORATE DEBT	06/15/2029	7.25%	35,000	35,744	34,827
	CHAMPIONS FINANCING INC	CORPORATE DEBT	02/15/2029	8.75%	230,000	233,406	235,858
	CHARLES SCHWAB CORP	CORPORATE DEBT	05/19/2029	VAR%	405,000	405,000	410,310
	CHARLES SCHWAB CORP	CORPORATE DEBT	11/17/2029	VAR%	230,000	230,000	239,209
	CHART INDUSTRIES INC	CORPORATE DEBT	01/01/2030	7.50%	360,000	355,500	372,013
	CHART INDUSTRIES INC	CORPORATE DEBT	01/01/2031	9.50%	25,000	24,487	27,087
	CHARTER COMM OPT LLC/CAP	CORPORATE DEBT	03/01/2050	4.80%	30,000	30,160	22,008
	CHARTER COMM OPT LLC/CAP	CORPORATE DEBT	01/15/2029	2.25%	542,000	541,106	463,237
	CHARTER COMM OPT LLC/CAP	CORPORATE DEBT	06/01/2041	3.50%	657,000	654,004	441,254
	CHEEVER ESCROW ISSUER	CORPORATE DEBT	10/01/2027	7.13%	105,000	104,031	105,399
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	01/15/2029	6.00%	55,000	51,240	48,538
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	02/15/2031	4.75%	100,000	79,275	78,623
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	01/15/2032	10.88%	95,000	95,000	98,875
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	05/15/2030	5.25%	175,000	165,386	144,286
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	12/15/2027	8.00%	30,000	32,775	29,748
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	03/15/2027	5.63%	240,000	222,881	223,490
	CHUBB INA HOLDINGS INC	CORPORATE DEBT	03/15/2034	5.00%	205,000	204,278	202,960
	CHURCHILL DOWNS INC	CORPORATE DEBT	01/15/2028	4.75%	100,000	93,455	95,514
	CHURCHILL DOWNS INC	CORPORATE DEBT	04/01/2027	5.50%	75,000	74,625	73,793
	CHURCHILL DOWNS INC	CORPORATE DEBT	05/01/2031	6.75%	240,000	240,000	241,298
	CIENA CORP	CORPORATE DEBT	01/31/2030	4.00%	55,000	49,277	49,713
	CIGNA CORP	CORPORATE DEBT	03/15/2050	3.40%	30,000	28,440	20,457
	CIM TRUST	CORPORATE DEBT	08/25/2048	VAR%	11,701	12,059	10,621
	CINTAS CORPORATION NO. 2	CORPORATE DEBT	05/01/2032	4.00%	315,000	314,820	295,968
	CISCO SYSTEMS INC	CORPORATE DEBT	02/26/2034	5.05%	310,000	309,687	309,768
	CITIBANK NA	CORPORATE DEBT	04/30/2034	5.57%	545,000	545,000	553,671
	CITIBANK NA	CORPORATE DEBT	12/04/2026	5.49%	250,000	250,516	251,350
	CITIBANK NA	CORPORATE DEBT	09/29/2028	5.80%	708,000	708,000	727,371
	CITIGROUP INC	CORPORATE DEBT	05/25/2034	VAR%	125,000	125,000	127,124
	CITIGROUP INC	CORPORATE DEBT	09/29/2026	VAR%	755,000	755,000	754,585
	CITIGROUP INC	CORPORATE DEBT	06/03/2031	VAR%	160,000	145,590	137,331
	CIVITAS RESOURCES INC	CORPORATE DEBT	07/01/2028	8.38%	170,000	170,000	178,131
	CIVITAS RESOURCES INC	CORPORATE DEBT	07/01/2031	8.75%	90,000	90,890	96,386
	CIVITAS RESOURCES INC	CORPORATE DEBT	11/01/2030	8.63%	175,000	180,293	187,639
	CLEAR CHANNEL OUTDOOR	CORPORATE DEBT	08/15/2027	5.13%	120,000	113,213	114,599
	CLEAR CHANNEL OUTDOOR HO	CORPORATE DEBT	04/15/2028	7.75%	45,000	38,588	39,375
	CLEAR CHANNEL OUTDOOR HO	CORPORATE DEBT	09/15/2028	9.00%	105,000	109,150	109,931
	CLEAR CHANNEL OUTDOOR HO	CORPORATE DEBT	04/01/2030	7.88%	125,000	125,000	125,819
	CLOUD SOFTWARE GRP INC	CORPORATE DEBT	06/30/2032	8.25%	95,000	95,000	96,829
	CLOUD SOFTWARE GRP INC	CORPORATE DEBT	09/30/2029	9.00%	160,000	152,500	155,235
	CLOUDERA (10/21) 1ST LIEN	CORPORATE DEBT	08/09/2028	VAR%	79,796	79,497	79,363
	CNH EQUIPMENT TRUST	CORPORATE DEBT	11/15/2027	3.89%	189,705	189,676	186,624
	CNH EQUIPMENT TRUST	CORPORATE DEBT	04/17/2028	5.15%	360,000	359,939	359,280
	CNT PRNT/CDK GLO II/FIN	CORPORATE DEBT	06/15/2029	8.00%	105,000	107,341	106,612
	COCA-COLA CO/THE	CORPORATE DEBT	05/13/2034	5.00%	377,000	375,858	378,248
	COLGATE ENERGY	CORPORATE DEBT	07/01/2029	5.88%	190,000	191,956	187,091
	COLUMBIA PIPELINES OPCO	CORPORATE DEBT	08/15/2030	5.93%	126,000	125,997	128,704
	COMCAST CORP	CORPORATE DEBT	08/15/2035	4.40%	405,000	404,753	375,002
	COMCAST CORP	CORPORATE DEBT	02/15/2031	1.50%	550,000	548,147	441,727
	COMMScope FINANCE LLC	CORPORATE DEBT	03/01/2026	6.00%	85,000	74,163	74,592
	COMMScope TECH FINANCE L	CORPORATE DEBT	06/15/2025	6.00%	50,000	40,000	40,737
	COMSTOCK RESOURCES INC	CORPORATE DEBT	01/15/2030	5.88%	280,000	284,430	260,546
	COMSTOCK RESOURCES INC	CORPORATE DEBT	03/01/2029	6.75%	173,000	167,728	167,658
	CONCENTRA ESCROW ISSUER	CORPORATE DEBT	07/15/2032	6.88%	65,000	65,000	65,855
	CONDOR MERGER SUB INC	CORPORATE DEBT	02/15/2030	7.38%	155,000	152,526	143,197
	CONOCOPHILLIPS COMPANY	CORPORATE DEBT	11/15/2034	4.15%	72,000	71,970	64,838
	CONS EDISON CO OF NY	CORPORATE DEBT	03/15/2044	4.45%	300,000	299,748	255,549
	CONSTELLATION EN GEN LLC	CORPORATE DEBT	03/01/2028	5.60%	275,000	274,962	278,509
	CONSTELLUM SE	CORPORATE DEBT	06/15/2028	5.63%	40,000	39,150	39,149
	CONSUMERS 23 SECURE FUND	CORPORATE DEBT	03/01/2028	5.55%	250,000	249,975	249,970
	CORNERSTONE BUILDING	CORPORATE DEBT	01/15/2029	6.13%	35,000	30,541	28,785
	COTIVITI (5/24)	CORPORATE DEBT	02/24/2031	VAR%	243,014	292,710	241,191

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	COTY INC	CORPORATE DEBT	04/15/2026	5.00%	185,000	\$ 176,043	\$ 182,558
	COTY/HFC PRESTIGE/INT US	CORPORATE DEBT	01/15/2029	4.75%	80,000	75,541	76,034
	COTY/HFC PRESTIGE/INT US	CORPORATE DEBT	07/15/2030	6.63%	190,000	190,148	192,812
	CRESCENT ENERGY FINANCE	CORPORATE DEBT	04/01/2032	7.63%	150,000	150,000	152,879
	CRESCENT ENERGY FINANCE	CORPORATE DEBT	01/15/2033	7.38%	125,000	125,000	125,270
	CROCS INC	CORPORATE DEBT	08/15/2031	4.13%	15,000	12,900	13,060
	CROWN AMER/CAP CORP VI	CORPORATE DEBT	02/01/2026	4.75%	105,000	103,870	103,193
	CROWN CASTLE INTL CORP	CORPORATE DEBT	07/15/2031	2.50%	123,000	122,684	101,631
	CSC HOLDINGS LLC	CORPORATE DEBT	04/01/2028	7.50%	85,000	59,075	45,111
	CSC HOLDINGS LLC	CORPORATE DEBT	01/31/2029	11.75%	170,000	170,922	144,985
	CSC HOLDINGS LLC	CORPORATE DEBT	02/01/2028	5.38%	205,000	171,513	155,753
	CSC HOLDINGS LLC	CORPORATE DEBT	05/15/2028	11.25%	200,000	201,438	174,178
	CSC HOLDINGS LLC	CORPORATE DEBT	11/15/2031	5.00%	85,000	46,644	30,813
	CSC HOLDINGS LLC	CORPORATE DEBT	12/01/2030	4.13%	145,000	110,025	93,721
	CSC HOLDINGS LLC	CORPORATE DEBT	12/01/2030	4.63%	180,000	100,813	65,556
	CUSHMAN & WAKEFIELD US	CORPORATE DEBT	09/01/2031	8.88%	155,000	150,457	163,068
	CVS HEALTH CORP	CORPORATE DEBT	04/01/2027	3.63%	50,000	50,208	47,962
	CVS HEALTH CORP	CORPORATE DEBT	03/25/2038	4.78%	110,000	103,353	98,210
	CVS HEALTH CORP SER 144A	CORPORATE DEBT	02/20/2026	5.00%	380,000	378,708	377,085
	CYXTERA DC HOLDINGS	CORPORATE DEBT	05/01/2024	VAR%	7,133	67,677	92
	DANA INC	CORPORATE DEBT	02/15/2032	4.50%	45,000	39,080	38,646
	DANA INC	CORPORATE DEBT	06/15/2028	5.63%	25,000	22,750	24,255
	DAVITA INC	CORPORATE DEBT	02/15/2031	3.75%	50,000	37,434	42,648
	DAVITA INC	CORPORATE DEBT	06/01/2030	4.63%	45,000	37,110	40,663
	DEALER TIRE LLC/DT ISSR	CORPORATE DEBT	02/01/2028	8.00%	195,000	190,228	188,169
	DELL INT LLC / EMC CORP	CORPORATE DEBT	12/15/2041	3.38%	488,000	486,380	356,967
	DEUTSCHE BANK NY	CORPORATE DEBT	05/10/2029	5.41%	550,000	550,000	549,181
	DIAMONDBACK ENERGY INC	CORPORATE DEBT	04/18/2054	5.75%	140,000	139,940	135,722
	DIAMONDBACK ENERGY INC	CORPORATE DEBT	04/18/2064	5.90%	115,000	114,947	111,008
	DIAMONDBACK ENERGY INC	CORPORATE DEBT	04/18/2034	5.40%	396,000	394,729	392,060
	DISH DBS CORP	CORPORATE DEBT	07/01/2028	7.38%	150,000	155,407	63,792
	DISH DBS CORP	CORPORATE DEBT	06/01/2029	5.13%	5,000	4,541	1,980
	DISH DBS CORP	CORPORATE DEBT	12/01/2026	5.25%	70,000	57,750	55,215
	DISH NETWORK CORP	CORPORATE DEBT	11/15/2027	11.75%	130,000	127,622	127,465
	DISH NETWORK CORPORATION CL A	CORPORATE DEBT	08/15/2026	3.38%	75,000	69,008	46,513
	DLAA LLC	CORPORATE DEBT	02/22/2028	5.99%	90,000	89,995	90,482
	DLST LLC	CORPORATE DEBT	01/21/2025	3.40%	28,656	28,652	28,620
	DLST LLC	CORPORATE DEBT	08/20/2027	5.05%	90,000	89,994	89,370
	DOW CHEMICAL CO/THE	CORPORATE DEBT	05/15/2059	4.80%	85,000	84,493	72,499
	DOWDUPONT INC	CORPORATE DEBT	11/15/2025	4.49%	175,000	175,000	172,524
	DT MIDSTREAM INC	CORPORATE DEBT	06/15/2029	4.13%	300,000	268,134	277,155
	DTE ENERGY CO	CORPORATE DEBT	10/01/2024	2.53%	210,000	209,931	208,079
	DTE ENERGY CO	CORPORATE DEBT	06/01/2025	1.05%	290,000	289,649	278,058
	DUKE ENERGY CORP	CORPORATE DEBT	09/15/2025	9.00%	205,000	204,900	194,151
	DUKE ENERGY CORP	CORPORATE DEBT	03/15/2028	4.30%	238,000	237,636	230,898
	DUKE ENERGY CORP	CORPORATE DEBT	06/01/2030	2.45%	626,000	624,003	537,502
	DUKE ENERGY FLORIDA LLC	CORPORATE DEBT	01/15/2027	3.20%	230,000	229,862	219,567
	DUKE ENERGY INDIANA LLC	CORPORATE DEBT	04/01/2050	2.75%	70,000	69,914	42,349
	EDVESTINU PRIVATE EDUCATION LO	CORPORATE DEBT	11/25/2040	5.25%	151,478	147,730	148,887
	ELECTRICITE DE FRANCE SA 144A	CORPORATE DEBT	12/31/2089	VAR%	200,000	223,000	217,520
	EMERALD DEBT MERGER	CORPORATE DEBT	12/15/2030	6.63%	325,000	327,497	327,535
	EMERSON ELECTRIC CO	CORPORATE DEBT	12/21/2051	2.80%	75,000	74,834	47,147
	EMRLD BOR / EMRLD CO-ISS	CORPORATE DEBT	07/15/2031	6.75%	120,000	120,000	121,500
	ENBRIDGE INC	CORPORATE DEBT	03/08/2033	5.70%	378,000	377,516	380,971
	ENBRIDGE INC	CORPORATE DEBT	04/05/2029	5.30%	433,000	432,905	433,697
	ENCOMPASS HEALTH CORP	CORPORATE DEBT	02/01/2028	4.50%	90,000	83,898	85,612
	ENCOMPASS HEALTH CORP	CORPORATE DEBT	04/01/2031	4.63%	120,000	109,714	110,126
	ENEL FINANCE INTL NV SER 144A	CORPORATE DEBT	10/14/2032	7.50%	427,000	419,530	472,288
	ENEL FINANCE INTL NV SER 144A	CORPORATE DEBT	06/26/2034	5.50%	262,000	257,753	255,301
	ENERGIZER HOLDINGS INC	CORPORATE DEBT	12/31/2027	6.50%	95,000	92,670	94,888
	ENERGY TRANSFER LP	CORPORATE DEBT	12/01/2030	6.40%	205,000	204,764	215,562
	ENERGY TRANSFER LP	CORPORATE DEBT	09/01/2034	5.60%	1,128,000	1,125,078	1,120,521
	ENERGY TRANSFER LP	CORPORATE DEBT	12/01/2033	6.55%	326,000	325,628	345,488
	ENERSYS	CORPORATE DEBT	01/15/2032	6.63%	185,000	185,245	188,041
	ENLINK MIDSTREAM LLC	CORPORATE DEBT	09/01/2030	6.50%	70,000	70,166	71,649
	EPR PROPERTIES	CORPORATE DEBT	06/01/2027	4.50%	90,000	89,594	86,090
	EPR PROPERTIES	CORPORATE DEBT	08/15/2029	3.75%	105,000	95,141	93,619
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	12/01/2026	4.13%	240,000	222,161	231,324
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	04/01/2029	6.38%	30,000	30,000	30,303
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	06/01/2030	7.50%	70,000	70,422	74,703
	EQM MIDSTREAM PARTNERS L	CORPORATE DEBT	07/01/2027	6.50%	25,000	27,593	25,269
	EQT MIDSTREAM PARTNERS L	CORPORATE DEBT	07/15/2028	5.50%	125,000	122,071	123,093
	EQUINIX INC	CORPORATE DEBT	04/15/2032	3.90%	460,000	431,280	418,273
	EQUIPMENTSHARE.COM INC	CORPORATE DEBT	05/15/2028	9.00%	235,000	227,033	242,513
	ESAB CORP	CORPORATE DEBT	04/15/2029	6.25%	155,000	155,000	155,930
	ESC ENERGY CONVERSION DEVICE	CORPORATE DEBT	06/15/2013	3.00%	7,408,000	726,209	74
	EVERSOURCE ENERGY	CORPORATE DEBT	02/01/2029	5.95%	320,000	319,638	327,008

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

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EIN: 52-6152779
Plan No. 001

(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares			
EXELON CORP	CORPORATE DEBT	06/15/2025	3.95%	200,000	\$	199,590	\$ 196,808
EXPAND ENERGY CORPORATION	CORPORATE DEBT	04/15/2029	6.75%	95,000		94,952	95,182
F&G ANNUITIES & LIFE	CORPORATE DEBT	06/04/2029	6.50%	236,000		235,396	235,221
FEDERAL HOME LOAN MTG CORP	CORPORATE DEBT	07/25/2050	4.50%	177,020		27,493	27,610
FEDERAL HOME LOAN MTG CORP	CORPORATE DEBT	09/25/2050	4.00%	664,940		83,117	140,708
FEDERAL HOME LOAN MTG CORP	CORPORATE DEBT	02/25/2051	4.00%	573,973		84,214	117,773
FEDERAL NATL MTG ASSN	CORPORATE DEBT	09/25/2050	5.00%	250,510		39,573	51,432
FEDERAL NATL MTG ASSN	CORPORATE DEBT	09/25/2050	4.00%	374,477		56,640	73,424
FEDERAL NATL MTG ASSN	CORPORATE DEBT	09/25/2050	4.00%	218,832		30,329	45,679
FEDERAL NATL MTG ASSN	CORPORATE DEBT	01/25/2047	3.50%	154,044		19,592	29,128
FHLMC MULTIFAMILY STRUCTURED P	CORPORATE DEBT	05/25/2025	3.33%	69,674		76,750	68,412
FIRST BRANDS GROUP (FKA TRICO	CORPORATE DEBT	03/30/2028	VAR%	57,277		56,510	55,559
FIRST QUANTUM MINERALS 144A	CORPORATE DEBT	03/01/2029	9.38%	165,000		165,000	172,405
FLORIDA POWER & LIGHT CO	CORPORATE DEBT	05/15/2028	4.40%	385,000		384,746	378,135
FLORIDA ST HSG FIN CORP REVENU	CORPORATE DEBT	01/01/2055	6.25%	100,000		102,671	102,761
FMG RESOURCES AUG 2006 SER 144A	CORPORATE DEBT	09/15/2027	4.50%	105,000		98,203	100,333
FMG RESOURCES AUG 2006 SER 144A	CORPORATE DEBT	04/15/2032	6.13%	180,000		177,043	177,964
FMG RESOURCES AUG 2006 SER 144A	CORPORATE DEBT	04/15/2030	5.88%	60,000		58,500	58,612
FMG RESOURCES AUG 2006 SER 144A	CORPORATE DEBT	04/01/2031	4.38%	45,000		39,399	40,218
FORD MOTOR CO	CORPORATE DEBT	07/16/2031	7.45%	80,000		93,347	86,089
FORD MOTOR COMPANY	CORPORATE DEBT	08/19/2032	6.10%	85,000		80,738	84,878
FORD MOTOR COMPANY	CORPORATE DEBT	12/08/2046	5.29%	15,000		13,163	13,124
FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	06/17/2031	3.63%	50,000		41,000	43,097
FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	03/06/2026	VAR%	125,000		125,450	129,449
FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	03/05/2031	6.05%	564,000		562,472	564,626
FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	11/07/2028	6.80%	245,000		245,000	253,156
FORTREA HOLDINGS INC	CORPORATE DEBT	07/01/2030	7.50%	135,000		135,378	134,135
FORTRESS INTERMEDIATE	CORPORATE DEBT	06/01/2031	7.50%	295,000		296,938	302,242
FORTRESS TRANS & INFRAST	CORPORATE DEBT	05/01/2031	7.00%	250,000		250,000	255,415
FORTRESS TRANS & INFRAST	CORPORATE DEBT	06/15/2032	7.00%	150,000		150,000	152,123
FOUNDATION BUILDING M	CORPORATE DEBT	03/01/2029	6.00%	125,000		113,131	110,931
FRONT RANGE BIDCO INC	CORPORATE DEBT	03/01/2027	4.00%	110,000		82,275	87,975
FRONT RANGE BIDCO INC	CORPORATE DEBT	03/01/2028	6.13%	55,000		37,813	36,826
FRONTIER COMMUNICATIONS	CORPORATE DEBT	11/01/2029	5.88%	315,000		299,537	274,261
FRONTIER COMMUNICATIONS	CORPORATE DEBT	05/15/2030	8.75%	55,000		55,181	56,674
FRONTIER COMMUNICATIONS	CORPORATE DEBT	10/15/2027	5.88%	410,000		399,659	400,287
GAINWELL (10/20) 1ST LIEN)	CORPORATE DEBT	12/31/2059	VAR%	80,000		76,157	76,750
GAP INC/THE	CORPORATE DEBT	10/01/2029	3.63%	185,000		150,600	160,162
GAP INC/THE	CORPORATE DEBT	10/01/2031	3.88%	45,000		37,800	37,566
GARDA WORLD SECURITY	CORPORATE DEBT	02/15/2028	7.75%	70,000		70,150	71,294
GARDA WORLD SECURITY SER 144A	CORPORATE DEBT	06/01/2029	6.00%	145,000		138,038	132,288
GATES CORPORATION	CORPORATE DEBT	07/01/2029	6.88%	70,000		70,000	71,221
GENERAL DYNAMICS CORP	CORPORATE DEBT	04/01/2040	4.25%	155,000		198,183	136,073
GENERAL MILLS INC	CORPORATE DEBT	10/17/2028	5.50%	205,000		203,905	207,798
GENERAL MOTORS FINL CO	CORPORATE DEBT	04/06/2026	5.40%	1,440,000		1,443,629	1,436,731
GENERAL MOTORS FINL CO	CORPORATE DEBT	04/09/2027	5.00%	45,000		44,950	44,541
GENERAL MOTORS FINL CO	CORPORATE DEBT	04/04/2034	5.95%	427,000		426,906	427,363
GENERAL MOTORS FINL CO	CORPORATE DEBT	06/18/2031	5.60%	288,000		287,588	285,846
GENERAL MOTORS FINL CO	CORPORATE DEBT	06/10/2026	1.50%	523,000		522,048	484,376
GENERAL MOTORS FINL CO	CORPORATE DEBT	02/08/2031	5.75%	188,000		187,487	188,502
GENESEE & WYOMING INC	CORPORATE DEBT	04/15/2032	6.25%	35,000		35,000	34,869
GENESIS ENERGY LP/FIN	CORPORATE DEBT	01/15/2029	8.25%	140,000		138,545	144,528
GENESIS ENERGY LP/FIN	CORPORATE DEBT	02/01/2028	7.75%	150,000		147,950	151,593
GENESIS ENERGY LP/FIN	CORPORATE DEBT	04/15/2030	8.88%	70,000		70,132	73,634
GENESIS ENERGY LP/FIN	CORPORATE DEBT	05/15/2032	7.88%	117,000		117,000	118,115
GENUINE PARTS CO	CORPORATE DEBT	02/01/2032	2.75%	387,000		382,395	321,411
GFL ENVIRONMENTAL INC	CORPORATE DEBT	09/01/2028	3.50%	20,000		18,079	18,437
GFL ENVIRONMENTAL INC	CORPORATE DEBT	01/15/2031	6.75%	90,000		90,000	91,816
GFL ENVIRONMENTAL INC	CORPORATE DEBT	08/01/2025	3.75%	15,000		14,308	14,865
GGAM FINANCE LTD SER 144A	CORPORATE DEBT	04/15/2029	6.88%	90,000		90,000	91,575
GLENORE FUNDING LLC	CORPORATE DEBT	04/04/2029	5.37%	346,000		346,000	344,395
GLOBAL INFRASTRUCTURE SO	CORPORATE DEBT	04/15/2032	7.50%	165,000		153,915	161,844
GLOBAL INFRASTRUCTURE SO	CORPORATE DEBT	06/01/2029	5.63%	10,000		8,812	9,414
GLP CAPITAL LP / FIN II	CORPORATE DEBT	01/15/2032	3.25%	85,000		66,035	71,429
GM FINANCIAL AUTOMOBILE LEASIN	CORPORATE DEBT	09/22/2025	4.01%	71,909		71,902	71,752
GO DADDY OPCO/FINCO	CORPORATE DEBT	12/01/2027	5.25%	160,000		155,388	156,661
GOLDEN ST TOBACCO SECURITIZATI	CORPORATE DEBT	06/01/2046	3.00%	1,015,000		933,661	926,604
GOLDMAN SACHS GROUP INC	CORPORATE DEBT	10/21/2032	VAR%	95,000		91,269	78,976
GOLDMAN SACHS GROUP INC	CORPORATE DEBT	02/25/2026	3.75%	135,000		134,688	131,505
GOLDMAN SACHS GROUP INC	CORPORATE DEBT	09/10/2027	VAR%	775,000		775,000	711,799
GOLDMAN SACHS GROUP INC	CORPORATE DEBT	06/05/2028	VAR%	130,000		146,675	124,361
GOLDMAN SACHS GROUP INC	CORPORATE DEBT	04/23/2029	VAR%	958,000		958,000	908,989
GOODYEAR TIRE & RUBBER	CORPORATE DEBT	04/30/2031	5.25%	110,000		114,758	100,912
GOODYEAR TIRE & RUBBER	CORPORATE DEBT	04/30/2033	5.63%	45,000		40,888	40,676
GOODYEAR TIRE & RUBBER	CORPORATE DEBT	07/15/2029	5.00%	125,000		114,246	116,349
GOODYEAR TIRE & RUBBER	CORPORATE DEBT	07/15/2031	5.25%	45,000		41,175	40,982
GREYSTAR REAL ESTATE PAR	CORPORATE DEBT	09/01/2030	7.75%	140,000		141,102	147,419

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	GROUNDWORKS (3/24)	CORPORATE DEBT	03/14/2031	VAR%	64,842	\$ 64,193	\$ 64,761
	GROUNDWORKS (3/24)	CORPORATE DEBT	03/14/2031	VAR%	12,034	1,774	11,919
	GTCR W-2 MERGER SUB LLC	CORPORATE DEBT	01/15/2031	7.50%	400,000	405,000	417,060
	GYP HOLDINGS III CORP	CORPORATE DEBT	05/01/2029	4.63%	205,000	198,769	189,715
	H&E EQUIPMENT SERVICES	CORPORATE DEBT	12/15/2028	3.88%	200,000	181,688	180,454
	HARVEST MIDSTREAM I LP	CORPORATE DEBT	05/15/2032	7.50%	95,000	95,000	96,458
	HARVEST MIDSTREAM I LP	CORPORATE DEBT	09/01/2028	7.50%	175,000	173,155	177,800
	HEALTHCARE TRUST OF AMER	CORPORATE DEBT	03/15/2030	2.40%	194,000	203,350	159,873
	HEALTHCARE TRUST OF AMER	CORPORATE DEBT	10/01/2029	4.50%	125,000	122,171	116,835
	HERC HOLDINGS INC	CORPORATE DEBT	06/15/2029	6.63%	115,000	115,000	116,612
	HERC HOLDINGS INC	CORPORATE DEBT	07/15/2027	5.50%	90,000	88,425	88,592
	HESS MIDSTREAM OPERATION	CORPORATE DEBT	06/01/2029	6.50%	140,000	140,000	141,926
	HESS MIDSTREAM OPERATION	CORPORATE DEBT	10/15/2030	5.50%	55,000	51,064	53,148
	HIGHWOODS REALTY LP	CORPORATE DEBT	02/01/2034	7.65%	311,000	306,870	334,655
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	02/01/2029	5.75%	47,000	47,000	45,480
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	02/01/2031	6.00%	79,000	77,394	75,401
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	04/15/2030	6.00%	105,000	104,654	101,425
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	11/01/2028	6.25%	110,000	96,644	108,642
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	11/01/2033	8.38%	55,000	55,869	58,617
	HILLENBRAND INC	CORPORATE DEBT	02/15/2029	6.25%	205,000	205,000	205,982
	HONDA AUTO RECEIVABLES OWNER T	CORPORATE DEBT	07/20/2026	3.73%	142,687	142,679	140,948
	HONDA AUTO RECEIVABLES OWNER T	CORPORATE DEBT	11/20/2028	5.27%	763,000	762,907	765,052
	HOWARD MIDSTREAM ENERGY	CORPORATE DEBT	07/15/2028	8.88%	115,000	115,000	121,685
	HOWARD MIDSTREAM ENERGY	CORPORATE DEBT	07/15/2032	7.38%	135,000	135,863	137,101
	HOWDEN UK REFINANCE / US 144A	CORPORATE DEBT	02/15/2032	8.13%	65,000	65,000	64,578
	HOWDEN UK REFINANCE / US 144A	CORPORATE DEBT	02/15/2031	7.25%	50,000	50,000	49,626
	HSBC HOLDINGS PLC	CORPORATE DEBT	08/14/2027	VAR%	325,000	325,000	327,438
	HSBC HOLDINGS PLC	CORPORATE DEBT	11/23/2026	4.38%	210,000	208,580	204,641
	HSBC HOLDINGS PLC SR UNSEC	CORPORATE DEBT	05/24/2032	VAR%	200,000	167,672	167,358
	HUB INTERNATIONAL LTD	CORPORATE DEBT	01/31/2032	7.38%	115,000	115,150	116,619
	HUB INTERNATIONAL LTD	CORPORATE DEBT	06/15/2030	7.25%	250,000	251,342	256,283
	HUB INTERNATIONAL LTD	CORPORATE DEBT	12/01/2029	5.63%	100,000	88,000	94,570
	HUDBAY MINERALS INC	CORPORATE DEBT	04/01/2026	4.50%	260,000	246,597	254,337
	HUDBAY MINERALS INC SER 144A	CORPORATE DEBT	04/01/2029	6.13%	120,000	113,737	119,413
	HUDSON AUTOMOTIVE GROUP	CORPORATE DEBT	05/15/2032	8.00%	155,000	157,731	160,281
	HUMANA INC	CORPORATE DEBT	10/01/2024	3.85%	350,000	349,535	348,418
	HYUNDAI AUTO LEASE SECURITIZAT	CORPORATE DEBT	10/15/2025	4.49%	116,477	116,473	116,154
	HYUNDAI CAPITAL AMERICA	CORPORATE DEBT	06/24/2029	5.30%	165,000	164,713	164,109
	IHO VERWALTUNGS GMBH SER 144A	CORPORATE DEBT	05/15/2029	6.38%	140,000	145,594	138,365
	IHO VERWALTUNGS GMBH SER 144A	CORPORATE DEBT	09/15/2026	4.75%	100,000	94,238	96,904
	ILIAD HOLDING SAS	CORPORATE DEBT	10/15/2026	6.50%	85,000	85,077	84,623
	ILIAD HOLDING SAS	CORPORATE DEBT	10/15/2028	7.00%	250,000	241,646	247,908
	ILIAD HOLDING SAS SERIES 144A	CORPORATE DEBT	04/15/2031	8.50%	15,000	15,000	15,188
	ILLINOIS ST HSG DEV AUTH REVEN	CORPORATE DEBT	04/01/2054	6.00%	595,000	604,746	604,818
	ILLINOIS ST HSG DEV AUTH REVEN	CORPORATE DEBT	10/01/2054	6.25%	575,000	583,573	591,842
	ILLUMINATE BUYER/HLDG	CORPORATE DEBT	07/01/2028	9.00%	90,000	85,010	90,713
	IMOLA MERGER CORP	CORPORATE DEBT	05/15/2029	4.75%	300,000	300,517	280,452
	INDIANA ST HSG & CMNTY DEV	CORPORATE DEBT	07/01/2054	6.25%	150,000	152,499	154,098
	INEOS FINANCE PLC SER 144A	CORPORATE DEBT	05/15/2028	6.75%	120,000	117,429	120,164
	INEOS FINANCE PLC SERIES 144A	CORPORATE DEBT	04/15/2029	7.50%	175,000	174,100	176,804
	INEOS QUATTRO FINANCE SER 144A	CORPORATE DEBT	03/15/2029	9.63%	215,000	226,629	228,358
	INTERCONTINENTALEXCHANGE	CORPORATE DEBT	06/15/2031	5.25%	215,000	214,796	216,352
	INTERNATIONAL GAME TECH	CORPORATE DEBT	04/15/2026	4.13%	135,000	126,942	131,424
	INTERNATIONAL GAME TECH	CORPORATE DEBT	01/15/2027	6.25%	20,000	19,912	20,065
	INTESA SANPAOLO SPA	CORPORATE DEBT	11/28/2033	7.20%	507,000	506,498	542,069
	IOWA ST FIN AUTH SF MTGE REVEN	CORPORATE DEBT	07/01/2054	6.25%	100,000	103,165	102,829
	IOWA ST FIN AUTH SF MTGE REVEN	CORPORATE DEBT	07/01/2054	6.25%	225,000	230,578	231,212
	IRON MOUNTAIN INC	CORPORATE DEBT	02/15/2031	4.50%	130,000	117,188	117,348
	IRON MOUNTAIN INC	CORPORATE DEBT	07/15/2030	5.25%	10,000	10,000	9,505
	IRON MOUNTAIN INC	CORPORATE DEBT	09/15/2029	4.88%	100,000	100,259	94,234
	IRON MOUNTAIN INC	CORPORATE DEBT	03/15/2028	5.25%	155,000	152,563	149,981
	IRON MOUNTAIN INFO MGMT	CORPORATE DEBT	07/15/2032	5.00%	70,000	59,673	63,941
	ITT HOLDINGS LLC	CORPORATE DEBT	08/01/2029	6.50%	220,000	207,999	199,322
	J2 GLOBAL	CORPORATE DEBT	10/15/2030	4.63%	300,000	282,035	271,245
	JAGUAR LAND ROVER AUTO SER 144A	CORPORATE DEBT	07/15/2029	5.50%	165,000	163,924	158,144
	JAGUAR LAND ROVER AUTOMO	CORPORATE DEBT	01/15/2028	5.88%	105,000	104,475	102,930
	JANE STREET GRP/JSG FIN	CORPORATE DEBT	04/30/2031	7.13%	185,000	185,000	189,712
	JELD-WEN INC	CORPORATE DEBT	12/15/2027	4.88%	115,000	103,325	108,611
	JOHN DEERE OWNER TRUST	CORPORATE DEBT	11/15/2028	4.96%	425,000	424,976	423,326
	JOHNSON & JOHNSON	CORPORATE DEBT	06/01/2034	4.95%	876,000	875,501	886,197
	JOHNSTONE SUPPLY (6/24)	CORPORATE DEBT	12/31/2089	VAR%	60,000	59,850	60,000
	JP MORGAN CHASE & CO	CORPORATE DEBT	10/15/2025	VAR%	290,000	290,000	287,086
	JP MORGAN CHASE & CO	CORPORATE DEBT	05/13/2031	VAR%	70,000	70,000	61,349
	JP MORGAN MORTGAGE TRUST	CORPORATE DEBT	06/25/2050	VAR%	34,179	34,841	28,681
	JPMORGAN CHASE & CO	CORPORATE DEBT	04/22/2035	VAR%	270,000	270,000	277,023
	JPMORGAN CHASE & CO	CORPORATE DEBT	07/24/2029	VAR%	625,000	625,000	627,100
	JPMORGAN CHASE & CO	CORPORATE DEBT	04/22/2027	VAR%	205,000	205,000	191,308

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	JPMORGAN CHASE & CO	CORPORATE DEBT	09/22/2027	VAR%	330,000	\$ 330,000	\$ 303,102
	JPMORGAN CHASE & CO	CORPORATE DEBT	02/24/2026	VAR%	326,000	326,205	319,513
	KAISER ALUMINUM CORP	CORPORATE DEBT	06/01/2031	4.50%	310,000	276,213	274,517
	KB HOME	CORPORATE DEBT	07/15/2030	7.25%	195,000	189,936	200,893
	KEN GARFF AUTOMOTIVE LLC	CORPORATE DEBT	09/15/2028	4.88%	85,000	79,263	78,780
	KEURIG DR PEPPER INC	CORPORATE DEBT	05/25/2025	4.42%	17,000	17,000	16,829
	KEURIG DR PEPPER INC	CORPORATE DEBT	03/15/2034	5.30%	320,000	319,379	318,422
	KILROY REALTY CORP	CORPORATE DEBT	01/15/2036	6.25%	152,000	150,296	144,253
	KINDER MORGAN ENER PART	CORPORATE DEBT	03/01/2044	5.50%	65,000	69,886	60,044
	KINDER MORGAN INC	CORPORATE DEBT	02/01/2029	5.00%	30,000	30,022	29,667
	KINDER MORGAN INC	CORPORATE DEBT	03/01/2048	5.20%	75,000	74,819	66,498
	KINETIK HOLDINGS LP	CORPORATE DEBT	06/15/2030	5.88%	285,000	277,462	280,842
	KNIFE RIVER HOLD CO	CORPORATE DEBT	05/01/2031	7.75%	210,000	211,271	219,450
	KROGER CO	CORPORATE DEBT	02/01/2047	4.45%	20,000	23,689	16,495
	L BRANDS INC	CORPORATE DEBT	10/01/2030	6.63%	220,000	224,973	220,686
	LATAM AIRLINES GR SA SER 144A	CORPORATE DEBT	10/15/2027	13.38%	55,000	52,033	61,053
	LATAM AIRLINES GR SA SER 144A	CORPORATE DEBT	10/15/2029	13.38%	70,000	65,886	80,462
	LCM INVESTMENTS HOLDINGS	CORPORATE DEBT	05/01/2029	4.88%	190,000	175,529	177,599
	LCM INVESTMENTS HOLDINGS	CORPORATE DEBT	08/01/2031	8.25%	95,000	98,825	99,131
	LEEWARD RENEWABL	CORPORATE DEBT	07/01/2029	4.25%	180,000	168,024	160,864
	LEGENDS HOSPITALITY HOLD	CORPORATE DEBT	02/01/2026	5.00%	105,000	102,911	104,069
	LEVEL 3 FINANCING INC	CORPORATE DEBT	06/15/2029	4.88%	65,000	43,063	37,053
	LEVEL 3 FINANCING INC	CORPORATE DEBT	12/15/2030	10.75%	60,000	62,250	59,850
	LEVEL 3 FINANCING INC	CORPORATE DEBT	05/15/2030	10.50%	124,000	183,669	122,811
	LEVEL 3 FING INC	CORPORATE DEBT	11/15/2029	11.00%	97,320	97,320	99,588
	LIFEPOINT HEALTH INC	CORPORATE DEBT	02/15/2027	4.38%	40,000	35,544	38,210
	LIFEPOINT HEALTH INC	CORPORATE DEBT	01/15/2029	5.38%	90,000	76,033	79,085
	LIFEPOINT HEALTH INC	CORPORATE DEBT	06/01/2032	10.00%	195,000	195,000	199,370
	LIFEPOINT HEALTH INC	CORPORATE DEBT	08/15/2030	9.88%	250,000	257,491	266,605
	LIGHT & WONDER INTER	CORPORATE DEBT	09/01/2031	7.50%	130,000	130,000	134,319
	LIGHTSTONE HOLDCO (1/17)	CORPORATE DEBT	03/21/2024	VAR%	361,200	326,676	354,428
	LIGHTSTONE HOLDCO (1/17)	CORPORATE DEBT	01/30/2027	VAR%	20,427	18,492	20,044
	LINDBLAD EXPEDITIONS HO	CORPORATE DEBT	05/15/2028	9.00%	50,000	50,258	51,403
	LINDBLAD EXPEDITIONS LLC	CORPORATE DEBT	02/15/2027	6.75%	65,000	65,003	64,184
	LIVE NATION ENTERTAINMEN	CORPORATE DEBT	01/15/2028	3.75%	45,000	40,500	41,800
	LIVE NATION ENTERTAINMEN	CORPORATE DEBT	10/15/2027	4.75%	115,000	112,044	110,208
	LLOYDS BANKING GROUP PLC	CORPORATE DEBT	05/11/2027	VAR%	200,000	200,000	185,790
	LOUISIANA ST LOCAL GOVT ENVRNM	CORPORATE DEBT	02/01/2033	4.15%	980,000	980,000	938,517
	LOWES COS INC	CORPORATE DEBT	04/15/2040	5.00%	185,000	248,645	172,518
	MACYS RETAIL HLDGS INC	CORPORATE DEBT	12/15/2034	4.50%	135,000	104,404	116,666
	MACYS RETAIL HLDGS LLC	CORPORATE DEBT	02/15/2043	4.30%	65,000	40,300	49,516
	MACYS RETAIL HLDGS LLC	CORPORATE DEBT	03/15/2030	5.88%	50,000	45,540	47,957
	MACYS RETAIL HLDGS LLC	CORPORATE DEBT	04/01/2029	5.88%	45,000	40,724	43,672
	MACYS RETAIL HLDGS LLC	CORPORATE DEBT	01/15/2042	5.13%	55,000	38,413	44,587
	MADISON IAQ LLC	CORPORATE DEBT	06/30/2028	4.13%	25,000	22,913	23,316
	MADISON IAQ LLC	CORPORATE DEBT	06/30/2029	5.88%	300,000	255,224	279,120
	MAGNA INTERNATIONAL INC	CORPORATE DEBT	03/21/2026	5.98%	721,000	721,000	719,854
	MANITOWOC COMPANY INC	CORPORATE DEBT	04/01/2026	9.00%	165,000	162,511	164,993
	MANUF & TRADERS TRUST CO	CORPORATE DEBT	08/17/2027	3.40%	300,000	299,898	299,666
	MARATHON OIL CORP	CORPORATE DEBT	04/01/2034	5.70%	171,000	170,947	174,099
	MARATHON OIL CORP	CORPORATE DEBT	04/01/2029	5.30%	319,000	318,403	320,311
	MASTERBRAND INC	CORPORATE DEBT	07/15/2032	7.00%	50,000	50,000	50,565
	MATCH GROUP INC	CORPORATE DEBT	08/01/2030	4.13%	45,000	37,913	39,815
	MATCH GROUP INC	CORPORATE DEBT	06/01/2028	4.63%	60,000	54,525	56,143
	MATTAMY GROUP CORP SER 144A	CORPORATE DEBT	12/15/2027	5.25%	55,000	50,084	53,438
	MATTAMY GROUP CORP SER 144A	CORPORATE DEBT	03/01/2030	4.63%	75,000	63,195	69,328
	MAUSER PACKAGING SOLUT	CORPORATE DEBT	04/15/2027	7.88%	185,000	185,162	188,698
	MAUSER PACKAGING SOLUTIONS	CORPORATE DEBT	04/15/2027	9.25%	345,000	326,188	345,221
	MAV ACQUISITION CORP	CORPORATE DEBT	08/01/2028	5.75%	110,000	109,470	106,073
	MAV ACQUISITION CORP	CORPORATE DEBT	08/01/2029	8.00%	215,000	207,465	209,068
	MCDONALDS CORP	CORPORATE DEBT	09/01/2059	3.63%	30,000	31,362	21,746
	MEDLINE BORROWER/MEDL CO	CORPORATE DEBT	04/01/2029	6.25%	10,000	9,975	10,113
	MERCEDES-BENZ FIN NA	CORPORATE DEBT	01/11/2029	4.85%	87,000	86,896	86,461
	MERLIN ENTERTAINMENTS 144A	CORPORATE DEBT	06/15/2026	5.75%	45,000	44,118	44,334
	MET LIFE GLOB FUNDING I	CORPORATE DEBT	12/18/2026	3.45%	435,000	434,709	418,139
	MICROSOFT CORP	CORPORATE DEBT	08/08/2036	3.45%	285,000	324,018	248,443
	MIDAMERICAN ENERGY CO	CORPORATE DEBT	10/15/2036	5.80%	320,000	244,509	331,523
	MIDCONTINENT COMM & FIN	CORPORATE DEBT	08/15/2027	5.38%	100,000	93,376	96,000
	MIDWEST GAMING BORROWER	CORPORATE DEBT	05/01/2029	4.88%	190,000	170,745	176,983
	MILL CITY MORTGAGE TRUST	CORPORATE DEBT	11/25/2060	VAR%	61,644	62,107	57,611
	MINERVA MERGER SUB INC	CORPORATE DEBT	02/15/2030	6.50%	430,000	370,725	395,901
	MITER BRANDS ACQUISITION HOLDCO	CORPORATE DEBT	04/01/2032	6.75%	90,000	90,000	90,640
	MIWD HLDGO II/MIWD FIN	CORPORATE DEBT	02/01/2030	5.50%	185,000	166,625	170,735
	MOLINA HEALTHCARE INC	CORPORATE DEBT	05/15/2032	3.88%	215,000	215,000	186,298
	MOLINA HEALTHCARE INC	CORPORATE DEBT	06/15/2028	4.38%	120,000	119,748	112,949
	MONEYGRAM INTERNATIONAL (7/21)	CORPORATE DEBT	N/A	VAR%	469	464	468
	MORGAN STANLEY	CORPORATE DEBT	04/19/2035	VAR%	115,000	115,000	117,884

UNITED ASSOCIATION NATIONAL PENSION FUND

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

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EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	MORGAN STANLEY	CORPORATE DEBT	07/20/2029	VAR%	60,000	\$ 60,000	\$ 60,370
	MORGAN STANLEY	CORPORATE DEBT	04/01/2031	VAR%	255,000	255,000	233,991
	MORGAN STANLEY	CORPORATE DEBT	10/20/2032	VAR%	65,000	52,712	53,723
	MORGAN STANLEY	CORPORATE DEBT	02/07/2039	VAR%	296,000	296,000	292,744
	MORGAN STANLEY	CORPORATE DEBT	01/24/2029	VAR%	781,000	781,000	743,442
	MORGAN STANLEY	CORPORATE DEBT	05/04/2027	VAR%	333,000	333,000	310,443
	MORGAN STANLEY SR UNSEC	CORPORATE DEBT	07/20/2027	VAR%	596,000	585,212	551,002
	MOTION BONDSCO DAC	CORPORATE DEBT	11/15/2027	6.63%	125,000	118,339	121,073
	MOTOROLA SOLUTIONS INC	CORPORATE DEBT	04/15/2034	5.40%	415,000	414,535	411,419
	MOZART DEBT MERGER SUB	CORPORATE DEBT	04/01/2029	3.88%	170,000	149,912	156,555
	MOZART DEBT MERGER SUB	CORPORATE DEBT	10/01/2029	5.25%	985,000	907,725	940,015
	MPT OPER PARTNERSP/FINL	CORPORATE DEBT	08/01/2026	5.25%	40,000	35,555	36,350
	MPT OPER PARTNERSP/FINL	CORPORATE DEBT	10/15/2027	5.00%	95,000	74,187	78,461
	MURPHY OIL USA INC	CORPORATE DEBT	09/15/2029	4.75%	105,000	99,994	99,456
	MURPHY OIL USA INC	CORPORATE DEBT	02/15/2031	3.75%	30,000	25,575	26,417
	NABORS INDUSTRIES INC	CORPORATE DEBT	05/15/2027	7.38%	165,000	166,875	167,836
	NABORS INDUSTRIES INC	CORPORATE DEBT	01/31/2030	9.13%	50,000	50,061	51,797
	NABORS INDUSTRIES LTD	CORPORATE DEBT	01/15/2026	7.25%	30,000	29,250	30,438
	NABORS INDUSTRIES LTD SER 144A	CORPORATE DEBT	01/15/2028	7.50%	25,000	23,020	23,855
	NATIONAL MENTOR (TL 3/21)	CORPORATE DEBT	03/02/2028	VAR%	82,418	75,722	77,628
	NATIONAL MENTOR HOLDINGS (3/21)	CORPORATE DEBT	03/02/2028	VAR%	2,369	2,177	2,232
	NATIONAL RURAL UTIL COOP	CORPORATE DEBT	02/07/2025	1.88%	75,000	74,998	73,348
	NATWEST GROUP PLC	CORPORATE DEBT	11/10/2026	VAR%	202,000	202,000	206,428
	NATWEST GROUP PLC	CORPORATE DEBT	06/14/2027	VAR%	300,000	300,000	277,692
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/15/2059	3.82%	32,229	33,840	31,614
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/15/2059	4.00%	145,230	142,215	141,289
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/15/2059	3.39%	54,051	56,804	51,899
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	02/15/2068	3.13%	66,459	68,391	64,254
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	05/15/2069	1.69%	29,005	29,417	26,632
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/26/2069	1.31%	84,959	84,934	75,187
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	03/15/2072	6.48%	91,185	91,185	92,454
	NCL CORPORATION LTD	CORPORATE DEBT	03/15/2026	5.88%	85,000	83,136	84,033
	NCL CORPORATION LTD SER 144A	CORPORATE DEBT	02/15/2027	5.88%	190,000	186,196	187,519
	NCL FINANCE LTD	CORPORATE DEBT	03/15/2028	6.13%	40,000	41,079	39,501
	NEBRASKA ST INVESTMENT FIN AUT	CORPORATE DEBT	09/01/2059	6.25%	100,000	103,657	101,973
	NEBRASKA ST INVESTMENT FIN AUT	CORPORATE DEBT	09/01/2047	6.25%	135,000	137,714	138,727
	NELNET STUDENT LOAN TRUST	CORPORATE DEBT	10/25/2067	2.53%	117,846	101,514	107,383
	NEPTUNE BIDCO US (12/22)	CORPORATE DEBT	04/03/2028	VAR%	44,887	41,520	44,999
	NEPTUNE BIDCO US INC	CORPORATE DEBT	04/15/2029	9.29%	310,000	291,131	297,532
	NEW FORTRESS ENERGY (11/23)	CORPORATE DEBT	10/25/2028	VAR%	74,813	69,839	72,638
	NEW FORTRESS ENERGY INC	CORPORATE DEBT	03/15/2029	8.75%	65,000	65,000	59,337
	NEW FORTRESS ENERGY INC	CORPORATE DEBT	09/30/2026	6.50%	170,000	165,641	156,402
	NEWELL RUBBERMAID INC	CORPORATE DEBT	04/01/2026	4.20%	115,000	112,988	113,586
	NEWELL RUBBERMAID INC	CORPORATE DEBT	04/01/2036	5.38%	65,000	56,188	58,191
	NGL ENERGY PARTNERS LP	CORPORATE DEBT	02/15/2029	8.13%	70,000	70,000	71,324
	NGL ENERGY PARTNERS LP	CORPORATE DEBT	02/15/2032	8.38%	75,000	75,000	76,155
	NISSAN AUTO RECEIVABLES OWNER	CORPORATE DEBT	12/15/2028	5.28%	829,000	828,923	831,752
	NORDSTROM INC	CORPORATE DEBT	01/15/2044	5.00%	110,000	87,200	88,822
	NORTHERN OIL AND GAS INC	CORPORATE DEBT	03/01/2028	8.13%	75,000	79,646	75,847
	NORTHERN OIL AND GAS INC	CORPORATE DEBT	06/15/2031	8.75%	20,000	20,374	20,986
	NORTHRIVER MIDSTREAM FIN 144A	CORPORATE DEBT	02/15/2026	5.63%	120,000	119,250	120,034
	NORTHRIVER MIDSTREAM FIN 144A	CORPORATE DEBT	07/15/2032	6.75%	100,000	100,000	100,175
	NORTHWESTERN MUTUAL GLBL	CORPORATE DEBT	05/28/2031	5.16%	415,000	414,880	415,606
	NORTHWESTERN MUTUAL LIFE	CORPORATE DEBT	09/30/2059	3.63%	304,000	246,613	206,419
	NORTONLIFELOCK INC	CORPORATE DEBT	09/30/2027	6.75%	95,000	95,135	96,206
	NORTONLIFELOCK INC	CORPORATE DEBT	09/30/2030	7.13%	155,000	154,794	158,836
	NOVA CHEMICALS CORP	CORPORATE DEBT	06/01/2027	5.25%	144,000	136,889	137,745
	NOVA CHEMICALS CORP 144A	CORPORATE DEBT	02/15/2030	9.00%	35,000	37,100	36,927
	NOVA CHEMICALS CORP SER 144A	CORPORATE DEBT	11/15/2028	8.50%	85,000	87,447	90,196
	NOVELIS CORP	CORPORATE DEBT	01/30/2030	4.75%	105,000	94,450	97,410
	NOVELIS CORP	CORPORATE DEBT	08/15/2031	3.88%	95,000	84,075	82,249
	NOVELIS CORP	CORPORATE DEBT	11/15/2026	3.25%	60,000	56,400	56,460
	NRG ENERGY INC	CORPORATE DEBT	12/31/2089	VAR%	260,000	261,822	284,365
	OCCU AUTO RECEIVABLES TRUST	CORPORATE DEBT	06/15/2028	6.23%	295,000	295,334	297,168
	OKLAHOMA ST DEV FIN AUTH	CORPORATE DEBT	05/01/2037	3.88%	206,856	206,856	197,289
	OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	11/15/2028	9.75%	140,000	140,308	148,116
	OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	06/15/2031	7.25%	35,000	35,000	34,790
	OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	10/01/2028	4.25%	210,000	210,000	191,031
	OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	10/01/2029	6.25%	175,000	164,712	159,742
	ONEMAIN FINANCE CORP	CORPORATE DEBT	01/15/2029	9.00%	80,000	80,322	84,402
	ONEMAIN FINANCE CORP	CORPORATE DEBT	09/15/2028	3.88%	80,000	71,400	71,730
	OPEN TEXT INC	CORPORATE DEBT	12/01/2031	4.13%	90,000	77,625	79,106
	OPEN TEXT INC	CORPORATE DEBT	02/15/2030	4.13%	110,000	93,790	99,199
	ORACLE CORP	CORPORATE DEBT	11/15/2024	2.95%	80,000	85,287	79,162
	ORACLE CORP	CORPORATE DEBT	05/15/2035	3.90%	470,000	466,828	407,467
	OSCAR ACQUISITIONCO LLC	CORPORATE DEBT	04/15/2030	9.50%	115,000	111,338	108,636
	OTIS WORLDWIDE CORP	CORPORATE DEBT	02/15/2040	3.11%	80,000	87,514	59,520

UNITED ASSOCIATION NATIONAL PENSION FUND

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

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Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	PACIFIC GAS & ELECTRIC	CORPORATE DEBT	01/15/2033	6.15%	249,000	\$ 248,350	\$ 252,954
	PACIFIC GAS & ELECTRIC COMPANY	CORPORATE DEBT	02/01/2031	2.50%	418,000	417,565	344,566
	PACTIVE EVERGREEN GROUP	CORPORATE DEBT	10/15/2028	4.38%	250,000	241,773	233,283
	PANTHER ESCROW ISSUER	CORPORATE DEBT	06/01/2031	7.13%	180,000	180,000	182,057
	PARAMOUNT GLOBAL	CORPORATE DEBT	02/28/2057	VAR%	25,000	21,763	20,385
	PARAMOUNT GLOBAL	CORPORATE DEBT	03/30/2062	VAR%	25,000	22,949	22,079
	PARREX INTERNATIONAL (11/21)	CORPORATE DEBT	08/10/2028	VAR%	194,504	194,747	194,829
	PARK INTERMED HOLDINGS	CORPORATE DEBT	02/01/2030	7.00%	115,000	115,000	116,372
	PARK INTERMED HOLDINGS	CORPORATE DEBT	10/01/2028	5.88%	330,000	305,208	325,265
	PARKER-HANNIFIN CORP	CORPORATE DEBT	09/15/2027	4.25%	205,000	204,565	199,738
	PARTNERS HEALTHCARE SYST	CORPORATE DEBT	07/01/2059	3.19%	30,000	31,744	21,029
	PAYPAL HOLDINGS INC	CORPORATE DEBT	06/01/2030	2.30%	355,000	354,620	306,028
	PECO ENERGY CO	CORPORATE DEBT	10/01/2044	4.15%	280,000	279,040	229,222
	PENN ENTERTAINMENT INC	CORPORATE DEBT	07/01/2029	4.13%	60,000	49,709	51,460
	PENN NATIONAL GAMING INC	CORPORATE DEBT	01/15/2027	5.63%	40,000	37,738	38,618
	PERFORMANCE FOOD GROUP I	CORPORATE DEBT	10/15/2027	5.50%	195,000	199,809	190,730
	PERFORMANCE FOOD GROUP INC	CORPORATE DEBT	08/01/2029	4.25%	45,000	41,080	40,968
	PERMIAN RESOURC OPTG LLC	CORPORATE DEBT	01/15/2032	7.00%	160,000	159,675	164,363
	PETSMART INC/PETSMART FI	CORPORATE DEBT	02/15/2028	4.75%	145,000	134,426	134,688
	PETSMART INC/PETSMART FI	CORPORATE DEBT	02/15/2029	7.75%	120,000	116,832	116,864
	PFIZER INC	CORPORATE DEBT	12/15/2036	4.00%	130,000	129,375	116,666
	PFIZER INVESTMENT ENTER	CORPORATE DEBT	05/19/2033	4.75%	585,000	584,123	569,977
	PHILADELPHIA PA AUTH FOR INDLD	CORPORATE DEBT	04/15/2026	3.96%	225,000	225,000	221,078
	PHILIP MORRIS INTL INC	CORPORATE DEBT	02/15/2033	5.38%	325,000	329,810	322,699
	PHILIP MORRIS INTL INC	CORPORATE DEBT	02/13/2031	5.13%	145,000	142,908	143,462
	PHILLIPS 66	CORPORATE DEBT	02/15/2026	1.30%	110,000	109,956	102,969
	PHILLIPS EDISON GROCERY	CORPORATE DEBT	07/15/2034	5.75%	405,000	399,689	399,954
	PICARD MIDCO INC	CORPORATE DEBT	03/31/2029	6.50%	270,000	254,969	259,286
	PLAINS ALL AMERICAN PIPE	CORPORATE DEBT	09/15/2030	3.80%	562,000	588,571	513,359
	PMHC II INC	CORPORATE DEBT	02/15/2030	9.00%	215,000	200,149	196,779
	PNC FINANCIAL SERVICES	CORPORATE DEBT	06/12/2029	VAR%	391,000	391,000	395,278
	PNC FINANCIAL SERVICES	CORPORATE DEBT	08/18/2034	VAR%	392,000	392,000	401,788
	PNC FINANCIAL SERVICES	CORPORATE DEBT	10/20/2034	VAR%	202,000	202,000	220,154
	POST HOLDINGS INC	CORPORATE DEBT	02/15/2032	6.25%	15,000	15,000	15,020
	PRAIRIE ACQUIROR LP	CORPORATE DEBT	08/01/2029	9.00%	135,000	135,000	139,136
	PRIME SECSRVC BRW/FINANC	CORPORATE DEBT	04/15/2026	5.75%	155,000	159,844	153,822
	PRIME SECSRVC BRW/FINANC	CORPORATE DEBT	01/15/2028	6.25%	65,000	61,545	64,052
	PUBLIC SERVICE ELECTRIC	CORPORATE DEBT	03/15/2053	5.13%	160,000	159,906	151,693
	PUBLIC SERVICE ENTERPRIS	CORPORATE DEBT	08/15/2030	1.60%	625,000	623,850	506,825
	QORVO INC	CORPORATE DEBT	12/15/2024	1.75%	230,000	229,572	225,124
	RACKSPACE FIN LLC	CORPORATE DEBT	05/15/2028	3.50%	84,425	84,425	36,303
	RAKUTEN GROUP INC SERIES 144A	CORPORATE DEBT	02/15/2027	11.25%	35,000	37,275	37,380
	RAKUTEN GROUP INC SERIES 144A	CORPORATE DEBT	04/15/2029	9.75%	115,000	118,119	118,536
	RAPTOR ACQ/RAPTOR CO-ISS	CORPORATE DEBT	11/01/2026	4.88%	85,000	79,877	82,232
	RATE MORTGAGE TRUST	CORPORATE DEBT	12/25/2051	VAR%	508,755	507,404	404,226
	REALOGY GROUP/CO-ISSUER	CORPORATE DEBT	01/15/2029	5.75%	57,000	57,874	35,083
	REDWOOD STAR MERGER SUB	CORPORATE DEBT	04/01/2030	8.75%	180,000	173,025	184,779
	REPUBLIC SERVICES INC	CORPORATE DEBT	02/15/2031	1.45%	440,000	437,875	348,872
	REPUBLIC SERVICES INC	CORPORATE DEBT	12/15/2033	5.00%	374,000	371,876	366,146
	RESIDEO FUNDING INC	CORPORATE DEBT	09/01/2029	4.00%	240,000	233,472	211,529
	REYNOLDS AMERICAN INC	CORPORATE DEBT	09/15/2043	6.15%	115,000	131,714	110,689
	REYNOLDS GRP ISS/REYNOLD	CORPORATE DEBT	10/15/2027	4.00%	40,000	39,798	37,465
	RHP HOTEL PPTY/RHP FINAN	CORPORATE DEBT	02/15/2029	4.50%	10,000	9,252	9,378
	RHP HOTEL PPTY/RHP FINAN	CORPORATE DEBT	04/01/2032	6.50%	170,000	170,000	170,012
	RHP HOTEL PPTY/RHP FINAN	CORPORATE DEBT	07/15/2028	7.25%	80,000	80,200	82,726
	RITCHIE BROS AUCTIONEERS 144A	CORPORATE DEBT	03/15/2031	7.75%	210,000	217,331	219,316
	RITCHIE BROS AUCTIONEERS 144A	CORPORATE DEBT	03/15/2028	6.75%	95,000	95,338	96,714
	RLJ LODGING TRUST LP	CORPORATE DEBT	09/15/2029	4.00%	275,000	265,837	242,888
	ROCKCLIFF ENERGY II LLC	CORPORATE DEBT	10/15/2029	5.50%	210,000	198,812	196,571
	ROCKIES EXPRESS PIPELINE	CORPORATE DEBT	05/15/2030	4.80%	45,000	41,625	41,548
	ROCKIES EXPRESS PIPELINE	CORPORATE DEBT	04/15/2040	6.88%	125,000	110,000	119,485
	ROCKIES EXPRESS PIPELINE	CORPORATE DEBT	07/15/2038	7.50%	110,000	112,825	112,292
	ROPER TECHNOLOGIES INC	CORPORATE DEBT	09/15/2025	1.00%	115,000	114,848	108,942
	ROSEN GROUP (TL 3/24) HYBRID TL	CORPORATE DEBT	03/24/2031	VAR%	45,000	44,888	45,206
	ROYAL BANK OF SCOTLAND GRP PLC	CORPORATE DEBT	05/22/2028	VAR%	376,000	376,000	351,838
	ROYAL CARIBBEAN CRUISES	CORPORATE DEBT	04/01/2028	5.50%	20,000	18,848	19,745
	ROYAL CARIBBEAN CRUISES	CORPORATE DEBT	01/15/2029	9.25%	120,000	128,049	128,107
	ROYAL CARIBBEAN CRUISES LTD	CORPORATE DEBT	10/15/2027	7.50%	230,000	264,252	241,633
	RYMAN HOSPITALITY PROP	CORPORATE DEBT	10/15/2027	4.75%	230,000	228,025	221,439
	SABRA HEALTH CARE LP	CORPORATE DEBT	12/01/2031	3.20%	619,000	612,439	514,550
	SANTANDER RETAIL AUTO LEASE TR	CORPORATE DEBT	11/20/2025	3.28%	147,832	147,827	147,303
	SANTANDER UK GROUP HOLDINGS	CORPORATE DEBT	06/14/2027	VAR%	606,000	606,000	560,211
	SBNA AUTO LEASE TRUST	CORPORATE DEBT	11/20/2026	5.39%	160,000	159,998	159,702
	SBNA AUTO LEASE TRUST	CORPORATE DEBT	11/22/2027	5.56%	145,000	144,979	145,367
	SCIENTIFIC GAMES HOLDIN	CORPORATE DEBT	03/01/2030	6.63%	265,000	254,809	258,327
	SCIENTIFIC GAMES INTERNA	CORPORATE DEBT	11/15/2029	7.25%	150,000	149,970	153,197
	SCIL IV LLC / SCIL USA H	CORPORATE DEBT	11/01/2026	5.38%	250,000	246,828	241,735

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	SEALED AIR/SEALED AIR US	CORPORATE DEBT	02/15/2031	7.25%	110,000	\$ 114,025	\$ 113,256
	SEAWORLD PARKS & ENTERTA	CORPORATE DEBT	08/15/2029	5.25%	290,000	264,155	274,012
	SENSATA TECHNOLOGIES BV	CORPORATE DEBT	04/15/2029	4.00%	155,000	157,713	142,306
	SENSATA TECHNOLOGIES BV	CORPORATE DEBT	09/01/2030	5.88%	50,000	49,823	48,965
	SENSATA TECHNOLOGIES BV	CORPORATE DEBT	10/01/2025	5.00%	15,000	14,620	15,123
	SERVICE PROPERTIES TRUST	CORPORATE DEBT	11/15/2031	8.63%	215,000	212,315	224,097
	SHEA HOMES LP/SHEA HOMES FDG	CORPORATE DEBT	02/15/2028	4.75%	125,000	118,523	118,143
	SHEA HOMES LP/SHEA HOMES FDG	CORPORATE DEBT	04/01/2029	4.75%	120,000	107,656	111,592
	SHELL INTERNATIONAL FIN	CORPORATE DEBT	05/11/2035	4.13%	300,000	297,498	275,127
	SIRIUS XM RADIO INC	CORPORATE DEBT	07/01/2029	5.50%	158,000	148,704	148,425
	SIRIUS XM RADIO INC	CORPORATE DEBT	07/01/2030	4.13%	152,000	156,413	129,826
	SIRIUS XM RADIO INC	CORPORATE DEBT	07/15/2028	4.00%	40,000	36,463	36,134
	SIX FLAG ENT CORP/CAN/MAGNUM/MI	CORPORATE DEBT	07/15/2029	5.25%	80,000	72,642	76,638
	SIX FLAG ENT CORP/CAN/MAGNUM/MI	CORPORATE DEBT	10/01/2028	6.50%	115,000	113,717	115,139
	SIX FLAGS ENTERTAINMENT	CORPORATE DEBT	04/15/2027	5.50%	85,000	80,740	84,140
	SIX FLAGS ENTERTAINMENT	CORPORATE DEBT	05/15/2031	7.25%	260,000	254,950	264,709
	SIX FLAGS ENTMT CORP	CORPORATE DEBT	05/01/2032	6.63%	110,000	110,000	111,786
	SMB PRIVATE EDUCATION LOAN TRU	CORPORATE DEBT	09/15/2054	1.60%	255,280	227,100	232,660
	SMB PRIVATE EDUCATION LOAN TRU	CORPORATE DEBT	01/15/2053	1.59%	92,974	85,979	83,008
	SOCIETE GENERALE 144A	CORPORATE DEBT	01/19/2035	VAR%	357,000	357,000	353,426
	SOLARIS MIDSTREAM HOLDIN	CORPORATE DEBT	04/01/2026	7.63%	120,000	119,715	120,419
	SOUTHWESTERN ELEC POWER	CORPORATE DEBT	03/15/2026	1.65%	425,000	424,958	399,806
	SOUTHWESTERN PUBLIC SERV	CORPORATE DEBT	06/15/2059	3.75%	235,000	232,037	186,866
	SPA HOLDINGS 3	CORPORATE DEBT	02/04/2028	4.88%	145,000	143,931	135,376
	SPCM SA SER 144A	CORPORATE DEBT	03/15/2030	3.38%	25,000	20,759	21,560
	SPCM SA SER 144A	CORPORATE DEBT	03/15/2027	3.13%	160,000	143,415	147,122
	SPRINGLEAF FINANCE CORP	CORPORATE DEBT	11/15/2029	5.38%	60,000	66,332	56,272
	SPRINGLEAF FINANCE CORP	CORPORATE DEBT	03/15/2026	7.13%	65,000	71,733	66,050
	STANDARD CHARTERED PLC SR 144A	CORPORATE DEBT	06/29/2032	VAR%	362,000	362,000	295,913
	STANDARD INDUSTRIES INC	CORPORATE DEBT	07/15/2030	4.38%	200,000	203,315	180,704
	STAR PARENT INC	CORPORATE DEBT	10/01/2030	9.00%	170,000	172,593	178,483
	STARBUCKS CORP	CORPORATE DEBT	11/15/2050	3.50%	125,000	124,163	87,835
	STARBUCKS CORP	CORPORATE DEBT	03/12/2050	3.35%	30,000	29,338	20,429
	STARWOOD PROPERTY TRUST	CORPORATE DEBT	01/15/2027	4.38%	145,000	136,725	137,282
	STARWOOD PROPERTY TRUST	CORPORATE DEBT	04/01/2029	7.25%	145,000	145,000	146,554
	STATION CASINOS LLC	CORPORATE DEBT	03/15/2032	6.63%	40,000	39,900	39,804
	STATION CASINOS LLC	CORPORATE DEBT	12/01/2031	4.63%	130,000	112,363	115,869
	STATION CASINOS LLC	CORPORATE DEBT	02/15/2028	4.50%	90,000	81,562	84,685
	SUMMER (BC) BIDC	CORPORATE DEBT	10/31/2026	5.50%	95,000	87,806	92,773
	SUMMIT MATERIALS LLC/FIN	CORPORATE DEBT	01/15/2031	7.25%	120,000	120,000	124,278
	SUMMIT MATERIALS LLC/FIN	CORPORATE DEBT	01/15/2029	5.25%	105,000	101,106	101,138
	SUNOCO LP	CORPORATE DEBT	05/01/2032	7.00%	45,000	45,000	46,546
	SUNOCO LP FIN CORP	CORPORATE DEBT	05/01/2029	7.00%	50,000	50,000	51,244
	SURGERY CENTER HOLDINGS	CORPORATE DEBT	04/15/2032	7.25%	285,000	286,569	287,890
	SYNAPTICS INC	CORPORATE DEBT	06/15/2029	4.00%	70,000	58,450	63,428
	SYNEOS HEALTH (TL 10/23) HYBRID	CORPORATE DEBT	09/17/2030	VAR%	170,000	167,916	169,788
	TAKE-TWO INTERACTIVE SOF	CORPORATE DEBT	06/12/2029	5.40%	69,000	68,883	69,395
	TALLGRASS ENERGY (3/24) TLB	CORPORATE DEBT	08/22/2029	VAR%	80,000	79,725	80,000
	TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	02/15/2029	7.38%	200,000	200,000	200,978
	TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	03/01/2027	6.00%	35,000	33,252	34,496
	TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	09/01/2031	6.00%	70,000	64,564	65,419
	TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	12/31/2030	6.00%	50,000	47,207	46,585
	TASEKO MINES LTD 144A	CORPORATE DEBT	05/01/2030	8.25%	65,000	65,000	66,496
	TAYLOR MORRISON COMM	CORPORATE DEBT	08/01/2030	5.13%	215,000	204,034	205,882
	TELECOM ITALIA CAPITAL	CORPORATE DEBT	07/18/2036	7.20%	75,000	79,736	71,813
	TELECOM ITALIA CAPITAL	CORPORATE DEBT	11/15/2033	6.38%	90,000	95,850	84,177
	TELECOM ITALIA CAPITAL	CORPORATE DEBT	06/04/2038	7.72%	35,000	35,727	34,144
	TENET HEALTHCARE CORP	CORPORATE DEBT	06/15/2030	6.13%	165,000	163,744	163,886
	TENET HEALTHCARE CORP	CORPORATE DEBT	05/15/2031	6.75%	340,000	339,932	345,103
	TENET HEALTHCARE CORP SR	CORPORATE DEBT	10/01/2028	6.13%	155,000	154,296	154,225
	TEREX CORP	CORPORATE DEBT	05/15/2029	5.00%	175,000	170,221	166,058
	TEVA PHARMACEUTICALS NE SER *	CORPORATE DEBT	09/15/2029	7.88%	225,000	231,930	241,666
	TEXAS ELEC MKT STABI	CORPORATE DEBT	08/01/2034	4.26%	258,076	258,073	247,771
	TEXAS NATURAL GAS SECURITIZTN	CORPORATE DEBT	04/01/2035	5.10%	237,660	237,660	237,377
	TEXAS NATURAL GAS SECURITIZTN	CORPORATE DEBT	04/01/2041	5.17%	205,000	205,000	205,363
	TEXAS ST DEPT OF HSG & CMN	CORPORATE DEBT	01/01/2054	6.00%	515,000	524,534	524,502
	TEXAS ST DEPT OF HSG & CMN	CORPORATE DEBT	09/01/2053	6.25%	645,000	664,290	661,776
	TEXAS ST DEPT OF HSG & CMN	CORPORATE DEBT	01/01/2054	6.00%	250,000	256,288	255,048
	THOR INDUSTRIES	CORPORATE DEBT	10/15/2029	4.00%	100,000	86,322	87,778
	TKC HOLDINGS INC	CORPORATE DEBT	05/15/2028	6.88%	110,000	103,675	106,653
	T-MOBILE US INC	CORPORATE DEBT	01/15/2034	5.75%	274,000	273,603	281,683
	T-MOBILE USA INC	CORPORATE DEBT	04/15/2030	3.88%	115,000	100,965	107,505
	T-MOBILE USA INC	CORPORATE DEBT	10/15/2052	3.40%	240,000	238,613	183,653
	T-MOBILE USA INC	CORPORATE DEBT	07/15/2033	5.05%	640,000	629,882	626,118
	T-MOBILE USA INC	CORPORATE DEBT	04/15/2030	3.88%	375,000	372,293	350,561
	TMS INTERNATIONAL CORP	CORPORATE DEBT	04/15/2029	6.25%	115,000	116,649	104,986
	TORONTO-DOMINION BANK SER MTN	CORPORATE DEBT	03/10/2027	2.80%	345,000	344,313	323,914

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares			
TOWD POINT MORTGAGE TRUST	CORPORATE DEBT	11/25/2061	2.25%	107,535	\$	109,312	\$ 98,092
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	05/25/2033	VAR%	1,340,000		1,261,094	1,289,964
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	02/27/2034	1.07%	670,000		601,430	624,587
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	06/25/2036	4.93%	570,000		569,852	569,761
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	11/25/2036	5.16%	985,000		984,695	991,038
TOYOTA AUTO RECEIVABLES OWNER	CORPORATE DEBT	08/15/2028	5.54%	215,000		214,977	216,535
TOYOTA AUTO RECEIVABLES OWNER	CORPORATE DEBT	01/16/2029	5.33%	1,487,000		1,486,788	1,492,874
TOYOTA MOTOR CREDIT CORP	CORPORATE DEBT	05/18/2026	4.45%	1,340,000		1,329,052	1,322,849
TOYOTA MOTOR CREDIT CORP	CORPORATE DEBT	03/21/2031	5.10%	355,000		354,897	355,156
TRANSALTA CORP	CORPORATE DEBT	11/15/2029	7.75%	175,000		175,276	182,616
TRANSCANADA PIPELINES	CORPORATE DEBT	03/09/2026	6.20%	433,000		433,000	433,212
TRANS-CANADA PIPELINES	CORPORATE DEBT	03/01/2034	4.63%	270,000		268,780	263,055
TRANSDIGM INC	CORPORATE DEBT	01/15/2029	4.63%	215,000		190,620	200,604
TRANSDIGM INC	CORPORATE DEBT	08/15/2028	6.75%	330,000		332,113	334,033
TRANSDIGM INC	CORPORATE DEBT	03/01/2029	6.38%	190,000		189,838	190,958
TRANSDIGM INC	CORPORATE DEBT	03/01/2032	6.63%	225,000		225,000	227,264
TRANSDIGM INC	CORPORATE DEBT	12/15/2030	6.88%	285,000		285,000	290,942
TRANSOCEAN INC SERIES 144A	CORPORATE DEBT	05/15/2031	8.50%	110,000		110,000	110,047
TRANSOCEAN INC SERIES 144A	CORPORATE DEBT	05/15/2029	8.25%	110,000		110,000	110,273
TREEHOUSE FOODS INC	CORPORATE DEBT	09/01/2028	4.00%	190,000		166,374	170,639
TRI POINTE GROUP INC	CORPORATE DEBT	06/01/2027	5.25%	70,000		66,930	68,274
TRIDENT TPI HOLDINGS INC	CORPORATE DEBT	12/31/2028	12.75%	140,000		138,849	152,909
TRIDENT TPI HOLDINGS INC.	CORPORATE DEBT	09/17/2028	VAR%	173,688		168,477	173,731
TRIVIUM PACKAGING FIN	CORPORATE DEBT	08/15/2026	5.50%	90,000		88,607	88,181
TRIVIUM PACKAGING FIN	CORPORATE DEBT	08/15/2027	8.50%	160,000		166,526	158,806
TRONOX INC	CORPORATE DEBT	03/15/2029	4.63%	200,000		192,638	180,538
TRUIST FINANCIAL CORP	CORPORATE DEBT	07/28/2026	VAR%	440,000		440,000	432,784
TSMC GLOBAL LTD	CORPORATE DEBT	09/28/2030	1.38%	315,000		312,111	254,857
TTM TECHNOLOGIES INC	CORPORATE DEBT	03/01/2029	4.00%	160,000		143,908	146,813
U.S. SILICA (3/23)	CORPORATE DEBT	12/31/2089	VAR%	186,847		181,241	187,469
UKG INC	CORPORATE DEBT	02/01/2031	6.88%	340,000		340,550	344,260
UNION ELECTRIC CO	CORPORATE DEBT	04/01/2034	5.20%	310,000		309,024	307,712
UNION PACIFIC CORP	CORPORATE DEBT	02/05/2050	3.25%	125,000		118,064	87,285
UNION PACIFIC CORP	CORPORATE DEBT	04/06/2036	2.89%	65,000		65,393	52,361
UNITED AIR 2020-1 B PTT	CORPORATE DEBT	07/15/2027	4.88%	113,400		118,390	111,726
UNITED AIRLINES INC	CORPORATE DEBT	04/15/2026	4.38%	355,000		334,403	342,934
UNITED PARCEL SERVICE	CORPORATE DEBT	04/01/2040	5.20%	60,000		59,711	58,743
UNITED RENTALS INC	CORPORATE DEBT	03/15/2034	6.13%	275,000		274,606	273,996
UNITED RENTALS NORTH AM	CORPORATE DEBT	01/15/2030	5.25%	80,000		80,127	77,525
UNITED RENTALS NORTH AM	CORPORATE DEBT	07/15/2030	4.00%	40,000		40,500	36,173
UNITED RENTALS NORTH AM	CORPORATE DEBT	01/15/2032	3.75%	140,000		131,256	121,808
UNITEDHEALTH GROUP INC	CORPORATE DEBT	02/15/2053	5.88%	275,000		272,913	285,596
UNITEDHEALTH GROUP INC	CORPORATE DEBT	07/15/2035	4.63%	85,000		90,556	81,381
UNITI GROUP/CSL CAPITAL	CORPORATE DEBT	02/15/2028	10.50%	295,000		295,000	288,888
UNIV OF VIRGINIA VA UNIV REVEN	CORPORATE DEBT	09/01/2050	2.26%	130,000		130,000	77,516
UPC BROADBAND FINCO BV SER 144A	CORPORATE DEBT	07/15/2031	4.88%	285,000		256,531	258,786
US ACUTE CARE SOLUTIONS	CORPORATE DEBT	05/15/2029	9.75%	180,000		176,528	177,262
US BANCORP	CORPORATE DEBT	01/23/2030	VAR%	185,000		184,934	185,496
US BANCORP	CORPORATE DEBT	02/01/2029	VAR%	480,000		480,000	469,675
US BANCORP	CORPORATE DEBT	10/21/2026	VAR%	45,000		45,000	45,077
US BANCORP	CORPORATE DEBT	01/23/2030	VAR%	183,000		183,000	183,490
US BANCORP	CORPORATE DEBT	06/12/2034	VAR%	258,000		258,000	261,586
US FOODS INC	CORPORATE DEBT	02/15/2029	4.75%	85,000		76,863	80,621
US FOODS INC	CORPORATE DEBT	06/01/2030	4.63%	110,000		97,350	102,197
US FOODS INC	CORPORATE DEBT	09/15/2028	6.88%	120,000		120,211	122,690
US FOODS INC	CORPORATE DEBT	01/15/2032	7.25%	100,000		100,000	103,779
USA COM PART/USA COM FIN	CORPORATE DEBT	03/15/2029	7.13%	180,000		180,550	181,370
USI INC/NY	CORPORATE DEBT	01/15/2032	7.50%	90,000		90,485	91,408
VALEANT PHARMACEUTICALS	CORPORATE DEBT	11/01/2025	5.50%	40,000		36,400	37,261
VENTURE GLOBAL CALCASIEU	CORPORATE DEBT	08/15/2029	3.88%	140,000		120,258	127,504
VENTURE GLOBAL CALCASIEU	CORPORATE DEBT	08/15/2031	4.13%	90,000		73,013	80,763
VENTURE GLOBAL LNG INC	CORPORATE DEBT	02/01/2032	9.88%	115,000		119,809	125,169
VENTURE GLOBAL LNG INC	CORPORATE DEBT	06/01/2028	8.13%	190,000		191,275	195,742
VENTURE GLOBAL LNG INC	CORPORATE DEBT	06/01/2031	8.38%	40,000		40,000	41,489
VENTURE GLOBAL LNG INC	CORPORATE DEBT	02/01/2029	9.50%	180,000		180,268	197,118
VERDE PURCHASER (11/23) TL	CORPORATE DEBT	11/15/2030	VAR%	40,000		39,850	39,950
VERDE PURCHASER LLC	CORPORATE DEBT	11/30/2030	10.50%	215,000		215,822	227,234
VERIDIAN AUTO RECEIVABLES TRUS	CORPORATE DEBT	03/15/2028	5.56%	360,000		359,935	359,586
VERIZON COMMUNICATIONS	CORPORATE DEBT	11/01/2034	4.40%	530,000		554,270	491,119
VERIZON COMMUNICATIONS	CORPORATE DEBT	03/22/2061	3.70%	90,000		89,090	63,502
VERIZON COMMUNICATIONS	CORPORATE DEBT	12/03/2029	4.02%	765,000		888,280	723,032
VERIZON MASTER TRUST	CORPORATE DEBT	01/22/2029	4.49%	430,000		429,909	424,668
VERIZON MASTER TRUST	CORPORATE DEBT	09/22/2031	5.80%	770,000		769,934	780,156
VERIZON MASTER TRUST	CORPORATE DEBT	11/20/2029	0.56%	435,000		434,946	404,277
VERIZON MASTER TRUST	CORPORATE DEBT	12/22/2031	4.83%	235,000		234,928	232,871
VERSCEND HOLDING CORP	CORPORATE DEBT	12/31/2089	VAR%	492		490	490
VERTICAL HOLDCO GMBH	CORPORATE DEBT	07/15/2028	7.63%	215,000		211,517	213,360

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	VERTICAL US NEWCO INC	CORPORATE DEBT	07/15/2027	5.25%	80,000	\$ 74,200	\$ 77,546
	VIACOMCBS INC	CORPORATE DEBT	01/15/2031	4.95%	45,000	39,687	39,591
	VIASAT INC	CORPORATE DEBT	04/15/2027	5.63%	50,000	44,976	44,747
	VIASAT INC	CORPORATE DEBT	07/15/2028	6.50%	60,000	45,091	45,422
	VIKING CRUISES LTD 144A	CORPORATE DEBT	07/15/2031	9.13%	105,000	105,525	113,722
	VIKING CRUISES LTD SER 144A	CORPORATE DEBT	09/15/2027	5.88%	130,000	120,655	128,655
	VIKING CRUISES LTD SERIES 144A	CORPORATE DEBT	02/15/2029	7.00%	110,000	110,275	110,586
	VIKING OCEAN CRUISES SHI	CORPORATE DEBT	02/15/2029	5.63%	60,000	55,049	58,654
	VIRGINIA ELEC & POWER CO	CORPORATE DEBT	08/15/2043	4.65%	170,000	169,918	147,521
	VISTAJET MALTA/VM HOLDS 144A	CORPORATE DEBT	06/01/2028	9.50%	80,000	77,122	70,130
	VISTAJET MALTA/XO MGMT SER 144A	CORPORATE DEBT	02/01/2030	6.38%	100,000	100,000	78,575
	VISTRA CORP	CORPORATE DEBT	12/31/2089	VAR%	230,000	226,550	228,001
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	04/15/2032	6.88%	295,000	295,000	299,475
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	05/01/2029	4.38%	85,000	84,843	79,146
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	10/15/2031	7.75%	260,000	260,000	270,761
	VM CONSOLIDATED INC	CORPORATE DEBT	04/15/2029	5.50%	360,000	346,477	343,325
	VMED O2 UK FINAN	CORPORATE DEBT	07/15/2031	4.75%	145,000	130,500	122,290
	VOLKSWAGEN AUTO LEASE TRUST	CORPORATE DEBT	07/21/2025	3.44%	37,381	37,378	37,293
	VS BUYER (2/20)	CORPORATE DEBT	04/07/2031	VAR%	150,000	149,625	149,813
	WALGREENS BOOTS ALLIANCE	CORPORATE DEBT	06/01/2026	3.45%	80,000	76,500	75,270
	WALGREENS BOOTS ALLIANCE	CORPORATE DEBT	11/18/2034	4.50%	45,000	40,163	38,044
	WALGREENS BOOTS ALLIANCE	CORPORATE DEBT	11/18/2044	4.80%	45,000	38,081	35,336
	WALT DISNEY COMPANY/THE	CORPORATE DEBT	03/23/2040	4.28%	125,000	141,779	115,465
	WALT DISNEY COMPANY/THE	CORPORATE DEBT	05/13/2040	VAR%	255,000	217,218	203,444
	WAND NEWCO 3 INC	CORPORATE DEBT	01/30/2032	7.63%	225,000	227,526	232,378
	WARNERMEDIA HOLDINGS INC	CORPORATE DEBT	03/15/2032	VAR%	125,000	124,256	109,104
	WARNERMEDIA HOLDINGS INC	CORPORATE DEBT	03/15/2042	5.05%	180,000	180,000	146,414
	WATERBRIDGE MIDSTREAM (6/19) TL	CORPORATE DEBT	04/01/2028	VAR%	139,927	132,347	138,527
	WEBER-STEPHEN PRODUCTS (10/20)	CORPORATE DEBT	10/19/2027	VAR%	85,000	79,754	78,731
	WELLS FARGO & CO	CORPORATE DEBT	04/04/2031	VAR%	340,000	340,000	325,516
	WELLS FARGO & CO MEDIUM TERM	CORPORATE DEBT	06/17/2027	VAR%	85,000	85,000	81,372
	WELLS FARGO & COMPANY	CORPORATE DEBT	10/30/2025	VAR%	280,000	280,000	276,819
	WELLS FARGO & COMPANY	CORPORATE DEBT	04/30/2026	VAR%	380,000	380,000	368,995
	WELLS FARGO & COMPANY	CORPORATE DEBT	07/25/2029	VAR%	656,000	656,000	661,950
	WELLS FARGO & COMPANY	CORPORATE DEBT	03/24/2028	VAR%	149,000	149,000	142,124
	WELLS FARGO & COMPANY	CORPORATE DEBT	06/02/2028	VAR%	1,140,000	1,115,138	1,049,929
	WELLS FARGO & COMPANY	CORPORATE DEBT	10/30/2025	VAR%	406,000	406,000	401,388
	WESCO DISTRIBUTION INC	CORPORATE DEBT	03/15/2029	6.38%	130,000	130,000	130,469
	WESCO DISTRIBUTION INC	CORPORATE DEBT	03/15/2032	6.63%	115,000	115,000	116,211
	WHITE CAP BUYER LLC	CORPORATE DEBT	10/15/2028	6.88%	95,000	86,072	91,665
	WHITE CAP PARENT LLC	CORPORATE DEBT	03/15/2026	8.25%	115,000	105,545	115,002
	WILLIAM CARTER	CORPORATE DEBT	03/15/2027	5.63%	85,000	82,088	83,840
	WILLIAMS SCOTSMAN INC	CORPORATE DEBT	06/15/2029	6.63%	155,000	155,000	156,226
	WILLIAMS SCOTSMAN INC	CORPORATE DEBT	10/01/2031	7.38%	155,000	155,000	159,512
	WILLIS NORTH AMERICA INC	CORPORATE DEBT	06/15/2027	4.65%	379,000	378,829	372,371
	WINDSOR HOLDINGS III LLC	CORPORATE DEBT	06/15/2030	8.50%	280,000	282,743	292,233
	WISCONSIN ELECTRIC POWER	CORPORATE DEBT	06/15/2028	1.70%	75,000	74,985	66,365
	WMG ACQUISITION CORP	CORPORATE DEBT	07/15/2030	3.88%	200,000	175,772	178,524
	WMG ACQUISITION CORP	CORPORATE DEBT	12/01/2029	3.75%	135,000	118,130	122,287
	WOODWARD CAPITAL MANAGEMENT	CORPORATE DEBT	07/25/2051	VAR%	119,613	113,520	94,965
	WOODWARD CAPITAL MANAGEMENT	CORPORATE DEBT	02/25/2052	VAR%	144,345	136,518	114,421
	WORLD OMNI AUTO RECEIVABLES TR	CORPORATE DEBT	09/17/2029	5.67%	315,000	314,956	315,920
	WORLD OMNI AUTOMOBILE LEASE SE	CORPORATE DEBT	09/15/2026	5.07%	130,000	129,995	129,405
	WR GRACE HOLDING LLC	CORPORATE DEBT	03/01/2031	7.38%	135,000	136,313	136,817
	WR GRACE HOLDING LLC	CORPORATE DEBT	08/15/2029	5.63%	270,000	242,783	248,859
	WRANGLER HOLDCO CORP	CORPORATE DEBT	04/01/2032	6.63%	210,000	210,000	209,072
	XHR LP	CORPORATE DEBT	06/01/2029	4.88%	140,000	134,040	131,208
	XHR LP	CORPORATE DEBT	08/15/2025	6.38%	170,000	167,964	169,815
	XPO INC	CORPORATE DEBT	02/01/2032	7.13%	365,000	374,971	374,103
	YUM BRANDS INC	CORPORATE DEBT	01/31/2032	4.63%	95,000	88,825	87,370
	YUM BRANDS INC	CORPORATE DEBT	03/15/2031	3.63%	45,000	39,771	39,715
	YUM BRANDS INC	CORPORATE DEBT	01/15/2030	4.75%	145,000	139,761	138,107
	ZEBRA TECHNOLOGIES CORP	CORPORATE DEBT	06/01/2032	6.50%	155,000	155,250	156,745
	ZF NA CAPITAL	CORPORATE DEBT	04/14/2030	7.13%	35,000	35,402	36,238
	ZF NA CAPITAL	CORPORATE DEBT	04/23/2032	6.88%	115,000	116,875	118,894
	ZF NA CAPITAL	CORPORATE DEBT	04/14/2028	6.88%	50,000	49,835	50,968
	ZF NORTH AMER CAP INC	CORPORATE DEBT	04/23/2030	6.75%	110,000	110,000	112,028
	ZI TECH LLC/ZI FIN CORP	CORPORATE DEBT	02/01/2029	3.88%	30,000	25,686	27,241
	ZIGGO BOND CO BV	CORPORATE DEBT	02/28/2030	5.13%	70,000	60,650	59,477
	ZIGGO BV	CORPORATE DEBT	01/15/2030	4.88%	130,000	117,450	115,571
	ZIPRECRUITER INC	CORPORATE DEBT	01/15/2030	5.00%	200,000	173,545	173,941
	Total corporate bonds and notes					185,470,237	180,094,591

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
<u>Foreign bonds</u>							
	COMMONWEALTH BANK AUST SER 144A	FOREIGN DEBT	03/14/2025	VAR%	1,490,000	\$ 1,491,354	\$ 1,493,949
	CZECH REPUBLIC GOVERNMENT	FOREIGN DEBT	03/29/2029	5.75%	75,900,000	3,556,057	3,481,647
	MEX BONOS DESARR FIX RT	FOREIGN DEBT	07/31/2053	8.00%	451,000	2,125,113	364,043
	MEX BONOS DESARR FIX RT	FOREIGN DEBT	11/18/2038	8.50%	408,000	3,413,031	1,972,488
	MEX BONOS DESARR FIX RT	FOREIGN DEBT	11/07/2047	8.00%	284,000	1,453,568	1,267,461
	MEX BONOS DESARR FIX RT SER M	FOREIGN DEBT	11/13/2042	7.75%	398,000	-	1,753,998
	NEW ZEALAND GOVT SER 0551	FOREIGN DEBT	05/15/2051	2.75%	1,320,000	907,183	539,748
	PETROLEOS MEXICANOS	FOREIGN DEBT	01/28/2060	6.95%	1,100,000	721,011	727,716
	REPUBLIC OF SOUTH AFRICA	FOREIGN DEBT	02/28/2041	6.50%	29,350,000	2,531,562	985,012
	REPUBLIC OF SOUTH AFRICA	FOREIGN DEBT	02/28/2048	8.75%	21,600,000	1,556,526	878,662
	UNITED KINGDOM GILT	FOREIGN DEBT	07/31/2051	1.25%	5,420,000	3,489,629	3,309,908
	UNITED KINGDOM GILT	FOREIGN DEBT	01/31/2033	3.25%	3,883,364	3,883,363	3,933,041
	Total foreign bonds					25,128,397	20,707,673
<u>Common and preferred stocks</u>							
	10X GENOMICS INC-CLASS A	EQUITY	N/A	N/A	567.00	11,028	10,631
	ABERCROMBIE & FITCH CO	EQUITY	N/A	N/A	9,172	1,225,394	1,631,148
	ACADEMY SPORTS & OUTDOORS	EQUITY	N/A	N/A	13,190	747,461	702,368
	ACADIA HEALTH CARE CO INC	EQUITY	N/A	N/A	1,552	72,421	104,822
	ACADIA REALTY TRUST	EQUITY	N/A	N/A	72,687	1,230,544	1,302,551
	ACUITY BRANDS INC	EQUITY	N/A	N/A	508	65,906	122,652
	ACUSHNET HOLDINGS CORP	EQUITY	N/A	N/A	10,496	647,214	666,286
	ACV AUCTIONS INC-A	EQUITY	N/A	N/A	50,821	911,573	927,483
	ADDUS HOMECARE CORP	EQUITY	N/A	N/A	7,952	750,222	923,307
	ADOBE INC	EQUITY	N/A	N/A	15,000	8,682,711	8,333,100
	ADOBE INC	EQUITY	N/A	N/A	12,108	958,010	6,726,478
	ADT INC	EQUITY	N/A	N/A	4,425	33,509	33,630
	ADVANCED AUTO PARTS WI	EQUITY	N/A	N/A	1,027	154,282	65,040
	ADVANCED DRAINAGE SYSTEMS IN	EQUITY	N/A	N/A	681	109,225	106,161
	ADVANCED MICRO DEVICES INC	EQUITY	N/A	N/A	53,669	5,055,496	8,705,648
	ADVANCED MICRO DEVICES INC	EQUITY	N/A	N/A	10,204	700,813	1,655,191
	ADYEN NV	EQUITY	N/A	N/A	385	619,173	468,360
	AECOM	EQUITY	N/A	N/A	2,241	129,431	197,522
	AEROVIRONMENT INC	EQUITY	N/A	N/A	5,520	658,698	1,005,523
	AES CORP	EQUITY	N/A	N/A	11,711	94,567	205,762
	AFFILIATED MANAGERS GROUP INC	EQUITY	N/A	N/A	528	56,015	82,489
	AFFIRM HOLDINGS INC	EQUITY	N/A	N/A	3,761	84,341	113,620
	AFLAC INC	EQUITY	N/A	N/A	9,448	549,096	843,801
	AGCO CORP	EQUITY	N/A	N/A	1,028	100,794	100,621
	AGILENT TECHNOLOGIES (IPO)	EQUITY	N/A	N/A	4,838	615,778	627,150
	AGILON HEALTH INC	EQUITY	N/A	N/A	501	11,583	3,277
	AGNC INVT CORP	EQUITY	N/A	N/A	11,463	164,647	109,357
	AGREE RLTY CORP	EQUITY	N/A	N/A	13,622	846,082	843,747
	AGREE RLTY CORP	EQUITY	N/A	N/A	1,635	110,495	101,272
	AIA GROUP LTD	EQUITY	N/A	N/A	183,700	833,407	1,250,997
	AIR LEASE CORP	EQUITY	N/A	N/A	1,789	73,816	85,031
	AIR LEASE CORP	EQUITY	N/A	N/A	32,580	1,382,591	1,548,527
	AIRBNB INC-CLASS A	EQUITY	N/A	N/A	35,103	5,418,270	5,322,668
	AKAMAI TECHNOLOGIES	EQUITY	N/A	N/A	2,486	292,001	223,939
	AKERO THERAPEUTICS INC	EQUITY	N/A	N/A	17,536	513,890	411,395
	ALAPIS HOLDING INDUSTRIAL	EQUITY	N/A	N/A	357	-	357
	ALARM.COM HOLDINGS INC	EQUITY	N/A	N/A	20,308	1,120,858	1,290,370
	ALASKA AIR GROUP INC	EQUITY	N/A	N/A	2,156	142,882	87,102
	ALBANY INTERNATIONAL CORP CL A	EQUITY	N/A	N/A	11,367	846,347	959,943
	ALBEMARLE CORP	EQUITY	N/A	N/A	1,937	362,457	185,022
	ALBERTSONS COS INC - CLASS A	EQUITY	N/A	N/A	6,587	135,101	130,093
	ALCOA CORP	EQUITY	N/A	N/A	2,947	112,345	117,232
	ALCON INC	EQUITY	N/A	N/A	56,700	4,454,511	5,050,836
	ALCON INC	EQUITY	N/A	N/A	25,736	1,414,597	2,292,563
	ALEXANDRIA REAL ESTATE EQUITIES	EQUITY	N/A	N/A	2,861	506,482	334,651
	ALIGHT INC - CLASS A	EQUITY	N/A	N/A	143,129	1,254,726	1,056,292
	ALIGN TECHNOLOGY INC	EQUITY	N/A	N/A	512	123,611	124,605
	ALIGN TECHNOLOGY INC	EQUITY	N/A	N/A	6,078	1,524,808	1,467,412
	ALIGNMENT HEALTHCARE INC	EQUITY	N/A	N/A	179,305	1,168,266	1,402,165
	ALKERMES PLC	EQUITY	N/A	N/A	27,915	748,795	672,752
	ALKERMES PLC	EQUITY	N/A	N/A	23,358	623,978	562,928
	ALLEGION PLC	EQUITY	N/A	N/A	1,444	12,925	170,609
	ALLEGRO MICROSYSTEMS INC	EQUITY	N/A	N/A	1,242	35,074	38,030
	ALLETE INC	EQUITY	N/A	N/A	11,912	525,752	742,713
	ALLIANT ENERGY CORP	EQUITY	N/A	N/A	4,232	235,181	215,409
	ALLIANZ SE	EQUITY	N/A	N/A	12,838	3,434,418	3,572,815
	ALLISON TRANSMISSION HOLDING	EQUITY	N/A	N/A	12,969	784,575	984,347
	ALLISON TRANSMISSION HOLDING	EQUITY	N/A	N/A	1,394	71,166	105,805
	ALLSTATE CORP	EQUITY	N/A	N/A	22,801	2,654,919	3,640,408
	ALLSTATE CORP	EQUITY	N/A	N/A	3,662	465,225	584,675
	ALLY FINANCIAL INC	EQUITY	N/A	N/A	3,916	100,317	155,348
	ALNYLAM PHARMACEUTICALS INC	EQUITY	N/A	N/A	234	81,718	56,862
	ALPHA METALLURGICAL RESOURCE	EQUITY	N/A	N/A	1,178	158,188	330,464
	ALPHABET INC/CA-CL A	EQUITY	N/A	N/A	38,624	2,391,245	7,035,362

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	ALPHABET INC/CA-CL A	EQUITY	N/A	N/A	21,029	\$ 1,335,837	\$ 3,830,432
	ALPHABET INC/CA-CL C	EQUITY	N/A	N/A	38,198	2,212,848	7,006,277
	ALPHABET INC/CA-CL C	EQUITY	N/A	N/A	98,960	6,346,564	18,151,243
	ALTAIR ENGINEERING INC - A	EQUITY	N/A	N/A	18,356	1,256,563	1,800,356
	AMAZON COM INC	EQUITY	N/A	N/A	133,219	10,467,511	25,744,572
	AMAZON COM INC	EQUITY	N/A	N/A	116,053	5,034,322	22,427,242
	AMC ENTMT HLDGS INC	EQUITY	N/A	N/A	4,259	85,636	21,210
	AMCOR PLC	EQUITY	N/A	N/A	23,754	284,088	232,314
	AMDOCS LIMITED	EQUITY	N/A	N/A	1,891	136,118	149,238
	AMEDISYS INC	EQUITY	N/A	N/A	551	70,413	50,582
	AMER SPORTS INC	EQUITY	N/A	N/A	2,000	25,140	25,140
	AMERANT BANCORP INC	EQUITY	N/A	N/A	65,591	1,377,459	1,488,916
	AMEREN CORP	EQUITY	N/A	N/A	4,395	345,306	312,528
	AMERICAN AIRLINES GROUP INC	EQUITY	N/A	N/A	10,031	125,398	113,651
	AMERICAN EAGLE OUTFITTERS INC	EQUITY	N/A	N/A	59,542	1,259,793	1,188,458
	AMERICAN FINL GROUP INC OHIO	EQUITY	N/A	N/A	1,185	102,482	145,779
	AMERICAN HEALTHCARE REIT INC	EQUITY	N/A	N/A	50,539	606,502	738,375
	AMERICAN HOMES 4 RENT- A	EQUITY	N/A	N/A	5,576	179,863	207,204
	AMERICAN VANGUARD CORP	EQUITY	N/A	N/A	34,869	656,042	299,873
	AMERICAN WATER WORKS CO INC	EQUITY	N/A	N/A	36,677	4,312,115	4,737,201
	AMERICAN WATER WORKS CO INC	EQUITY	N/A	N/A	3,221	503,082	416,024
	AMERICOLD REALTY TRUST INC.	EQUITY	N/A	N/A	4,692	167,045	119,834
	AMERIPRISE FINANCIAL INC	EQUITY	N/A	N/A	16,800	4,682,842	7,176,792
	AMERIPRISE FINANCIAL INC	EQUITY	N/A	N/A	146	62,369	63,364
	AMERIS BANCORP	EQUITY	N/A	N/A	23,445	795,097	1,180,456
	AMERIS BANCORP	EQUITY	N/A	N/A	37,327	1,736,929	1,879,414
	AMETEK INC NEW	EQUITY	N/A	N/A	3,813	456,637	635,665
	AMGEN INC	EQUITY	N/A	N/A	21,200	4,439,491	6,623,940
	AMICUS THERAPEUTICS INC	EQUITY	N/A	N/A	41,531	479,717	411,988
	AMKOR TECHNOLOGY INC	EQUITY	N/A	N/A	1,862	74,517	75,039
	AMKOR TECHNOLOGY INC	EQUITY	N/A	N/A	8,025	237,138	321,161
	AMN HEALTHCARE SERVICES	EQUITY	N/A	N/A	8,356	632,189	428,078
	ANALOG DEVICES INC	EQUITY	N/A	N/A	15,461	3,413,780	3,529,128
	ANDERSONS INC	EQUITY	N/A	N/A	20,894	852,778	1,036,342
	ANI PHARMACEUTICALS INC	EQUITY	N/A	N/A	13,869	602,997	883,178
	ANNALY CAPITAL MANAGEMENT INC	EQUITY	N/A	N/A	8,264	321,315	157,512
	ANSYS INC	EQUITY	N/A	N/A	18,500	6,418,244	5,947,750
	ANSYS INC	EQUITY	N/A	N/A	1,441	89,797	463,282
	ANSYS INC	EQUITY	N/A	N/A	7,842	2,839,938	2,521,203
	ANT INTERNATIONAL CO	EQUITY	N/A	N/A	237,944	-	232,995
	ANTERO MIDSTREAM CORP	EQUITY	N/A	N/A	3,459	32,441	50,986
	ANTERO MIDSTREAM CORP	EQUITY	N/A	N/A	40,100	443,442	591,074
	ANTERO RESOURCES CORP	EQUITY	N/A	N/A	37,499	951,948	1,223,592
	ANTERO RESOURCES CORP	EQUITY	N/A	N/A	4,892	124,693	159,626
	ANTOFAGAST A PLC	EQUITY	N/A	N/A	53,532	476,557	1,427,826
	APA CORP	EQUITY	N/A	N/A	5,976	44,896	175,933
	APARTMENT INCOME REIT CO-W/I	EQUITY	N/A	N/A	2,561	98,609	100,084
	APELLIS PHARMACEUTICALS INC	EQUITY	N/A	N/A	10,355	421,232	397,218
	API GROUP CORP	EQUITY	N/A	N/A	3,756	141,337	138,559
	APOGEE THERAPEUTICS INC	EQUITY	N/A	N/A	6,028	349,647	237,202
	APPLE INC	EQUITY	N/A	N/A	107,379	8,665,660	22,616,165
	APPLE INC	EQUITY	N/A	N/A	111,094	11,898,663	23,398,618
	APTARGROUP INC	EQUITY	N/A	N/A	1,090	144,019	153,483
	APTIV PLC-WHEN ISSUED	EQUITY	N/A	N/A	4,497	553,801	316,679
	ARAMARK	EQUITY	N/A	N/A	4,324	126,155	147,102
	ARBOR RLTY TR INC	EQUITY	N/A	N/A	17,618	265,556	252,818
	ARCADIUM LITHIUM PLC	EQUITY	N/A	N/A	150,471	831,557	505,583
	ARCH CAPITAL GROUP LTD	EQUITY	N/A	N/A	5,958	275,120	601,103
	ARCHER DANIELS MIDLAND CO	EQUITY	N/A	N/A	8,145	492,360	510,610
	ARCOSA INC - W/I	EQUITY	N/A	N/A	16,226	548,900	1,353,411
	ARDAGH METAL PACKAGING SA	EQUITY	N/A	N/A	169	1,531	575
	ARGAN INC	EQUITY	N/A	N/A	1,680	129,571	122,909
	ARM HOLDINGS PLC ADR	EQUITY	N/A	N/A	4,872	251,828	797,157
	ARMSTRONG WORLD INDUSTRIE - WI	EQUITY	N/A	N/A	476	41,726	53,902
	ARROW ELECTRONICS INC	EQUITY	N/A	N/A	889	79,703	107,356
	ASHLAND INC	EQUITY	N/A	N/A	7,657	608,832	723,510
	ASHLAND INC	EQUITY	N/A	N/A	863	58,347	81,545
	ASM INTERNATIONAL NV	EQUITY	N/A	N/A	2,000	1,258,062	1,524,605
	ASML HOLDING NV	EQUITY	N/A	N/A	6,195	1,086,147	6,317,568
	ASML HOLDING NV-NY	EQUITY	N/A	N/A	5,300	3,786,053	5,420,469
	ASML HOLDING NV-NY	EQUITY	N/A	N/A	3,300	2,010,585	3,375,009
	ASPEN TECHNOLOGY INC	EQUITY	N/A	N/A	444	77,599	88,192
	ASSURANT INC	EQUITY	N/A	N/A	859	93,709	142,809
	ASSURED GUARANTY LTD	EQUITY	N/A	N/A	875	29,858	67,506
	ASSURED GUARANTY LTD	EQUITY	N/A	N/A	16,706	873,620	1,288,868
	ASTERA LABS INC	EQUITY	N/A	N/A	346	20,936	20,532
	ASTRAZENECA PLC	EQUITY	N/A	N/A	54,546	3,817,138	4,254,043
	ASTRAZENECA PLC	EQUITY	N/A	N/A	31,817	4,035,441	4,971,947
	ASTRAZENECA PLC	EQUITY	N/A	N/A	7,499	397,976	584,847
	ATI INC	EQUITY	N/A	N/A	2,038	113,006	117,042

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	ATI INC	EQUITY	N/A	N/A	869	\$ 23,150	\$ 48,186
	ATKORE INC	EQUITY	N/A	N/A	6,712	403,009	905,650
	ATLANTA BRAVES HOLDINGS IN-C	EQUITY	N/A	N/A	22,674	631,368	894,263
	ATLANTA BRAVES HOLDINGS IN-C	EQUITY	N/A	N/A	33,534	773,573	1,322,581
	ATLASSIAN CORP CL A	EQUITY	N/A	N/A	3,510	795,426	620,849
	ATMOS ENERGY CORP	EQUITY	N/A	N/A	41,400	4,409,928	4,829,310
	ATMOS ENERGY CORP	EQUITY	N/A	N/A	2,484	262,324	289,759
	ATMUS FILTRATION TECHNOLOGIE	EQUITY	N/A	N/A	29,001	713,430	834,649
	ATMUS FILTRATION TECHNOLOGIE	EQUITY	N/A	N/A	30,231	672,483	870,048
	ATRICURE INC	EQUITY	N/A	N/A	20,354	832,159	463,461
	AUTODESK INC	EQUITY	N/A	N/A	23,900	4,633,643	5,914,055
	AUTONATION INC	EQUITY	N/A	N/A	426	34,281	67,896
	AVALONBAY COMMUNITIES INC	EQUITY	N/A	N/A	2,343	361,432	484,743
	AVANGRID INC	EQUITY	N/A	N/A	1,223	56,054	43,453
	AVANTOR INC	EQUITY	N/A	N/A	11,201	240,378	237,461
	AVERY DENNISON CORP	EQUITY	N/A	N/A	824	150,905	180,168
	AVIDITY BIOSCIENCES INC	EQUITY	N/A	N/A	18,640	447,193	761,444
	AVIENT CORPORATION	EQUITY	N/A	N/A	24,081	832,854	1,051,136
	AVIS BUDGET GROUP INC	EQUITY	N/A	N/A	172	34,601	17,977
	AVNET INC	EQUITY	N/A	N/A	1,483	53,482	76,360
	AXALTA COATING SYSTEMS LTD	EQUITY	N/A	N/A	3,418	99,024	116,793
	AXCELIS TECHNOLOGIES INC	EQUITY	N/A	N/A	8,654	1,222,502	1,230,512
	AXIS CAPITAL HOLDINGS LTD	EQUITY	N/A	N/A	1,282	65,224	90,573
	AXSOME THERAPEUTICS INC	EQUITY	N/A	N/A	6,094	457,936	490,567
	AZEK CO INC/THE	EQUITY	N/A	N/A	706	20,283	29,744
	AZEK CO INC/THE	EQUITY	N/A	N/A	47,909	1,329,703	2,018,406
	AZENTA INC	EQUITY	N/A	N/A	950	73,049	49,989
	BAE SYSTEMS PLC	EQUITY	N/A	N/A	115,749	1,749,846	1,942,847
	BAKER HUGHES COMPANY	EQUITY	N/A	N/A	16,487	394,147	579,848
	BALL CORPORATION	EQUITY	N/A	N/A	5,143	394,181	308,683
	BANCO BILBAO VIZCAYA ARGENTA	EQUITY	N/A	N/A	302,516	1,607,493	3,029,855
	BANK CENTRAL ASIA TBK PT	EQUITY	N/A	N/A	2,354,400	740,912	1,426,766
	BANK NEW YORK MELLON CORP COM	EQUITY	N/A	N/A	12,370	573,225	740,839
	BANK OZK	EQUITY	N/A	N/A	1,842	56,837	75,522
	BANNER CORPORATION	EQUITY	N/A	N/A	15,153	704,952	752,195
	BARNES GROUP INC	EQUITY	N/A	N/A	16,696	696,749	691,381
	BAXTER INTERNATIONAL INC	EQUITY	N/A	N/A	79,500	5,022,916	2,659,275
	BAXTER INTERNATIONAL INC	EQUITY	N/A	N/A	8,410	392,684	281,315
	BAYERISCHE MOTORENWERKE AG	EQUITY	N/A	N/A	19,063	952,281	1,791,922
	BEACON ROOFING SUPPLY INC	EQUITY	N/A	N/A	13,705	1,183,026	1,240,303
	BEIERSDORF AG	EQUITY	N/A	N/A	12,739	1,906,351	1,860,883
	BEL FUSE INC	EQUITY	N/A	N/A	16,812	893,246	1,096,815
	BELLRING BRANDS INC-W/I	EQUITY	N/A	N/A	18,962	458,347	1,083,489
	BELLRING BRANDS INC-W/I	EQUITY	N/A	N/A	2,152	122,964	127,183
	BELLRING BRANDS INC-W/I	EQUITY	N/A	N/A	20,231	477,437	1,155,999
	BENTLEY SYSTEMS INC-CLASS B	EQUITY	N/A	N/A	246	12,694	12,143
	BERRY GLOBAL GROUP INC	EQUITY	N/A	N/A	1,913	120,854	112,580
	BEST BUY CO INC	EQUITY	N/A	N/A	3,560	131,402	300,072
	BILL HOLDINGS INC	EQUITY	N/A	N/A	1,270	226,472	66,827
	BILL HOLDINGS INC	EQUITY	N/A	N/A	5,354	990,588	281,727
	BIO RAD LABORATORIES INC	EQUITY	N/A	N/A	319	198,410	87,122
	BIOGEN INC	EQUITY	N/A	N/A	2,406	535,264	557,759
	BIOMARIN PHARMACEUTICAL INC	EQUITY	N/A	N/A	3,118	242,485	256,705
	BIO-TECHNE CORP	EQUITY	N/A	N/A	2,565	11,416	183,782
	BIO-TECHNE CORP	EQUITY	N/A	N/A	30,873	3,135,060	2,212,050
	BIRKENSTOCK HOLDING PLC	EQUITY	N/A	N/A	312	15,188	16,976
	B.J'S WHOLESALE CLUB HOLDINGS	EQUITY	N/A	N/A	2,178	97,607	191,316
	BLACKLINE INC	EQUITY	N/A	N/A	19,932	2,253,199	965,705
	BLACKSTONE INC	EQUITY	N/A	N/A	42,607	5,352,314	5,274,747
	BLACKSTONE MORTGAGE TRUST	EQUITY	N/A	N/A	14,471	331,498	252,085
	BLOCK H & R INC	EQUITY	N/A	N/A	1,845	21,305	100,054
	BLOCK INC	EQUITY	N/A	N/A	5,303	379,708	341,990
	BLOOMIN BRANDS INC	EQUITY	N/A	N/A	9,181	244,578	176,551
	BLUEPRINT MEDICINES CORP	EQUITY	N/A	N/A	7,956	588,446	857,498
	BNP PARIBAS	EQUITY	N/A	N/A	40,740	2,758,378	2,546,250
	BOC HONG KONG HOLDINGS LTD	EQUITY	N/A	N/A	643,000	2,027,183	1,980,286
	BOEING CO	EQUITY	N/A	N/A	16,018	3,516,729	2,915,436
	BOISE CASCADE CO	EQUITY	N/A	N/A	7,350	208,685	876,267
	BOK FINL CORP	EQUITY	N/A	N/A	375	34,420	34,365
	BOOKING HOLDINGS INC	EQUITY	N/A	N/A	578	972,119	2,289,747
	BOOT BARN HOLDINGS INC	EQUITY	N/A	N/A	5,578	399,457	719,172
	BOOT BARN HOLDINGS INC	EQUITY	N/A	N/A	13,284	1,115,765	1,712,706
	BORG WARNER INC.	EQUITY	N/A	N/A	3,798	178,803	122,448
	BOSTON BEER INC	EQUITY	N/A	N/A	120	4,558	36,606
	BOUNDLESS BIO INC	EQUITY	N/A	N/A	9,985	159,760	38,642
	BOYD GAMING CORP	EQUITY	N/A	N/A	1,134	72,822	62,483
	BRAZILIAN REAL CURRENCY (BRL)	EQUITY	N/A	N/A	15	3	3
	BRIDGEBIO PHARMA INC	EQUITY	N/A	N/A	18,183	546,058	460,575
	BRIDGESTONE	EQUITY	N/A	N/A	47,600	1,559,172	1,869,728
	BRIGHT HORIZONS FAMILY SOLUT	EQUITY	N/A	N/A	809	90,635	89,055

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	BRIGHTHOUSE FINANCIAL INC-WI	EQUITY	N/A	N/A	988	\$ 35,990	\$ 42,820
	BRINKER INTERNATIONAL INC	EQUITY	N/A	N/A	14,680	636,154	1,062,685
	BRIXMOR PROPERTY GROUP INC	EQUITY	N/A	N/A	4,948	96,524	114,249
	BROADCOM INC	EQUITY	N/A	N/A	7,602	9,027,258	12,205,239
	BROADCOM INC	EQUITY	N/A	N/A	720	1,217,470	1,155,982
	BROADRIDGE FINANCIAL SOL	EQUITY	N/A	N/A	168	53,224	33,096
	BROOKDALE SENIOR LIVING INC	EQUITY	N/A	N/A	152,699	887,466	1,042,934
	BROOKFIELD RENEWABLE COR CL-A	EQUITY	N/A	N/A	2,305	87,926	65,416
	BROWN & BROWN INC	EQUITY	N/A	N/A	2,209	117,455	197,507
	BROWN FORMAN CORP	EQUITY	N/A	N/A	804	12,371	35,481
	BROWN FORMAN CORP CLASS B	EQUITY	N/A	N/A	2,845	49,521	122,876
	BRUKER CORP	EQUITY	N/A	N/A	634	40,455	39,200
	BRUNSWICK CORP	EQUITY	N/A	N/A	11,066	548,162	805,273
	BRUNSWICK CORP	EQUITY	N/A	N/A	1,096	70,457	79,756
	BUILDERS FIRSTSOURCE INC	EQUITY	N/A	N/A	1,802	85,300	249,415
	BUMBLE INC-A	EQUITY	N/A	N/A	58,057	1,273,588	610,179
	BUNGE GLOBAL SA	EQUITY	N/A	N/A	2,326	163,161	248,347
	BUNZL PLC	EQUITY	N/A	N/A	38,444	1,207,950	1,462,765
	BURBERRY GROUP PLC	EQUITY	N/A	N/A	96,823	1,224,500	1,157,035
	BWX TECHNOLOGIES INC	EQUITY	N/A	N/A	1,198	75,993	113,810
	BXP INC	EQUITY	N/A	N/A	2,593	273,462	159,625
	C.H.ROBINSON WORLDWIDE INC	EQUITY	N/A	N/A	1,894	40,710	166,899
	CABLE ONE INC	EQUITY	N/A	N/A	1,210	678,874	428,340
	CABOT CORP	EQUITY	N/A	N/A	13,560	632,877	1,246,028
	CABOT CORP	EQUITY	N/A	N/A	19,579	1,167,873	1,799,114
	CACI INTL INC	EQUITY	N/A	N/A	365	95,805	156,997
	CACTUS INC-CLASS A	EQUITY	N/A	N/A	13,027	497,009	687,044
	CADENCE BANK	EQUITY	N/A	N/A	34,098	706,208	964,291
	CADENCE BANK	EQUITY	N/A	N/A	53,632	1,577,131	1,516,713
	CADENCE DESIGN SYSTEMS INC	EQUITY	N/A	N/A	16,838	3,741,873	5,181,895
	CAESARS ENTMT INC	EQUITY	N/A	N/A	3,552	162,674	141,156
	CALIFORNIA RESOURCES CORP	EQUITY	N/A	N/A	19,109	883,961	1,016,981
	CAMDEN PROPERTY	EQUITY	N/A	N/A	1,709	189,021	186,469
	CAMPBELL SOUP CO	EQUITY	N/A	N/A	3,171	155,979	143,297
	CAPITAL ONE FINANCIAL CORP	EQUITY	N/A	N/A	38,500	6,486,669	5,330,325
	CAPRI HLDGS LTD	EQUITY	N/A	N/A	1,955	95,032	64,671
	CARDINAL HEALTH INC	EQUITY	N/A	N/A	1,633	117,578	160,557
	CARETRUST REIT INC-W/I	EQUITY	N/A	N/A	69,533	1,406,358	1,745,278
	CARGO THERAPEUTICS INC	EQUITY	N/A	N/A	6,831	110,703	112,165
	CARGURUS INC	EQUITY	N/A	N/A	91,807	2,138,295	2,405,343
	CARLISLE COMPANIES INC	EQUITY	N/A	N/A	680	188,121	275,543
	CARLYLE GROUP INC	EQUITY	N/A	N/A	3,650	129,183	146,548
	CARMAX INC	EQUITY	N/A	N/A	2,414	247,858	177,043
	CARNIVAL CORP	EQUITY	N/A	N/A	16,482	378,838	308,543
	CARPENTER TECHNOLOGY CORP	EQUITY	N/A	N/A	4,606	209,074	504,725
	CARREFOUR SA	EQUITY	N/A	N/A	50,317	1,068,251	711,308
	CARTER'S INC	EQUITY	N/A	N/A	622	57,758	38,545
	CARVANA CO	EQUITY	N/A	N/A	1,132	145,710	144,715
	CARVANA CO	EQUITY	N/A	N/A	19,900	1,464,927	2,561,528
	CARVANA CO	EQUITY	N/A	N/A	3,562	190,943	458,501
	CASELLA WASTE SYS INC	EQUITY	N/A	N/A	16,247	1,316,153	1,612,027
	CASEYS GENERAL STORES INC	EQUITY	N/A	N/A	505	107,328	192,688
	CATALENT INC	EQUITY	N/A	N/A	2,989	250,351	168,071
	CAVA GROUP INC	EQUITY	N/A	N/A	188	10,050	17,437
	CAVCO INDUSTRIES INC	EQUITY	N/A	N/A	1,983	480,826	686,455
	CBOE GLOBAL MARKETS INC	EQUITY	N/A	N/A	1,742	188,374	296,245
	CBRE GROUP INC	EQUITY	N/A	N/A	5,052	370,080	450,184
	CCC INTELLIGENT SOLUTIONS HO	EQUITY	N/A	N/A	6,725	72,695	74,715
	CCC INTELLIGENT SOLUTIONS HO	EQUITY	N/A	N/A	92,324	969,402	1,025,720
	CDW CORP/DE	EQUITY	N/A	N/A	1,103	24,398	246,896
	CECO ENVIRONMENTAL CORP	EQUITY	N/A	N/A	32,744	530,730	944,664
	CELANESE CORP	EQUITY	N/A	N/A	1,370	146,558	184,799
	CELLEX THERAPEUTICS INC	EQUITY	N/A	N/A	18,722	635,184	692,901
	CENTENE CORP	EQUITY	N/A	N/A	8,812	584,229	588,289
	CENTERPOINT ENERGY INC	EQUITY	N/A	N/A	10,462	265,108	324,113
	CENTURY ALUM CO	EQUITY	N/A	N/A	11,283	261,915	188,990
	CENTURY COMMUNITIES INC	EQUITY	N/A	N/A	15,294	892,827	1,248,908
	CERTARA INC	EQUITY	N/A	N/A	1,986	33,113	27,506
	CERTARA INC	EQUITY	N/A	N/A	49,172	1,625,356	681,032
	CF INDUSTRIES HOLDINGS INC	EQUITY	N/A	N/A	3,092	235,784	229,179
	CHAMPION HOMES INC	EQUITY	N/A	N/A	13,364	559,335	905,411
	CHAMPION HOMES INC	EQUITY	N/A	N/A	48,809	2,492,828	3,306,810
	CHARLES RIV LABORATORIES INTL	EQUITY	N/A	N/A	844	184,837	174,354
	CHARLES RIV LABORATORIES INTL	EQUITY	N/A	N/A	7,718	2,148,070	1,594,384
	CHARTER COMMUNICATIONS INC-A	EQUITY	N/A	N/A	1,550	463,383	466,938
	CHEFS WAREHOUSE HOLDINGS INC	EQUITY	N/A	N/A	35,442	1,074,117	1,386,137
	CHEMED CORP	EQUITY	N/A	N/A	220	35,471	119,368
	CHEMOURS CO/THE - W/I	EQUITY	N/A	N/A	2,280	77,718	51,460
	CHENIERE ENERGY INC	EQUITY	N/A	N/A	1,855	324,307	322,900
	CHEVRON CORPORATION	EQUITY	N/A	N/A	20,900	3,427,206	3,269,178

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	CHIPOTLE MEXICAN GRIL CL A	EQUITY	N/A	N/A	44,250	\$ 842,977	\$ 2,772,263
	CHIPOTLE MEXICAN GRIL CL A	EQUITY	N/A	N/A	45,100	962,412	2,825,515
	CHOCOLADEFABRIKEN LINDT-PC	EQUITY	N/A	N/A	180	1,196,143	2,101,269
	CHOICE HOTELS INTL INC	EQUITY	N/A	N/A	72	8,568	8,471
	CHORD ENERGY CORP	EQUITY	N/A	N/A	1,020	171,032	177,092
	CHORD ENERGY CORP	EQUITY	N/A	N/A	9,511	1,132,571	1,594,804
	CHUBB LTD	EQUITY	N/A	N/A	10,219	1,988,214	2,606,663
	CHURCH & DWIGHT INC	EQUITY	N/A	N/A	4,030	37,120	417,830
	CHURCHILL DOWNS INC	EQUITY	N/A	N/A	9,640	267,006	1,345,744
	CIE FINANCIERE RICHEMONT SA	EQUITY	N/A	N/A	22,328	2,805,213	3,489,197
	CIEA CORP	EQUITY	N/A	N/A	2,377	120,858	114,524
	CINCINNATI FINANCIAL CORP	EQUITY	N/A	N/A	2,529	229,202	298,675
	CINEMARK HOLDINGS INC	EQUITY	N/A	N/A	72,528	1,062,960	1,568,055
	CINTAS CORP	EQUITY	N/A	N/A	796	265,292	557,407
	CIRRUS LOGIC INC	EQUITY	N/A	N/A	888	77,746	113,362
	CISCO SYSTEMS INC	EQUITY	N/A	N/A	64,100	3,395,438	3,045,391
	CITIZENS FINANCIAL GROUP	EQUITY	N/A	N/A	7,547	310,813	271,918
	CIVITAS RESOURCES INC	EQUITY	N/A	N/A	1,196	82,523	84,019
	CIVITAS RESOURCES INC	EQUITY	N/A	N/A	6,455	467,180	445,395
	CLARIVATE PLC	EQUITY	N/A	N/A	6,741	196,843	38,356
	CLEAN HARBORS INC	EQUITY	N/A	N/A	4,893	317,253	1,106,552
	CLEAN HARBORS INC	EQUITY	N/A	N/A	851	70,169	192,454
	CLEARWATER ANALYTICS HDS-A	EQUITY	N/A	N/A	25,223	454,014	467,130
	CLEARWAY ENERGY INC	EQUITY	N/A	N/A	600	16,204	13,596
	CLEARWAY ENERGY INC	EQUITY	N/A	N/A	1,418	40,415	35,010
	CLEVELAND-CLIFFS INC	EQUITY	N/A	N/A	5,202	173,701	80,059
	CMS ENERGY CORP	EQUITY	N/A	N/A	4,916	304,084	292,649
	CNA FINANCIAL CORP	EQUITY	N/A	N/A	362	16,522	16,677
	CNH INDUSTRIAL NV	EQUITY	N/A	N/A	14,417	231,530	146,044
	COCA COLA CO	EQUITY	N/A	N/A	78,700	4,244,596	5,009,255
	COCA COLA CONSOLIDATED INC	EQUITY	N/A	N/A	97	105,244	105,939
	COEUR MINING INC	EQUITY	N/A	N/A	35,730	96,961	200,803
	COGNEX CORP	EQUITY	N/A	N/A	2,685	156,693	125,551
	COGNEX CORP	EQUITY	N/A	N/A	27,319	1,127,744	1,277,436
	COGNIZANT TECHNOLOGY SOLUTIONS	EQUITY	N/A	N/A	49,300	3,482,914	3,352,400
	COGNIZANT TECHNOLOGY SOLUTIONS	EQUITY	N/A	N/A	8,221	541,077	559,028
	COHERENT CORP	EQUITY	N/A	N/A	2,183	124,495	158,180
	COINBASE GLOBAL INC -CLASS A	EQUITY	N/A	N/A	522	35,758	116,004
	COLGATE-PALMOLIVE CO	EQUITY	N/A	N/A	11,200	928,393	1,086,848
	COLLIERS INTERNATIONAL GROUP	EQUITY	N/A	N/A	8,495	761,626	948,467
	COLUMBIA BKG SYS INC	EQUITY	N/A	N/A	3,596	95,337	71,524
	COLUMBIA SPORTSWEAR CO	EQUITY	N/A	N/A	549	53,735	43,415
	COLUMBUS MCKINNON CORP N Y	EQUITY	N/A	N/A	17,609	591,392	608,215
	COMERICA INC	EQUITY	N/A	N/A	2,189	123,616	111,727
	COMMERCE BANCSHARES INC	EQUITY	N/A	N/A	42,600	2,624,777	2,376,228
	COMMERCE BANCSHARES INC	EQUITY	N/A	N/A	1,967	114,350	109,719
	COMMERCIAL METALS CO	EQUITY	N/A	N/A	10,920	404,138	600,491
	COMSTOCK RESOURCES INC	EQUITY	N/A	N/A	56,460	551,827	586,055
	CONAGRA BRANDS INC	EQUITY	N/A	N/A	102,200	3,383,160	2,904,524
	CONAGRA BRANDS INC	EQUITY	N/A	N/A	7,870	292,283	223,665
	CONCENTRIX CORP - WI	EQUITY	N/A	N/A	13,325	1,057,983	843,206
	CONCENTRIX CORP - WI	EQUITY	N/A	N/A	759	82,273	48,030
	CONFLUENT INC-CLASS A	EQUITY	N/A	N/A	10,630	466,390	313,904
	CONMED CORP	EQUITY	N/A	N/A	8,436	777,938	584,784
	CONSOL ENERGY INC	EQUITY	N/A	N/A	2,409	200,871	245,790
	CONSOLIDATED EDISON INC	EQUITY	N/A	N/A	5,720	462,943	511,482
	CONSTELLATION BRANDS INC	EQUITY	N/A	N/A	15,500	3,487,840	3,987,840
	CONSTELLATION ENERGY - W/I	EQUITY	N/A	N/A	9,400	945,489	1,882,538
	CONSTELLIUM SE	EQUITY	N/A	N/A	10,715	206,198	201,978
	COOPER COS INC/THE	EQUITY	N/A	N/A	3,223	294,749	281,368
	CORE & MAIN INC-CLASS A	EQUITY	N/A	N/A	940	29,813	46,004
	COREBRIDGE FINANCIAL INC	EQUITY	N/A	N/A	4,222	87,288	122,945
	CORNING INC	EQUITY	N/A	N/A	12,660	471,405	491,841
	CORPAY INC	EQUITY	N/A	N/A	85	20,277	22,645
	CORTEVA INC-W/I	EQUITY	N/A	N/A	123,600	5,284,607	6,666,984
	CORTEVA INC-W/I	EQUITY	N/A	N/A	11,554	486,529	623,223
	COSTAR GROUP INC	EQUITY	N/A	N/A	6,704	278,778	497,035
	COSTAR GROUP INC	EQUITY	N/A	N/A	24,207	1,798,992	1,794,707
	COSTCO WHOLESALE CORP	EQUITY	N/A	N/A	8,743	1,963,931	7,431,463
	COTERRA ENERGY INC	EQUITY	N/A	N/A	177,300	4,044,455	4,728,591
	COTERRA ENERGY INC	EQUITY	N/A	N/A	12,253	186,573	326,788
	COTY INC-CL A	EQUITY	N/A	N/A	6,513	53,567	65,260
	COUSINS PROPERTIES INC	EQUITY	N/A	N/A	2,618	86,502	60,607
	CRANE CO-W/I	EQUITY	N/A	N/A	830	36,930	120,333
	CRANE NXT CO.	EQUITY	N/A	N/A	18,882	743,267	1,159,732
	CRANE NXT CO.	EQUITY	N/A	N/A	827	19,174	50,794
	CREDIT ACCEPTANCE CORPORATION	EQUITY	N/A	N/A	22	36,131	11,323
	CREDO TECHNOLOGY GROUP HOLDI	EQUITY	N/A	N/A	43,208	842,563	1,380,064
	CRINETICS PHARMACEUTICALS IN	EQUITY	N/A	N/A	16,654	338,013	745,933
	CROCS INC	EQUITY	N/A	N/A	10,225	783,462	1,492,237

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	CROCS INC	EQUITY	N/A	N/A	805	\$ 117,480	\$ 119,060
	CROWDSTRIKE HOLDINGS INC - A	EQUITY	N/A	N/A	10,233	2,345,393	3,921,183
	CROWDSTRIKE HOLDINGS INC - A	EQUITY	N/A	N/A	2,178	472,837	834,588
	CROWN CASTLE INC	EQUITY	N/A	N/A	7,181	701,577	694,115
	CROWN HOLDINGS INC	EQUITY	N/A	N/A	1,835	160,539	136,506
	CUBESMART	EQUITY	N/A	N/A	3,695	141,528	166,903
	CULLEN FROST BANKERS INC	EQUITY	N/A	N/A	28,200	3,459,973	2,865,966
	CULLEN FROST BANKERS INC	EQUITY	N/A	N/A	971	94,066	98,683
	CUMMINS INC	EQUITY	N/A	N/A	2,257	321,332	625,031
	CURTISS WRIGHT CORP	EQUITY	N/A	N/A	630	81,808	170,717
	CUSTOM TRUCK ONE SOURCE INC	EQUITY	N/A	N/A	58,541	316,075	254,653
	CVS HEALTH CORPORATION	EQUITY	N/A	N/A	43,600	3,495,147	2,575,016
	CYTOKINETICS INC NEW	EQUITY	N/A	N/A	13,556	401,860	734,464
	D R HORTON INC	EQUITY	N/A	N/A	4,898	501,082	690,275
	DAIKIN INDUSTRIES LTD	EQUITY	N/A	N/A	14,200	2,113,474	2,004,827
	DANAHER CORP	EQUITY	N/A	N/A	21,685	5,752,253	5,417,997
	DANAHER CORP	EQUITY	N/A	N/A	8,423	1,283,579	2,104,487
	DARDEN RESTAURANTS INC W I	EQUITY	N/A	N/A	928	124,416	140,425
	DARLING INGREDIENTS INC	EQUITY	N/A	N/A	2,618	177,596	96,212
	DATADOG INC - CLASS A	EQUITY	N/A	N/A	23,132	2,869,474	2,999,989
	DATADOG INC - CLASS A	EQUITY	N/A	N/A	3,500	306,411	453,915
	DAYFORCE INC.	EQUITY	N/A	N/A	2,188	220,617	108,525
	DELEK HOLDCO INC	EQUITY	N/A	N/A	28,316	789,058	701,104
	DELTA AIR LINES INC	EQUITY	N/A	N/A	10,540	451,466	500,018
	DENALI THERAPEUTICS INC	EQUITY	N/A	N/A	12,802	344,401	297,262
	DENTSPLY SIRONA INC	EQUITY	N/A	N/A	3,418	190,426	85,142
	DESCARTES SYS GROUP INC	EQUITY	N/A	N/A	10,463	839,220	1,013,237
	DEVON ENERGY CORP NEW	EQUITY	N/A	N/A	10,394	348,028	492,676
	DIAGEO PLC	EQUITY	N/A	N/A	59,141	1,597,065	1,851,113
	DIAMOND BACK ENERGY INC	EQUITY	N/A	N/A	2,937	286,956	587,958
	DIAMOND OFFSHORE DRILLING INC	EQUITY	N/A	N/A	44,136	433,255	683,667
	DICK'S SPORTING GOODS INC.	EQUITY	N/A	N/A	854	29,461	183,482
	DIGITAL RLTY TR INC	EQUITY	N/A	N/A	5,334	579,511	811,035
	DIGITALOCEAN HOLDINGS INC	EQUITY	N/A	N/A	28,366	1,065,226	985,719
	DILLARDS INC	EQUITY	N/A	N/A	51	22,460	21,988
	DISC MEDICINE INC	EQUITY	N/A	N/A	8,950	438,680	403,377
	DISCOVER FINANCIAL W/I	EQUITY	N/A	N/A	4,130	312,904	540,245
	DISNEY WALT CO	EQUITY	N/A	N/A	45,112	5,021,576	4,479,170
	DISNEY WALT CO	EQUITY	N/A	N/A	33,200	4,809,986	3,296,428
	DNB ASA	EQUITY	N/A	N/A	64,722	330,432	1,411,263
	DNB BANK ASA	EQUITY	N/A	N/A	59,634	1,163,622	1,143,780
	DOLBY LABORATORIES INC	EQUITY	N/A	N/A	965	92,747	76,457
	DOLLAR GENERAL CORP	EQUITY	N/A	N/A	3,629	479,858	455,185
	DOLLAR GENERAL CORP	EQUITY	N/A	N/A	10,196	1,192,913	1,348,217
	DOLLAR TREE INC	EQUITY	N/A	N/A	27,600	2,818,555	2,946,852
	DOLLAR TREE INC	EQUITY	N/A	N/A	3,387	408,147	361,630
	DOMINO'S PIZZA INC.	EQUITY	N/A	N/A	374	193,105	186,001
	DONALDSON INC	EQUITY	N/A	N/A	1,983	67,552	141,903
	DOORDASH INC - A	EQUITY	N/A	N/A	6,724	1,009,524	731,437
	DOUBLEVERIFY HOLDINGS INC	EQUITY	N/A	N/A	1,043	20,307	20,933
	DOUBLEVERIFY HOLDINGS INC	EQUITY	N/A	N/A	56,233	1,624,615	1,094,857
	DOVER CORP	EQUITY	N/A	N/A	22,300	3,416,186	4,024,035
	DOVER CORP	EQUITY	N/A	N/A	2,265	180,886	408,719
	DOW INC	EQUITY	N/A	N/A	11,625	616,700	614,730
	DOXIMITY INC-CLASS A	EQUITY	N/A	N/A	1,829	41,656	51,157
	DR ING HCF PORSCHE AG PFD	EQUITY	N/A	N/A	16,804	1,397,173	1,251,568
	DRIVEN BRANDS HOLDINGS INC	EQUITY	N/A	N/A	1,043	27,506	13,277
	DROPBOX INC-CLASS A	EQUITY	N/A	N/A	2,854	11,550	64,129
	DT MIDSTREAM INC-W/I	EQUITY	N/A	N/A	1,604	64,340	113,932
	DTE ENERGY CO	EQUITY	N/A	N/A	3,415	382,504	379,099
	DUKE ENERGY HOLDING CORP	EQUITY	N/A	N/A	33,600	3,164,267	3,367,728
	DUN & BRADSTREET HOLDINGS	EQUITY	N/A	N/A	4,681	94,199	43,346
	DUPONT DE NEMOURS INC-WI	EQUITY	N/A	N/A	45,100	3,121,545	3,630,099
	DUPONT DE NEMOURS INC-WI	EQUITY	N/A	N/A	6,908	407,445	556,025
	DUTCH BROS INC-CLASS A	EQUITY	N/A	N/A	915	37,881	37,991
	DXC TECHNOLOGY CO	EQUITY	N/A	N/A	2,996	83,491	57,194
	EAGLE MATERIALS INC	EQUITY	N/A	N/A	137	26,597	29,792
	EAST WEST BANCORP INC	EQUITY	N/A	N/A	2,278	119,765	166,818
	EASTERN BANKSHARES INC	EQUITY	N/A	N/A	63,882	994,688	893,070
	EASTGROUP PTYS INC	EQUITY	N/A	N/A	791	130,264	134,549
	EASTMAN CHEM CO	EQUITY	N/A	N/A	1,931	143,157	189,180
	EATON CORP PLC	EQUITY	N/A	N/A	8,182	2,596,005	2,565,466
	EBAY INC	EQUITY	N/A	N/A	8,425	383,811	452,591
	ECOLAB INC	EQUITY	N/A	N/A	23,600	5,099,273	5,616,800
	ECOVYST INC	EQUITY	N/A	N/A	82,689	864,829	741,720
	EDISON INTL	EQUITY	N/A	N/A	6,283	327,087	451,182
	ELANCO ANIMAL HEALTH INC	EQUITY	N/A	N/A	8,130	237,407	117,316
	ELECTRONIC ART	EQUITY	N/A	N/A	4,417	609,305	615,421
	ELEMENT SOLUTIONS INC	EQUITY	N/A	N/A	3,696	61,781	100,236
	ELEMENT SOLUTIONS INC	EQUITY	N/A	N/A	32,311	415,142	876,274

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	ELEVANCE HEALTH INC	EQUITY	N/A	N/A	1,912	\$ 1,002,584	\$ 1,036,036
	ELF BEAUTY INC	EQUITY	N/A	N/A	5,294	677,924	1,115,552
	ELI LILLY & CO	EQUITY	N/A	N/A	17,715	2,711,955	16,038,807
	ELI LILLY & CO	EQUITY	N/A	N/A	11,103	3,014,977	10,052,434
	EMCOR GROUP INC	EQUITY	N/A	N/A	465	93,114	169,762
	EMPLOYERS HOLDINGS INC	EQUITY	N/A	N/A	21,368	483,985	910,918
	ENCOMPASS HEALTH CORP	EQUITY	N/A	N/A	1,592	79,615	136,578
	ENOVIS CORP	EQUITY	N/A	N/A	907	59,553	40,996
	ENSIGN GROUP INC	EQUITY	N/A	N/A	16,059	1,500,241	1,986,338
	ENSTAR GROUP LTD	EQUITY	N/A	N/A	2,218	617,100	678,043
	ENTEGRIIS INC	EQUITY	N/A	N/A	15,839	1,629,872	2,144,601
	ENTERGY CORP	EQUITY	N/A	N/A	3,521	385,980	376,747
	ENTERPRISE FINANCIAL SERVICE	EQUITY	N/A	N/A	21,536	1,008,129	881,038
	ENVISTA HOLDINGS CORP	EQUITY	N/A	N/A	2,832	92,924	47,096
	EPAM SYSTEMS INC	EQUITY	N/A	N/A	860	161,773	159,556
	EPR PROPERTIES	EQUITY	N/A	N/A	1,284	72,359	53,902
	EQT CORPORATION	EQUITY	N/A	N/A	7,238	168,896	267,661
	EQUIFAX INC	EQUITY	N/A	N/A	1,621	137,790	393,028
	EQUITRANS MIDSTREAM CORP-W/I	EQUITY	N/A	N/A	52,877	749,998	686,343
	EQUITY COMMONWEALTH	EQUITY	N/A	N/A	43,583	895,580	845,510
	EQUITY LIFESTYLE PROPERTIES	EQUITY	N/A	N/A	53,100	4,002,423	3,458,403
	EQUITY LIFESTYLE PROPERTIES	EQUITY	N/A	N/A	3,043	130,127	198,191
	EQUITY RESIDENTIAL	EQUITY	N/A	N/A	50,200	3,887,590	3,480,868
	EQUITY RESIDENTIAL	EQUITY	N/A	N/A	6,239	413,006	432,612
	ERSTE GROUP BANK AG	EQUITY	N/A	N/A	65,212	2,005,083	3,089,669
	ESAB CORP-W/I	EQUITY	N/A	N/A	934	51,322	88,198
	ESSENTIAL PROPERTIES REALTY	EQUITY	N/A	N/A	65,310	1,395,143	1,809,740
	ESSENTIAL UTILITIES INC	EQUITY	N/A	N/A	4,158	201,866	155,218
	ESSEX PPTY TR INC	EQUITY	N/A	N/A	1,054	279,868	286,899
	ESSILOR LUXOTTICA	EQUITY	N/A	N/A	17,155	1,607,458	3,712,685
	ETSY INC	EQUITY	N/A	N/A	668	80,319	39,399
	EURO CURRENCY (EUR)	EQUITY	N/A	N/A	110	118	118
	EURONET WORLDWIDE INC	EQUITY	N/A	N/A	9,606	534,996	994,221
	EURONET WORLDWIDE INC	EQUITY	N/A	N/A	714	46,878	73,899
	EVERCORE INC	EQUITY	N/A	N/A	608	43,320	126,725
	EVERCORE INC	EQUITY	N/A	N/A	3,216	362,685	670,311
	EVEREST GROUP LTD	EQUITY	N/A	N/A	595	115,769	226,707
	EVERGY INC	EQUITY	N/A	N/A	3,678	213,975	194,824
	EVERSOURCE ENERGY	EQUITY	N/A	N/A	5,801	515,558	328,975
	EVOLENT HEALTH INC - A	EQUITY	N/A	N/A	59,193	1,588,652	1,131,770
	EXACT SCIENCES CORP	EQUITY	N/A	N/A	1,823	107,840	77,022
	EXELIXIS INC	EQUITY	N/A	N/A	785	27,416	17,639
	EXELON CORPORATION	EQUITY	N/A	N/A	16,527	571,995	573,983
	EXPAND ENERGY CORP	EQUITY	N/A	N/A	2,149	179,763	176,626
	EXPEDIA GROUP INC	EQUITY	N/A	N/A	617	64,654	77,736
	EXPEDITORS INTERNATIONAL	EQUITY	N/A	N/A	1,951	213,160	243,465
	EXPONENT INC	EQUITY	N/A	N/A	15,759	1,574,596	1,498,996
	EXPRO GROUP HOLDINGS NV	EQUITY	N/A	N/A	14,971	258,573	343,135
	EXTRA SPACE STORAGE INC	EQUITY	N/A	N/A	3,454	475,991	536,786
	EXXON MOBIL CORP	EQUITY	N/A	N/A	31,100	3,229,518	3,580,232
	F.N.B. CORP PA	EQUITY	N/A	N/A	5,874	62,449	80,356
	F5 INC	EQUITY	N/A	N/A	965	172,079	166,202
	FABRINET	EQUITY	N/A	N/A	8,227	985,182	2,013,887
	FACTSET RESH SYS INC	EQUITY	N/A	N/A	406	165,756	169,205
	FAIR ISAAC CORPORATION	EQUITY	N/A	N/A	61	90,807	93,334
	FANUC LTD	EQUITY	N/A	N/A	47,700	1,740,050	1,307,162
	FASTENAL CO	EQUITY	N/A	N/A	1,484	84,794	93,255
	FASTENAL CO	EQUITY	N/A	N/A	30,241	1,519,868	1,900,344
	FEDERAL AGRIC MTG CORP	EQUITY	N/A	N/A	9,472	631,518	1,712,727
	FEDERAL REALTY INVS TRUST	EQUITY	N/A	N/A	1,399	130,487	141,257
	FERGUSON PLC	EQUITY	N/A	N/A	3,118	471,573	603,801
	FERGUSON PLC	EQUITY	N/A	N/A	5,614	1,156,632	1,087,151
	FIDELITY NATIONAL INFORMATION	EQUITY	N/A	N/A	50,400	4,905,303	3,798,144
	FIDELITY NATIONAL INFORMATION	EQUITY	N/A	N/A	9,285	543,185	699,718
	FIFTH THIRD BANCORP	EQUITY	N/A	N/A	11,279	177,375	411,571
	FINECOBANK BANCA FINECO SPA	EQUITY	N/A	N/A	175,060	2,033,531	2,609,730
	FIRST AMERICAN FINANCIAL W/I	EQUITY	N/A	N/A	1,650	86,534	89,018
	FIRST BANCSHARES INC/MS	EQUITY	N/A	N/A	16,166	410,498	419,993
	FIRST CITIZENS BANCSHARES INC	EQUITY	N/A	N/A	198	128,866	333,355
	FIRST HAWAIIAN INC	EQUITY	N/A	N/A	2,190	50,657	45,464
	FIRST HORIZON CORPORATION	EQUITY	N/A	N/A	9,014	130,637	142,151
	FIRST INDL REALTY TRUST INC	EQUITY	N/A	N/A	2,181	99,078	103,619
	FIRST SOLAR INC	EQUITY	N/A	N/A	1,761	172,231	397,035
	FIRSTENERGY CORP	EQUITY	N/A	N/A	9,426	317,616	360,733
	FISERV INC	EQUITY	N/A	N/A	3,500	403,541	521,640
	FIVE BELOW	EQUITY	N/A	N/A	183	19,941	19,850
	FIVE BELOW	EQUITY	N/A	N/A	16,458	3,103,909	1,793,428
	FIVE POINT HOLDINGS LLC-CL A	EQUITY	N/A	N/A	31,883	240,288	93,417
	FIVE9 INC	EQUITY	N/A	N/A	10,601	1,575,284	467,504
	FIVERR INTERNATIONAL LTD	EQUITY	N/A	N/A	31,506	758,074	738,186

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	FLOOR & DECOR HOLDINGS INC	EQUITY	N/A	N/A	1,101	\$ 109,449	\$ 106,775
	FLOOR & DECOR HOLDINGS INC	EQUITY	N/A	N/A	18,633	1,568,059	1,852,307
	FLOWERS FOODS INC	EQUITY	N/A	N/A	3,251	74,366	72,172
	FLOWERVE CORP	EQUITY	N/A	N/A	2,168	79,862	104,281
	FLOWERVE CORP	EQUITY	N/A	N/A	18,158	575,799	873,400
	FLUENCE ENERGY INC	EQUITY	N/A	N/A	23,623	466,004	409,623
	FLUOR CORP	EQUITY	N/A	N/A	63,874	2,371,895	2,781,713
	FMC CORPORATION NEW	EQUITY	N/A	N/A	2,056	213,557	118,323
	FNF GROUP-W/I	EQUITY	N/A	N/A	4,286	126,606	211,814
	FORM FACTOR INC	EQUITY	N/A	N/A	13,880	534,658	840,156
	FORTINET INC	EQUITY	N/A	N/A	2,935	120,732	176,892
	FORTIVE CORP	EQUITY	N/A	N/A	5,812	420,522	430,669
	FORTREA HOLDINGS INC-W/I	EQUITY	N/A	N/A	1,328	45,721	30,996
	FORTUNE BRANDS INNOVATIONS INC.	EQUITY	N/A	N/A	2,060	153,200	133,776
	FOX CORP - CLASS A - W/I	EQUITY	N/A	N/A	3,926	127,008	134,937
	FOX CORP - CLASS B	EQUITY	N/A	N/A	2,183	67,795	69,900
	FOX FACTORY HOLDING CORP	EQUITY	N/A	N/A	12,874	609,556	620,398
	FRANKLIN RESOURCES INC	EQUITY	N/A	N/A	4,706	127,306	105,179
	FRESHPET INC	EQUITY	N/A	N/A	543	33,088	70,259
	FRESHPET INC	EQUITY	N/A	N/A	10,613	901,544	1,373,216
	FRESHPET INC	EQUITY	N/A	N/A	7,987	474,291	1,033,438
	FRONTIER COMMUNICATIONS PARE	EQUITY	N/A	N/A	4,054	102,026	106,134
	FTI CONSULTING INC	EQUITY	N/A	N/A	581	60,063	125,223
	FUJIFILM HOLDINGS CORP	EQUITY	N/A	N/A	117,600	2,130,021	2,749,774
	FULLER H B CO	EQUITY	N/A	N/A	12,203	747,439	939,143
	GALLAGHER ARTHUR J & CO	EQUITY	N/A	N/A	3,319	443,226	860,650
	GAMESTOP CORP CL A	EQUITY	N/A	N/A	4,444	151,995	109,722
	GAMING AND LEISURE PROPE-W/I	EQUITY	N/A	N/A	4,301	172,134	194,448
	GAP INC	EQUITY	N/A	N/A	3,362	72,647	80,318
	GARMIN LTD	EQUITY	N/A	N/A	2,558	319,505	416,749
	GARRETT MOTION INC-WI	EQUITY	N/A	N/A	110,907	1,062,382	952,691
	GATES INDUSTRIAL CORP PLC	EQUITY	N/A	N/A	3,155	47,663	49,881
	GCI LIBERTY INC	EQUITY	N/A	N/A	18,335	-	18
	GCI LIBERTY INC	EQUITY	N/A	N/A	1,662	-	2
	GE AEROSPACE	EQUITY	N/A	N/A	10,264	1,713,864	1,631,668
	GE AEROSPACE	EQUITY	N/A	N/A	11,152	858,896	1,772,833
	GE HEALTHCARE TECHNOLOG-W/I	EQUITY	N/A	N/A	6,380	497,125	492,791
	GE VERNOVA LLC	EQUITY	N/A	N/A	2,238	130,383	383,839
	GEN DIGITAL INC	EQUITY	N/A	N/A	9,295	204,850	232,189
	GENCO SHIPPING & TRADING LTD	EQUITY	N/A	N/A	37,244	431,389	793,670
	GENERAC HOLDINGS INC	EQUITY	N/A	N/A	496	133,499	65,581
	GENERAL DYNAMICS CORP	EQUITY	N/A	N/A	17,000	3,417,425	4,932,380
	GENERAL MILLS INC	EQUITY	N/A	N/A	9,329	590,147	588,473
	GENIUS SPORTS LTD	EQUITY	N/A	N/A	156,827	895,600	854,707
	GENPACT LTD	EQUITY	N/A	N/A	2,901	93,973	93,383
	GENTEX CORP	EQUITY	N/A	N/A	3,820	133,798	128,772
	GENUINE PARTS CO	EQUITY	N/A	N/A	21,922	3,204,200	3,032,251
	GENUINE PARTS CO	EQUITY	N/A	N/A	2,297	247,517	317,721
	GERON CORP	EQUITY	N/A	N/A	122,549	309,383	519,608
	GINKGO BIOWORKS HOLDINGS INC	EQUITY	N/A	N/A	24,738	56,645	8,262
	GLAUKOS CORP	EQUITY	N/A	N/A	9,386	555,933	1,110,833
	GLOBAL PAYMENTS INC-W/I	EQUITY	N/A	N/A	4,204	530,170	406,527
	GLOBALFOUNDRIES INC	EQUITY	N/A	N/A	1,602	86,636	80,997
	GLOBANT SA	EQUITY	N/A	N/A	172	30,660	30,341
	GLOBANT SA	EQUITY	N/A	N/A	16,063	3,262,819	2,863,390
	GLOBE LIFE INC	EQUITY	N/A	N/A	1,497	143,349	123,173
	GLOBUS MEDICAL INC A	EQUITY	N/A	N/A	1,849	87,250	126,638
	GODADDY INC - CLASS A	EQUITY	N/A	N/A	17,420	1,475,855	2,433,748
	GOLDMAN SACHS GROUP INC	EQUITY	N/A	N/A	7,353	2,501,276	3,325,909
	GOLDMAN SACHS GROUP INC	EQUITY	N/A	N/A	2,349	734,593	1,062,500
	GOODYEAR TIRE & RUBBER CO	EQUITY	N/A	N/A	93,660	1,375,152	1,063,041
	GRACO INC	EQUITY	N/A	N/A	2,762	126,667	218,971
	GRAIL INC-W/I	EQUITY	N/A	N/A	320	10,896	4,921
	GRAINGER W W INC	EQUITY	N/A	N/A	94	84,810	86,058
	GRAND CANYON EDUCATION INC	EQUITY	N/A	N/A	327	32,602	45,751
	GRAND CANYON EDUCATION INC	EQUITY	N/A	N/A	22,190	2,474,972	3,104,603
	GRAPHIC PACKAGING HLDG CO	EQUITY	N/A	N/A	5,022	48,337	131,627
	GREEN PLAINS INC	EQUITY	N/A	N/A	31,686	657,994	502,540
	GRID DYNAMICS HOLDINGS INC	EQUITY	N/A	N/A	61,424	1,605,207	645,566
	GRIFFON CORP	EQUITY	N/A	N/A	17,673	574,815	1,128,598
	GROCERY OUTLET HOLDING CORP	EQUITY	N/A	N/A	1,642	57,952	36,321
	GSK PLC	EQUITY	N/A	N/A	238,710	4,620,172	4,632,168
	GUARDANT HEALTH INC	EQUITY	N/A	N/A	8,468	234,928	244,556
	GUIDEWIRE SOFTWARE INC	EQUITY	N/A	N/A	737	169,987	101,625
	GUIDEWIRE SOFTWARE INC	EQUITY	N/A	N/A	18,360	1,915,281	2,531,660
	GULFPORT ENERGY CORP	EQUITY	N/A	N/A	7,470	725,736	1,127,970
	GXO LOGISTICS INC-W/I	EQUITY	N/A	N/A	1,938	97,345	97,869
	HA SUSTAINABLE INFRASTRUCTURE	EQUITY	N/A	N/A	30,343	783,199	898,153
	HAEMONETICS CORP	EQUITY	N/A	N/A	11,936	1,005,088	987,465
	HAEMONETICS CORP	EQUITY	N/A	N/A	10,022	636,168	829,120

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	HALEON PLC	EQUITY	N/A	N/A	440,440	\$ 1,834,877	\$ 1,790,389
	HALLIBURTON CO	EQUITY	N/A	N/A	14,561	281,861	491,871
	HAMILTON INSURANCE GROU-CL B	EQUITY	N/A	N/A	37,388	559,518	622,510
	HAMILTON LANE INC-CLASS A	EQUITY	N/A	N/A	6,134	342,496	758,040
	HANOVER INSURANCE GROUP INC	EQUITY	N/A	N/A	614	72,233	77,020
	HARLEY DAVIDSON INC	EQUITY	N/A	N/A	1,998	88,055	67,013
	HARMONIC INC	EQUITY	N/A	N/A	113,682	1,352,766	1,338,037
	HARTFORD FINL SVCS GROUP INC	EQUITY	N/A	N/A	4,903	159,837	492,948
	HASBRO INC	EQUITY	N/A	N/A	289	25,484	16,907
	HASHICORP INC-CL A	EQUITY	N/A	N/A	27,790	706,282	936,245
	HASHICORP INC-CL A	EQUITY	N/A	N/A	346	13,929	11,657
	HASHICORP INC-CL A	EQUITY	N/A	N/A	14,911	382,034	502,352
	HAWAIIAN ELECTRIC INDUSTRIES INC	EQUITY	N/A	N/A	1,896	68,075	17,102
	HAWKINS INC	EQUITY	N/A	N/A	6,242	478,536	568,022
	HAYWARD HOLDINGS INC	EQUITY	N/A	N/A	2,296	40,491	28,241
	HCI GROUP INC	EQUITY	N/A	N/A	3,138	282,505	289,229
	HEALTH CATALYST INC	EQUITY	N/A	N/A	75,909	1,174,670	485,059
	HEALTHCARE REALTY TRUST INC	EQUITY	N/A	N/A	6,278	165,406	103,461
	HEALTHEQUITY INC	EQUITY	N/A	N/A	2,837	240,382	244,549
	HEALTHPEAK PROPERTIES INC	EQUITY	N/A	N/A	11,707	329,727	229,457
	HECLA MINING CO	EQUITY	N/A	N/A	53,859	328,412	261,216
	HEICO CORP NEW	EQUITY	N/A	N/A	77	11,674	17,218
	HEICO CORP NEW	EQUITY	N/A	N/A	140	18,370	24,853
	HEICO CORP NEW	EQUITY	N/A	N/A	17,614	2,301,832	3,938,667
	HELIOS TECHNOLOGIES INC	EQUITY	N/A	N/A	33,492	1,724,346	1,599,243
	HELMERICH & PAYNE INC	EQUITY	N/A	N/A	7,908	341,541	285,795
	HENDERSON GROUP PLC	EQUITY	N/A	N/A	2,134	89,545	71,937
	HENRY JACK & ASSOC INC	EQUITY	N/A	N/A	1,198	139,859	198,892
	HENRY JACK & ASSOC INC	EQUITY	N/A	N/A	5,791	906,754	961,422
	HENRY SCHEIN INC	EQUITY	N/A	N/A	2,110	156,980	135,251
	HERC HOLDINGS INC	EQUITY	N/A	N/A	7,327	394,331	976,616
	HERTZ GLOBAL HLDGS INC	EQUITY	N/A	N/A	2,258	41,098	7,971
	HESS CORPORATION	EQUITY	N/A	N/A	1,629	193,393	240,310
	HEWLETT PACKARD ENTERPRISE CO	EQUITY	N/A	N/A	21,431	352,342	453,694
	HEXCEL CORP	EQUITY	N/A	N/A	1,366	80,949	85,307
	HF SINCLAIR CORP	EQUITY	N/A	N/A	2,675	153,137	142,685
	HIGHWOODS PTYS INC	EQUITY	N/A	N/A	1,792	69,509	47,076
	HILTON WORLDWIDE HLDGS - W/I	EQUITY	N/A	N/A	8,306	1,767,067	1,812,369
	HILTON WORLDWIDE HLDGS - W/I	EQUITY	N/A	N/A	1,976	285,699	431,163
	HITACHI LTD	EQUITY	N/A	N/A	36,800	1,918,232	831,680
	HOLOGIC INC	EQUITY	N/A	N/A	42,117	3,140,779	3,127,187
	HOLOGIC INC	EQUITY	N/A	N/A	3,817	275,234	283,412
	HOME BANCSHARES INC	EQUITY	N/A	N/A	56,605	1,158,614	1,356,256
	HOME BANCSHARES INC	EQUITY	N/A	N/A	74,571	1,250,854	1,786,721
	HOME DEPOT INC	EQUITY	N/A	N/A	15,354	2,547,037	5,285,461
	HONEYWELL INTL INC	EQUITY	N/A	N/A	23,100	5,019,448	4,932,774
	HONEYWELL INTL INC	EQUITY	N/A	N/A	15,400	3,311,097	3,288,516
	HOPE BANCORP INC	EQUITY	N/A	N/A	66,754	724,274	716,938
	HORMEL FOODS CORP	EQUITY	N/A	N/A	4,788	233,745	145,986
	HOST HOTELS & RESORTS INC	EQUITY	N/A	N/A	11,510	185,920	206,950
	HOULIHAN LOKEY INC	EQUITY	N/A	N/A	771	76,870	103,977
	HOWARD HUGHES HOLDINGS INC	EQUITY	N/A	N/A	511	46,161	33,123
	HOWMET AEROSPACE INC	EQUITY	N/A	N/A	6,285	177,431	487,905
	HP INC	EQUITY	N/A	N/A	12,242	277,557	428,715
	HUBBELL INC	EQUITY	N/A	N/A	884	85,411	323,084
	HUBSPOT INC	EQUITY	N/A	N/A	2,938	1,595,562	1,732,803
	HUMANA INC	EQUITY	N/A	N/A	1,991	743,930	722,434
	HUMANA INC	EQUITY	N/A	N/A	2,887	1,290,727	1,078,728
	HUNT J B TRANSPORT SERVICES INC	EQUITY	N/A	N/A	1,371	195,093	219,360
	HUNTINGTON BANCSHARES INC	EQUITY	N/A	N/A	23,846	313,667	314,290
	HUNTINGTON INGALLS INDS INC	EQUITY	N/A	N/A	652	109,363	160,607
	HUNTSMAN CORP	EQUITY	N/A	N/A	2,698	47,743	61,433
	HYATT HOTELS CORP	EQUITY	N/A	N/A	618	57,977	93,887
	IAC INC	EQUITY	N/A	N/A	1,282	184,707	60,062
	IBERDROLA SA	EQUITY	N/A	N/A	7,783	49,029	101,957
	IBERDROLA SA-RTS	EQUITY	N/A	N/A	212,349	-	67,952
	ICHOR HOLDINGS LTD	EQUITY	N/A	N/A	21,687	828,563	836,034
	ICON PLC	EQUITY	N/A	N/A	1,200	273,822	376,164
	ICU MED INC	EQUITY	N/A	N/A	351	68,935	41,681
	IDACORP INC	EQUITY	N/A	N/A	873	81,694	81,320
	IDACORP INC	EQUITY	N/A	N/A	10,152	940,862	945,659
	IDEX CORP	EQUITY	N/A	N/A	1,251	233,166	251,701
	ILLUMINA INC	EQUITY	N/A	N/A	2,631	372,664	274,624
	IMMUNOCORE HOLDINGS PLC-ADR	EQUITY	N/A	N/A	10,766	486,617	364,860
	INCYTE CORPORATION	EQUITY	N/A	N/A	2,881	63,137	174,646
	INDEPENDENCE REALTY TRUST IN	EQUITY	N/A	N/A	66,639	1,209,335	1,248,815
	INDUSTRIA DE DISENO TEXTIL	EQUITY	N/A	N/A	49,373	2,381,827	2,445,938
	INFINEON TECHNOLOGIES AG	EQUITY	N/A	N/A	88,272	2,207,938	3,233,094
	INFORMATICA INC - CLASS A	EQUITY	N/A	N/A	1,054	17,493	32,548
	INGERSOLL RAND INC	EQUITY	N/A	N/A	6,666	328,472	605,539

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	INGEVITY CORP	EQUITY	N/A	N/A	17,732	\$ 1,020,073	\$ 775,066
	INGREDION INC	EQUITY	N/A	N/A	1,082	127,479	124,105
	INMODE LTD	EQUITY	N/A	N/A	22,371	477,022	408,047
	INNOVATIVE INDUSTRIAL PROPER	EQUITY	N/A	N/A	7,485	801,585	817,512
	INSMED INC	EQUITY	N/A	N/A	7,614	426,758	510,138
	INTEGRA LIFESCIENCES HLDG CORP	EQUITY	N/A	N/A	1,171	66,069	34,123
	INTELLIA THERAPEUTICS INC	EQUITY	N/A	N/A	10,583	794,285	236,848
	INTERACTIVE BROKERS GROUP	EQUITY	N/A	N/A	1,715	105,294	210,259
	INTERNATIONAL FLAVORS &	EQUITY	N/A	N/A	4,223	541,084	402,072
	INTERNATIONAL GAME TECHNOLOGY	EQUITY	N/A	N/A	14,551	379,557	297,713
	INTERNATIONAL MONEY EXPRESS	EQUITY	N/A	N/A	36,976	610,860	770,580
	INTERNATIONAL PAPER CO	EQUITY	N/A	N/A	5,721	261,372	246,861
	INTERNATIONAL SEAWAYS INC-WI	EQUITY	N/A	N/A	17,049	683,113	1,008,107
	INTERPARFUMS INC	EQUITY	N/A	N/A	967	108,396	112,201
	INTERPUBLIC GROUP COMPANIES INC	EQUITY	N/A	N/A	6,222	165,898	180,998
	INTRA-CELLULAR THERAPIES INC	EQUITY	N/A	N/A	2,671	135,164	182,937
	INTUIT SOFTWARE	EQUITY	N/A	N/A	3,881	799,940	2,550,632
	INTUITIVE SURGICAL INC	EQUITY	N/A	N/A	15,038	3,323,864	6,689,654
	INTUITIVE SURGICAL INC	EQUITY	N/A	N/A	9,320	991,781	4,146,002
	INVESCO LTD	EQUITY	N/A	N/A	6,283	111,851	93,994
	INVITATION HOMES INC	EQUITY	N/A	N/A	10,107	332,445	362,740
	IONIS PHARMACEUTICALS INC	EQUITY	N/A	N/A	168	15,949	8,007
	IPG PHOTONICS CORP	EQUITY	N/A	N/A	470	102,815	39,663
	IQVIA HOLDINGS INC	EQUITY	N/A	N/A	2,641	49,388	558,413
	IRIDIUM COMMUNICATIONS INC	EQUITY	N/A	N/A	1,799	8,269	47,889
	IRON MOUNTAIN INC	EQUITY	N/A	N/A	2,063	102,850	184,886
	ISRACARD LTD	EQUITY	N/A	N/A	1	-	2
	ITRON INC.	EQUITY	N/A	N/A	7,759	717,965	767,831
	ITT INC	EQUITY	N/A	N/A	1,361	110,778	175,814
	J & J SNACK FOODS CORP	EQUITY	N/A	N/A	2,936	305,500	476,718
	JABIL INC	EQUITY	N/A	N/A	1,781	55,193	193,755
	JACOBS SOLUTIONS INC	EQUITY	N/A	N/A	24,172	3,373,944	3,377,070
	JACOBS SOLUTIONS INC	EQUITY	N/A	N/A	2,059	243,032	287,663
	JANUS INTERNATIONAL GROUP IN	EQUITY	N/A	N/A	62,987	647,275	795,526
	JAPAN EXCHANGE GROUP INC	EQUITY	N/A	N/A	87,900	1,501,589	2,015,108
	JAPANESE YEN CURRENCY (JPY)	EQUITY	N/A	N/A	3,187	20	20
	JAZZ PHARMACEUTICALS PLC	EQUITY	N/A	N/A	1,005	69,913	107,264
	JEFFERIES FINANCIAL GROUP IN	EQUITY	N/A	N/A	2,136	72,619	106,287
	JERONIMO MARTINS	EQUITY	N/A	N/A	92,881	2,124,183	1,815,344
	JM SMUCKER CO/THE-NEW COM WI	EQUITY	N/A	N/A	1,704	219,824	185,804
	JOHNSON & JOHNSON	EQUITY	N/A	N/A	20,700	3,282,347	3,025,512
	JONES LANG LASALLE INC	EQUITY	N/A	N/A	538	123,343	110,441
	JUNIPER NETWORKS INC	EQUITY	N/A	N/A	5,309	127,913	193,566
	KADANT INC	EQUITY	N/A	N/A	5,153	468,415	1,513,848
	KAISER ALUMINUM CORP	EQUITY	N/A	N/A	1,264	109,449	111,106
	KB HOME	EQUITY	N/A	N/A	15,365	549,386	1,078,316
	KBR INC	EQUITY	N/A	N/A	2,009	79,147	128,857
	KDDI CORP	EQUITY	N/A	N/A	89,400	2,223,348	2,343,174
	KELLANOVA	EQUITY	N/A	N/A	4,330	268,765	249,754
	KEMPER CORP	EQUITY	N/A	N/A	15,566	759,892	923,531
	KEMPER CORP	EQUITY	N/A	N/A	1,041	75,160	61,763
	KENNAMETAL INC	EQUITY	N/A	N/A	18,598	489,836	437,797
	KENVUE INC	EQUITY	N/A	N/A	31,631	575,045	579,164
	KEYCORP NEW	EQUITY	N/A	N/A	15,285	246,037	217,200
	KEYENCE CORP	EQUITY	N/A	N/A	2,600	670,087	1,149,070
	KEYSIGHT TECHNOLOGIES IN-W/I	EQUITY	N/A	N/A	17,711	2,772,233	2,421,979
	KEYSIGHT TECHNOLOGIES IN-W/I	EQUITY	N/A	N/A	2,878	346,293	393,567
	KILROY RLTY CORP	EQUITY	N/A	N/A	2,018	122,018	62,901
	KIMCO REALTY CORP	EQUITY	N/A	N/A	10,879	201,786	211,705
	KINDER MORGAN INC	EQUITY	N/A	N/A	32,022	636,271	639,159
	KINGFISHER PLC	EQUITY	N/A	N/A	466,426	1,362,903	1,466,938
	KINGSPAN GROUP PLC	EQUITY	N/A	N/A	10,797	944,808	919,263
	KINSALE CAPITAL GROUP INC	EQUITY	N/A	N/A	2,895	797,834	1,115,386
	KIRBY CORP	EQUITY	N/A	N/A	958	57,115	114,701
	KNIFE RIVER CORP-W/I	EQUITY	N/A	N/A	19,516	684,202	1,368,852
	KNIGHT SWIFT TRANSPORTATION	EQUITY	N/A	N/A	2,584	118,264	128,993
	KOHL'S CORP	EQUITY	N/A	N/A	1,912	89,273	43,957
	KOREAN WON CURRENCY (KRW)	EQUITY	N/A	N/A	12,033,602	8,891	8,664
	KORN FERRY	EQUITY	N/A	N/A	15,000	563,959	1,007,100
	KORNIT DIGITAL LTD	EQUITY	N/A	N/A	22,782	2,069,494	333,528
	KOSMOS ENERGY LTD	EQUITY	N/A	N/A	135,312	785,860	749,628
	KROGER CO	EQUITY	N/A	N/A	10,959	302,109	547,183
	KUBOTA CORP	EQUITY	N/A	N/A	126,200	2,536,633	1,764,870
	KULICKE & SOFFA	EQUITY	N/A	N/A	4,008	237,428	197,154
	KURA SUSHI USA INC-CLASS A	EQUITY	N/A	N/A	6,490	655,616	409,454
	KYMERA THERAPEUTICS INC	EQUITY	N/A	N/A	9,829	277,030	293,396
	KYNDRYL HOLDINGS INC-W/I	EQUITY	N/A	N/A	3,754	43,371	98,768
	KYVERNA THERAPEUTICS INC	EQUITY	N/A	N/A	7,256	197,332	54,420
	L BRANDS INC - W/I	EQUITY	N/A	N/A	3,716	126,882	145,110
	L3 HARRIS TECHNOLOGIES INC	EQUITY	N/A	N/A	3,128	702,479	702,486

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	LABCORP HOLDINGS INC	EQUITY	N/A	N/A	1,388	\$ 260,475	\$ 282,472
	LADDER CAPITAL CORP-CLASS A	EQUITY	N/A	N/A	17,227	179,046	194,493
	LAM RESEARCH CORP	EQUITY	N/A	N/A	613	363,409	652,753
	LAMAR ADVERTISING CO-A	EQUITY	N/A	N/A	1,076	25,776	128,614
	LAMB WESTON HOLDING INC-W/I	EQUITY	N/A	N/A	1,613	16,121	135,621
	LANDBRIDGE CO LLC-A	EQUITY	N/A	N/A	11,346	192,882	192,882
	LANDSTAR SYS INC	EQUITY	N/A	N/A	587	19,603	108,290
	LANTHEUS HOLDINGS INC	EQUITY	N/A	N/A	12,062	170,442	968,458
	LATTICE SEMICONDUCTOR CORP	EQUITY	N/A	N/A	301	17,455	18,773
	LAZARD INC	EQUITY	N/A	N/A	116	73,879	4,429
	LEAR CORP- W/I	EQUITY	N/A	N/A	932	86,140	106,444
	LEGGITT & PLATT INC	EQUITY	N/A	N/A	2,292	97,774	26,266
	LEGRAND SA	EQUITY	N/A	N/A	18,941	1,795,084	1,879,191
	LEIDOS HOLDINGS INC-W/I	EQUITY	N/A	N/A	2,227	244,373	324,875
	LENDINGCLUB CORP	EQUITY	N/A	N/A	30,253	268,959	255,940
	LENNAR CORP	EQUITY	N/A	N/A	51,029	4,780,466	7,647,716
	LENNAR CORP	EQUITY	N/A	N/A	3,983	325,391	596,932
	LENNAR CORP	EQUITY	N/A	N/A	187	13,603	26,073
	LEONARDO DR'S INC	EQUITY	N/A	N/A	37,273	428,813	950,834
	LIBERTY BROADBAND-A	EQUITY	N/A	N/A	226	31,475	12,340
	LIBERTY BROADBAND-C	EQUITY	N/A	N/A	1,376	187,032	75,432
	LIBERTY ENERGY INC	EQUITY	N/A	N/A	25,901	585,202	541,072
	LIBERTY GLOBAL LTD-A	EQUITY	N/A	N/A	2,739	47,740	48,562
	LIBERTY GLOBAL LTD-C	EQUITY	N/A	N/A	2,841	50,711	51,422
	LIBERTY MEDIA CORP-CL A NEW	EQUITY	N/A	N/A	1,283	38,454	28,418
	LIBERTY MEDIA CORP-LIBER-NEW	EQUITY	N/A	N/A	2,435	78,375	53,960
	LIBERTY MEDIA CORP-LIBERTY-A	EQUITY	N/A	N/A	339	14,267	12,716
	LIBERTY MEDIA CORP-LIBERTY-C	EQUITY	N/A	N/A	808	30,438	30,922
	LIBERTY MEDIA CORP-LIB-NEW-A	EQUITY	N/A	N/A	247	17,259	15,865
	LIBERTY MEDIA CORP-LIB-NEW-C	EQUITY	N/A	N/A	2,084	146,520	149,715
	LIFE TIME GROUP HOLDINGS INC	EQUITY	N/A	N/A	29,965	413,329	564,241
	LIFESTANCE HEALTH GROUP INC	EQUITY	N/A	N/A	69,407	401,362	340,788
	LIMBACH HOLDINGS INC	EQUITY	N/A	N/A	12,013	665,829	683,900
	LINCOLN ELEC HLDGS INC	EQUITY	N/A	N/A	657	12,062	123,936
	LINCOLN NATIONAL CORP	EQUITY	N/A	N/A	2,640	123,452	82,104
	LITHIA MTRS INC	EQUITY	N/A	N/A	447	154,641	112,845
	LITTELFUSE INC	EQUITY	N/A	N/A	3,529	416,853	901,977
	LITTELFUSE INC	EQUITY	N/A	N/A	403	104,071	103,003
	LKQ CORP	EQUITY	N/A	N/A	4,395	176,129	182,788
	LLOYDS BANKING GROUP PLC	EQUITY	N/A	N/A	3,970,342	2,776,349	2,699,833
	LOAR HOLDINGS INC	EQUITY	N/A	N/A	1,548	43,344	82,679
	LOEWS CORPORATION	EQUITY	N/A	N/A	2,992	139,104	223,622
	LONGBOARD PHARMACEUTICALS IN	EQUITY	N/A	N/A	15,424	325,022	416,911
	LONZA AG-REG	EQUITY	N/A	N/A	3,593	1,281,828	1,976,150
	L'OREAL	EQUITY	N/A	N/A	6,266	2,595,616	2,768,945
	LOUISIANA PACIFIC CORP	EQUITY	N/A	N/A	321	65,005	26,428
	LOUISIANA PACIFIC CORP	EQUITY	N/A	N/A	8,017	199,222	660,040
	LOWES COMPANIES INC	EQUITY	N/A	N/A	20,419	4,691,588	4,501,573
	LOWES COMPANIES INC	EQUITY	N/A	N/A	15,100	3,225,958	3,328,946
	LUCID GROUP INC	EQUITY	N/A	N/A	12,888	78,187	33,638
	LULULEMON ATHLETICA INC	EQUITY	N/A	N/A	1,612	416,106	481,504
	LUMENTUM HOLDINGS INC -W/I	EQUITY	N/A	N/A	1,156	102,560	58,864
	LUMENTUM HOLDINGS INC -W/I	EQUITY	N/A	N/A	13,145	655,815	669,343
	LVMH MOET HENNESSY LOUIS VUI	EQUITY	N/A	N/A	3,075	1,935,086	2,364,054
	LYFT INC-A	EQUITY	N/A	N/A	1,854	26,141	24,825
	LYONDELLBASELL INDUSTRIES N.V.	EQUITY	N/A	N/A	4,300	395,592	411,338
	M&T BK CORP	EQUITY	N/A	N/A	2,745	360,783	415,483
	MACOM TECHNOLOGY SOLUTIONS	EQUITY	N/A	N/A	921	102,663	103,078
	MACY'S INC	EQUITY	N/A	N/A	4,680	97,484	89,856
	MADDEN STEVEN LTD	EQUITY	N/A	N/A	13,569	571,015	573,969
	MADISON SQUARE GARDEN SPORTS	EQUITY	N/A	N/A	282	57,604	53,053
	MANPOWER GROUP INC	EQUITY	N/A	N/A	789	81,819	55,072
	MAPLEBEAR INC	EQUITY	N/A	N/A	2,842	2,780	91,342
	MARATHON OIL CORP	EQUITY	N/A	N/A	9,434	75,753	270,473
	MARAVAI LIFESCIENCES HLDGS-A	EQUITY	N/A	N/A	777	10,155	5,563
	MARKEL GROUP INC	EQUITY	N/A	N/A	162	158,913	255,257
	MARKETAXESS HLDGS INC	EQUITY	N/A	N/A	610	122,322	122,616
	MARRIOTT INTERNATIONAL INC	EQUITY	N/A	N/A	8,011	1,572,701	1,936,819
	MARRIOTT VACATIONS WORLDWIDE	EQUITY	N/A	N/A	605	97,133	52,829
	MARSH & MCLENNAN	EQUITY	N/A	N/A	5,708	840,137	1,202,790
	MARTIN MARIETTA MATLS INC	EQUITY	N/A	N/A	14,000	5,042,179	7,585,200
	MARTIN MARIETTA MATLS INC	EQUITY	N/A	N/A	956	315,403	517,961
	MASCO CORP	EQUITY	N/A	N/A	3,634	204,669	242,279
	MASIMO CORPORATION	EQUITY	N/A	N/A	340	42,819	38,818
	MASTEC INC	EQUITY	N/A	N/A	1,035	109,789	110,735
	MASTERBRAND INC-W/I	EQUITY	N/A	N/A	37,339	320,065	548,137
	MASTERCARD INC CL A	EQUITY	N/A	N/A	18,344	3,483,780	8,092,639
	MASTERCARD INC CL A	EQUITY	N/A	N/A	13,362	1,939,789	5,894,780
	MATADOR RESOURCES CO	EQUITY	N/A	N/A	1,794	106,921	108,555
	MATADOR RESOURCES CO	EQUITY	N/A	N/A	22,075	1,280,515	1,315,670

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	MATCH GROUP INC	EQUITY	N/A	N/A	4,372	\$ 31,414	\$ 132,821
	MATTEL INC	EQUITY	N/A	N/A	5,657	128,367	91,983
	MC CORMICK & CO INC	EQUITY	N/A	N/A	4,160	386,581	295,110
	MCGRATH RENTCORP	EQUITY	N/A	N/A	7,380	549,090	786,339
	MCGRATH RENTCORP	EQUITY	N/A	N/A	8,251	828,432	879,144
	MDU RESOURCES GROUP INC	EQUITY	N/A	N/A	44,235	825,942	1,110,299
	MDU RESOURCES GROUP INC	EQUITY	N/A	N/A	3,495	66,354	87,725
	MEDICAL PROPERTIES TRUST INC	EQUITY	N/A	N/A	10,268	202,442	44,255
	MEDPACE HOLDINGS INC	EQUITY	N/A	N/A	5,158	725,265	2,124,322
	MEDTRONIC PLC	EQUITY	N/A	N/A	38,200	4,794,512	3,006,722
	MERCADOLIBRE INC	EQUITY	N/A	N/A	2,376	2,684,267	3,904,718
	MERCK & CO INC	EQUITY	N/A	N/A	45,823	4,077,576	5,672,887
	MERCK & CO INC	EQUITY	N/A	N/A	28,600	2,354,211	3,540,680
	MERCURY SYSTEMS INC	EQUITY	N/A	N/A	19,913	761,554	537,452
	MERCURY SYSTEMS INC	EQUITY	N/A	N/A	923	59,751	24,912
	META PLATFORMS INC	EQUITY	N/A	N/A	37,490	10,728,949	18,903,208
	META PLATFORMS INC	EQUITY	N/A	N/A	31,845	6,015,889	16,056,886
	METTLER TOLEDO INTL INC	EQUITY	N/A	N/A	349	487,754	472,581
	MGIC INVT CORP WIS	EQUITY	N/A	N/A	4,405	46,972	94,928
	MGIC INVT CORP WIS	EQUITY	N/A	N/A	38,823	427,877	836,636
	MGM RESORTS INTERNATIONAL	EQUITY	N/A	N/A	4,027	142,996	178,960
	MICHELIN (CGDE)	EQUITY	N/A	N/A	246,400	4,763,002	4,735,808
	MICROCHIP TECHNOLOGY INC	EQUITY	N/A	N/A	73,000	8,040,443	6,679,500
	MICROCHIP TECHNOLOGY INC	EQUITY	N/A	N/A	8,759	203,668	801,449
	MICROSOFT CORP	EQUITY	N/A	N/A	26,136	7,716,887	11,681,485
	MICROSOFT CORP	EQUITY	N/A	N/A	51,350	6,198,587	22,950,883
	MICROSOFT CORP	EQUITY	N/A	N/A	81,577	13,150,926	36,460,840
	MICROSTRATEGY INC CL A	EQUITY	N/A	N/A	242	333,347	315,106
	MID AMER APT CMNTYS INC	EQUITY	N/A	N/A	1,918	263,724	273,526
	MIDDLEBY CORP	EQUITY	N/A	N/A	879	125,207	107,774
	MISTER CAR WASH INC	EQUITY	N/A	N/A	1,313	14,034	9,349
	MITSUBISHI ESTATE CO LTD	EQUITY	N/A	N/A	85,300	1,400,219	1,340,916
	MITSUBISHI UFJ FINANCIAL GROUP	EQUITY	N/A	N/A	518,800	2,506,875	5,603,040
	MITSUBISHI UFJ FINL GRP ADR	EQUITY	N/A	N/A	376,400	2,222,567	4,065,120
	MKS INSTRS INC	EQUITY	N/A	N/A	9,463	753,614	1,235,679
	MKS INSTRS INC	EQUITY	N/A	N/A	1,039	127,783	135,673
	MODINE MANUFACTURING CO	EQUITY	N/A	N/A	10,446	938,343	1,046,585
	MOHAWK INDS INC	EQUITY	N/A	N/A	876	119,991	99,505
	MOLINA HEALTHCARE INC	EQUITY	N/A	N/A	354	120,669	105,244
	MOLSON COORS BEVERAGE COMPANY	EQUITY	N/A	N/A	2,891	172,286	146,950
	MONDELEZ INTERNATIONAL	EQUITY	N/A	N/A	8,200	575,058	536,608
	MONGODDB INC	EQUITY	N/A	N/A	7,662	2,801,535	1,915,194
	MONGODDB INC	EQUITY	N/A	N/A	3,026	987,331	756,379
	MONOLITHIC POWER SYSTEMS INC	EQUITY	N/A	N/A	2,056	799,422	1,689,374
	MOODY'S CORP	EQUITY	N/A	N/A	8,956	2,995,354	3,769,849
	MOOG INC	EQUITY	N/A	N/A	13,196	1,344,225	2,207,691
	MOOG INC	EQUITY	N/A	N/A	6,104	614,604	1,021,199
	MOONLAKE IMMUNOTHERAPEUTICS	EQUITY	N/A	N/A	5,724	268,203	251,684
	MORGAN STANLEY	EQUITY	N/A	N/A	11,000	1,085,176	1,069,090
	MORPHIC HOLDING INC	EQUITY	N/A	N/A	6,986	262,239	238,013
	MOSAIC CO/THE	EQUITY	N/A	N/A	5,283	138,171	152,679
	MOTOROLA SOLUTIONS INC	EQUITY	N/A	N/A	10,700	2,507,214	4,130,735
	MP MATERIALS CORP	EQUITY	N/A	N/A	1,799	38,195	22,901
	MR COOPER GROUP INC	EQUITY	N/A	N/A	5,869	358,726	476,739
	MRC GLOBAL INC	EQUITY	N/A	N/A	71,108	720,887	918,004
	MS&AD INSURANCE GROUP HOLD	EQUITY	N/A	N/A	142,500	1,721,084	3,166,371
	MSA SAFETY INC	EQUITY	N/A	N/A	611	82,091	114,679
	MSC INDL DIRECT INC	EQUITY	N/A	N/A	804	67,696	63,765
	MSCI INC	EQUITY	N/A	N/A	534	334,702	257,255
	MSCI INC	EQUITY	N/A	N/A	422	180,212	203,299
	MURPHY USA INC-W/I	EQUITY	N/A	N/A	18	5,265	8,450
	MVB FINANCIAL CORP	EQUITY	N/A	N/A	10,826	429,944	201,797
	NASDAQ INC	EQUITY	N/A	N/A	6,129	291,844	369,334
	NATIONAL BANK HOLD CL A	EQUITY	N/A	N/A	30,022	1,155,136	1,172,359
	NATIONAL FUEL GAS CO	EQUITY	N/A	N/A	1,537	86,524	83,290
	NATIONAL GRID PLC	EQUITY	N/A	N/A	168,231	1,739,927	1,874,093
	NATIONAL GRID PLC-NIL RIGHTS	EQUITY	N/A	N/A	3,872	-	91,373
	NATIONAL STORAGE AFFILIATES	EQUITY	N/A	N/A	1,183	64,678	48,763
	NCINO INC	EQUITY	N/A	N/A	519	40,200	16,323
	NCR ATLEOS CORP W/I	EQUITY	N/A	N/A	1,117	25,331	30,181
	NCR VOYIX CORPORATION	EQUITY	N/A	N/A	2,221	39,686	27,429
	NEOGEN CORP	EQUITY	N/A	N/A	40,211	1,827,998	628,498
	NET LEASE OFFICE PROPERTY	EQUITY	N/A	N/A	241	4,364	5,933
	NET POWER INC	EQUITY	N/A	N/A	11,323	128,333	111,305
	NETAPP INC	EQUITY	N/A	N/A	1,878	157,524	241,886
	NETFLIX INC	EQUITY	N/A	N/A	16,577	6,104,992	11,187,486
	NETFLIX INC	EQUITY	N/A	N/A	6,975	2,236,145	4,707,288
	NEW FORTRESS INC	EQUITY	N/A	N/A	506	11,122	10,302
	NEW LINDE PLC	EQUITY	N/A	N/A	2,492	605,041	1,093,515
	NEW MARKET CORPORATION	EQUITY	N/A	N/A	108	37,545	55,682

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	NEW YORK TIMES CO	EQUITY	N/A	N/A	2,655	\$ 127,726	\$ 135,963
	NEWELL BRANDS INC.	EQUITY	N/A	N/A	6,580	138,785	42,178
	NEWARK RESOURCES INC NEW	EQUITY	N/A	N/A	105,355	569,086	875,500
	NEWS CORP/NEW-CL A-W/I	EQUITY	N/A	N/A	6,285	122,618	173,277
	NEWS CORP/NEW-CL B-W/I	EQUITY	N/A	N/A	1,877	37,648	53,288
	NEXSTAR MEDIA GROUP INC	EQUITY	N/A	N/A	313	51,076	51,961
	NEXTRACKER INC-CL A	EQUITY	N/A	N/A	23,986	1,190,452	1,124,464
	NIBE INDUSTRIER AB-B SHS	EQUITY	N/A	N/A	44,150	372,864	181,015
	NIKE INC	EQUITY	N/A	N/A	5,303	735,613	399,687
	NINTENDO CO LTD	EQUITY	N/A	N/A	33,000	1,817,065	1,764,510
	NISOURCE INC	EQUITY	N/A	N/A	7,153	175,442	206,078
	NITORI HOLDINGS CO LTD	EQUITY	N/A	N/A	17,900	2,116,703	1,897,132
	NNN REIT INC	EQUITY	N/A	N/A	2,993	126,321	127,502
	NOBLE CORP PLC	EQUITY	N/A	N/A	30,071	1,170,733	1,342,670
	NOMAD FOODS LTD-WHEN ISSUED	EQUITY	N/A	N/A	32,109	534,862	529,156
	NORDSON CORPORATION	EQUITY	N/A	N/A	937	217,748	217,328
	NORDSTROM INC	EQUITY	N/A	N/A	1,652	39,707	35,055
	NORSK HYDRO ASA	EQUITY	N/A	N/A	165,815	1,205,472	1,032,752
	NORTHEAST BANK	EQUITY	N/A	N/A	14,103	679,845	858,309
	NORTHERN OIL AND GAS INC	EQUITY	N/A	N/A	44,163	1,116,530	1,641,539
	NORTHERN TRUST CORP	EQUITY	N/A	N/A	3,340	332,754	280,493
	NORTHROP GRUMMAN CORPORATION	EQUITY	N/A	N/A	6,500	2,494,527	2,833,675
	NOV INC	EQUITY	N/A	N/A	6,502	98,888	123,603
	NOVAGOLD RESOURCES INC	EQUITY	N/A	N/A	26,362	207,808	91,213
	NOVANTA INC	EQUITY	N/A	N/A	7,018	1,003,315	1,144,706
	NOVO NORDISK A S	EQUITY	N/A	N/A	55,844	3,045,995	7,971,173
	NOVO NORDISK A/S-B	EQUITY	N/A	N/A	55,742	3,631,520	8,102,378
	NRG ENERGY INC.	EQUITY	N/A	N/A	2,087	77,559	162,494
	NU HOLDINGS LTD/CAYMAN ISL-A	EQUITY	N/A	N/A	101,853	1,040,374	1,312,885
	NUCOR CORP	EQUITY	N/A	N/A	3,959	256,413	625,839
	NURIX THERAPEUTICS INC	EQUITY	N/A	N/A	18,903	282,142	394,506
	NUTANIX INC - A	EQUITY	N/A	N/A	2,872	70,415	163,273
	NUTRIEN LTD	EQUITY	N/A	N/A	24,125	1,461,690	1,228,204
	NUVALENT INC-A	EQUITY	N/A	N/A	5,674	207,599	430,430
	NUVEI CORP-SUBORDINATE VTG	EQUITY	N/A	N/A	10,143	281,011	328,430
	NVENT ELECTRIC PLC-W/I	EQUITY	N/A	N/A	2,728	74,661	208,992
	NVIDIA CORP	EQUITY	N/A	N/A	270,210	1,582,250	33,381,743
	NVIDIA CORP	EQUITY	N/A	N/A	270,370	3,974,644	33,401,510
	NVR INC	EQUITY	N/A	N/A	49	250,874	371,839
	NXP SEMICONDUCTORS	EQUITY	N/A	N/A	4,282	1,154,528	1,152,243
	O REILLY AUTOMOTIVE INC	EQUITY	N/A	N/A	2,959	2,754,347	3,124,882
	OGE ENERGY CORP	EQUITY	N/A	N/A	3,301	115,597	117,846
	OKTA INC	EQUITY	N/A	N/A	1,411	63,555	132,084
	OLAPLEX HOLDINGS INC	EQUITY	N/A	N/A	2,188	7,570	3,370
	OLD DOMINION FGHT LINES INC	EQUITY	N/A	N/A	236	38,836	41,678
	OLD DOMINION FGHT LINES INC	EQUITY	N/A	N/A	4,384	610,062	774,214
	OLD REPUBLIC INTERNATIONAL CORP	EQUITY	N/A	N/A	4,160	96,701	128,544
	OLEMA PHARMACEUTICALS INC	EQUITY	N/A	N/A	18,345	265,324	198,493
	OLIN CORP	EQUITY	N/A	N/A	1,972	54,555	92,980
	OLLIE'S BARGAIN OUTLET HOLDI	EQUITY	N/A	N/A	1,007	62,776	98,857
	OLLIE'S BARGAIN OUTLET HOLDI	EQUITY	N/A	N/A	8,317	612,746	816,480
	OMEGA HEALTHCARE INVS INC	EQUITY	N/A	N/A	4,074	120,435	139,535
	OMNICOM GROUP	EQUITY	N/A	N/A	3,197	223,538	286,771
	ON SEMICONDUCTOR CORPORATION	EQUITY	N/A	N/A	7,091	482,106	486,088
	ONE GAS INC-W/I	EQUITY	N/A	N/A	20,502	1,246,085	1,309,053
	ONEMAIN HOLDINGS INC	EQUITY	N/A	N/A	1,940	90,220	94,071
	ONEOK INC	EQUITY	N/A	N/A	9,636	458,820	785,816
	ONESPACOWORLD HOLDINGS LTD	EQUITY	N/A	N/A	50,200	706,619	771,574
	ONTO INNOVATION INC	EQUITY	N/A	N/A	601	131,954	136,896
	ONTO INNOVATION INC	EQUITY	N/A	N/A	3,719	419,694	816,544
	OPTION CARE HEALTH INC	EQUITY	N/A	N/A	35,263	878,823	976,785
	OPTION CARE HEALTH INC	EQUITY	N/A	N/A	28,900	941,988	800,530
	OPTION CARE HEALTH INC	EQUITY	N/A	N/A	37,995	1,227,584	1,052,462
	ORACLE CORP	EQUITY	N/A	N/A	29,700	2,701,163	4,193,640
	ORGANON & CO-W/I	EQUITY	N/A	N/A	4,419	132,324	91,473
	OSHKOSH CORPORATION	EQUITY	N/A	N/A	29,400	3,331,417	3,181,080
	OSHKOSH CORPORATION	EQUITY	N/A	N/A	1,077	50,619	116,531
	OTIS WORLDWIDE CORP-W/I	EQUITY	N/A	N/A	6,673	451,927	642,343
	OUTFRONT MEDIA INC	EQUITY	N/A	N/A	78,184	1,310,846	1,118,031
	OVINTIV INC	EQUITY	N/A	N/A	4,429	102,909	207,587
	OWENS CORNING INC	EQUITY	N/A	N/A	1,425	93,294	247,551
	PACIFIC ANDES RESOURCES DEVE	EQUITY	N/A	N/A	1,533,000	-	24,007
	PACIRA BIOSCIENCES INC	EQUITY	N/A	N/A	33,782	1,500,246	966,503
	PACKAGING CORP PKG	EQUITY	N/A	N/A	1,464	133,194	267,268
	PAGERDUTY INC	EQUITY	N/A	N/A	28,206	599,198	646,764
	PALO ALTO NETWORKS INC	EQUITY	N/A	N/A	5,627	1,714,768	1,907,609
	PARAMOUNT GLOBAL CLASS A	EQUITY	N/A	N/A	169	6,801	3,106
	PARAMOUNT GLOBAL CLASS B	EQUITY	N/A	N/A	9,980	380,934	103,692
	PARK HOTELS & RESORTS INC-	EQUITY	N/A	N/A	3,595	62,938	53,853
	PARKER HANNIFIN CORP	EQUITY	N/A	N/A	18,200	5,280,550	9,205,742

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	PARSONS CORP	EQUITY	N/A	N/A	755	\$ 61,766	\$ 60,861
	PAYCHEX INC	EQUITY	N/A	N/A	3,405	403,693	399,849
	PAYCOM SOFTWARE INC	EQUITY	N/A	N/A	311	44,485	44,507
	PAYCOM SOFTWARE INC	EQUITY	N/A	N/A	12,567	3,817,374	1,797,584
	PAYCOR HCM INC	EQUITY	N/A	N/A	601	16,126	7,633
	PAYLOCITY HOLDING CORP	EQUITY	N/A	N/A	12,216	2,194,484	1,610,680
	PAYONEER GLOBAL INC	EQUITY	N/A	N/A	235,488	1,268,827	1,304,604
	PEABODY ENERGY CORP	EQUITY	N/A	N/A	9,342	224,715	206,645
	PEBBLEBROOK HOTEL TRUST	EQUITY	N/A	N/A	117,217	1,953,915	1,611,734
	PENN ENTERTAINMENT INC	EQUITY	N/A	N/A	2,574	179,108	49,820
	PENSKE AUTO GROUP INC	EQUITY	N/A	N/A	305	20,096	45,451
	PENTAIR PLC	EQUITY	N/A	N/A	2,727	146,833	209,079
	PERELLA WEINBERG PARTNERS	EQUITY	N/A	N/A	16,400	261,014	266,500
	PERFICIENT INC	EQUITY	N/A	N/A	1,524	103,246	113,980
	PERFORMANCE FOOD GROUP CO	EQUITY	N/A	N/A	2,163	68,673	142,996
	PERMIAN RESOURCES CORP	EQUITY	N/A	N/A	8,161	131,799	137,023
	PERRIGO CO LTD	EQUITY	N/A	N/A	2,334	110,391	59,937
	PETCO HEALTH AND WELLNESS CO	EQUITY	N/A	N/A	1,478	30,300	5,587
	PG&E CORP	EQUITY	N/A	N/A	35,264	460,843	615,709
	PHILLIPS EDISON & COMPANY	EQUITY	N/A	N/A	31,237	1,012,884	1,021,762
	PHINIA INC	EQUITY	N/A	N/A	807	25,017	31,764
	PILGRIM'S PRIDE CORP	EQUITY	N/A	N/A	710	14,940	27,328
	PINNACLE FINANCIAL	EQUITY	N/A	N/A	15,010	564,709	1,201,400
	PINNACLE FINANCIAL	EQUITY	N/A	N/A	1,301	77,642	104,132
	PINNACLE WEST CAPITAL CORP	EQUITY	N/A	N/A	1,875	159,321	143,213
	PLANET FITNESS INC - CL A	EQUITY	N/A	N/A	657	54,465	48,349
	PLAYTIKA HOLDING CORP	EQUITY	N/A	N/A	63	916	496
	PLUG POWER INC	EQUITY	N/A	N/A	9,095	126,291	21,191
	PNC FINANCIAL SERVICES GROUP INC	EQUITY	N/A	N/A	24,000	4,836,344	3,731,520
	POLARIS INC	EQUITY	N/A	N/A	851	92,562	66,642
	POPULAR INC	EQUITY	N/A	N/A	15,251	524,925	1,348,646
	POPULAR INC	EQUITY	N/A	N/A	1,057	65,041	93,471
	POPULAR INC	EQUITY	N/A	N/A	11,631	594,691	1,028,529
	POST HOLDINGS INC-W CLASS I	EQUITY	N/A	N/A	8,348	873,701	869,528
	POST HOLDINGS INC-W CLASS I	EQUITY	N/A	N/A	816	56,587	84,995
	POSTAL REALTY TRUST INC- A	EQUITY	N/A	N/A	22,693	371,941	302,498
	POWERSCHOOL HOLDINGS INC-A	EQUITY	N/A	N/A	37,561	883,675	840,991
	PPG INDUSTRIES INC	EQUITY	N/A	N/A	3,860	436,631	485,935
	PPL CORPORATION	EQUITY	N/A	N/A	12,198	391,094	337,275
	PREMIER INC-CLASS A	EQUITY	N/A	N/A	2,040	70,864	38,087
	PRICE T ROWE GROUP INC	EQUITY	N/A	N/A	3,623	533,123	417,768
	PRIMERICA INC	EQUITY	N/A	N/A	571	31,917	135,087
	PRIMO WATER CORP	EQUITY	N/A	N/A	20,834	294,140	455,431
	PRIMORIS SERVICES CORP	EQUITY	N/A	N/A	18,603	565,935	928,104
	PRINCIPAL FINANCIAL GROUP	EQUITY	N/A	N/A	3,853	124,458	302,268
	PRIVIA HEALTH GROUP INC	EQUITY	N/A	N/A	74,434	1,857,613	1,293,663
	PRIVIA HEALTH GROUP INC	EQUITY	N/A	N/A	30,652	669,407	532,732
	PROCTER & GAMBLE CO	EQUITY	N/A	N/A	31,200	4,330,248	5,145,504
	PROCTER & GAMBLE CO	EQUITY	N/A	N/A	5,100	779,341	841,092
	PROGRESSIVE CORP OHIO	EQUITY	N/A	N/A	11,719	2,455,414	2,434,153
	PROGYNY INC	EQUITY	N/A	N/A	32,839	1,353,191	939,524
	PROSPERITY BANCSHARES INC	EQUITY	N/A	N/A	20,005	989,893	1,223,106
	PROSPERITY BANCSHARES INC	EQUITY	N/A	N/A	1,507	99,819	92,138
	PROTHENA CORP PLC	EQUITY	N/A	N/A	8,088	254,392	166,936
	PRUDENTIAL FINANCIAL INC.	EQUITY	N/A	N/A	5,937	509,321	695,757
	PRUDENTIAL PLC	EQUITY	N/A	N/A	190,875	2,176,573	1,733,384
	PTC INC	EQUITY	N/A	N/A	768	133,974	139,523
	PTC THERAPEUTICS INC	EQUITY	N/A	N/A	13,469	587,001	411,882
	PUBLIC SERVICE ENTERPRISE	EQUITY	N/A	N/A	8,237	500,192	607,067
	PULTE GROUP INC	EQUITY	N/A	N/A	3,455	198,689	380,396
	PURE CYCLE CORP	EQUITY	N/A	N/A	36,178	450,949	345,500
	PURE STORAGE INC - CLASS A	EQUITY	N/A	N/A	613	39,341	39,361
	PVH CORP	EQUITY	N/A	N/A	946	104,384	100,153
	QIAGEN N.V.	EQUITY	N/A	N/A	3,648	192,388	149,896
	QORVO INC	EQUITY	N/A	N/A	1,591	272,205	184,620
	QUALCOMM	EQUITY	N/A	N/A	39,500	5,015,935	7,867,610
	QUANEX BUILDING PRODUCTS	EQUITY	N/A	N/A	26,848	629,170	742,347
	QUANTA SVCS INC	EQUITY	N/A	N/A	1,665	212,967	423,060
	QUANTUMSCAPE CORP	EQUITY	N/A	N/A	5,817	73,347	28,620
	QUEST DIAGNOSTICS INC	EQUITY	N/A	N/A	1,833	243,278	250,901
	QUIDELORTHO CORP	EQUITY	N/A	N/A	924	103,812	30,695
	R1 RCM INC	EQUITY	N/A	N/A	2,645	46,053	33,221
	RADIUS RECYCLING INC	EQUITY	N/A	N/A	3,672	62,642	56,071
	RALPH LAUREN CORP	EQUITY	N/A	N/A	636	66,562	111,338
	RAMBUS INC DEL	EQUITY	N/A	N/A	7,729	166,673	454,156
	RAMBUS INC DEL	EQUITY	N/A	N/A	24,864	479,468	1,461,009
	RANGE RES CORP	EQUITY	N/A	N/A	3,915	111,358	131,270
	RAYMOND JAMES FINANCIAL INC	EQUITY	N/A	N/A	3,123	225,041	386,034
	RAYONIER INC	EQUITY	N/A	N/A	2,539	77,553	73,860
	RB GLOBAL INC	EQUITY	N/A	N/A	3,024	40,678	230,913

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	RB GLOBAL INC	EQUITY	N/A	N/A	35,842	\$ 2,193,972	\$ 2,736,895
	RBC BEARINGS INC	EQUITY	N/A	N/A	469	102,896	126,527
	READY CAPITAL CORP	EQUITY	N/A	N/A	17,077	178,085	139,690
	REALTY INCOME CORP	EQUITY	N/A	N/A	14,236	860,394	751,946
	RECKITT BENCKISER GROUP PLC	EQUITY	N/A	N/A	48,509	3,594,832	2,655,140
	RECRUIT HOLDINGS CO LTD	EQUITY	N/A	N/A	48,600	1,066,367	2,500,470
	REDWOOD TR INC	EQUITY	N/A	N/A	57,326	616,332	372,046
	REGAL REYNOLD CORPORATION	EQUITY	N/A	N/A	1,096	116,447	148,201
	REGENCY CENTERS CORP	EQUITY	N/A	N/A	3,036	159,317	188,839
	REGIONS FINANCIAL CORP	EQUITY	N/A	N/A	15,174	223,680	304,087
	REINSURANCE GROUP OF AMERICA	EQUITY	N/A	N/A	1,085	169,373	222,718
	RELIAANCE INC	EQUITY	N/A	N/A	943	66,987	269,321
	RELX PLC	EQUITY	N/A	N/A	79,493	2,439,255	3,672,974
	REMITLY GLOBAL INC	EQUITY	N/A	N/A	67,280	1,145,584	815,434
	RENAISSANCE HOLDINGS LTD	EQUITY	N/A	N/A	856	116,427	191,325
	REPLIGEN CORP	EQUITY	N/A	N/A	788	86,916	99,335
	REPLIGEN CORP	EQUITY	N/A	N/A	7,508	1,234,192	946,458
	RESMED INC	EQUITY	N/A	N/A	1,746	334,216	330,692
	REVOLUTION MEDICINES INC	EQUITY	N/A	N/A	29,858	777,557	1,158,789
	REVVITY INC	EQUITY	N/A	N/A	2,032	320,282	213,076
	REXFORD INDUSTRIAL REALTY IN	EQUITY	N/A	N/A	3,642	196,910	162,397
	REYNOLDS CONSUMER PRODUCTS I	EQUITY	N/A	N/A	939	28,129	26,273
	RH	EQUITY	N/A	N/A	198	60,909	48,399
	RIO TINTO LTD	EQUITY	N/A	N/A	41,352	3,069,484	3,259,778
	RITHM CAPITAL CORP	EQUITY	N/A	N/A	7,972	79,956	86,975
	RIVIAN AUTOMOTIVE INC	EQUITY	N/A	N/A	13,590	374,928	182,378
	RLI CORP	EQUITY	N/A	N/A	642	71,179	90,323
	ROBERT HALF INC	EQUITY	N/A	N/A	1,688	124,964	107,998
	ROBINHOOD MARKETS INC - A	EQUITY	N/A	N/A	10,945	89,935	248,561
	ROCHE HOLDING AG-GENUSSCHEIN	EQUITY	N/A	N/A	13,636	3,282,201	3,779,013
	ROCKET COS INC-CLASS A	EQUITY	N/A	N/A	2,286	10,648	31,318
	ROCKET PHARMACEUTICALS INC	EQUITY	N/A	N/A	23,345	523,480	502,618
	ROCKWELL AUTOMATION INC	EQUITY	N/A	N/A	1,719	473,202	457,838
	ROIVANT SCIENCES LTD	EQUITY	N/A	N/A	5,788	3,250	61,179
	ROKU INC	EQUITY	N/A	N/A	1,774	175,702	106,316
	ROLLINS INC	EQUITY	N/A	N/A	46,615	1,630,418	2,274,346
	ROPER TECHNOLOGIES INC	EQUITY	N/A	N/A	2,943	903,752	1,658,851
	ROSS STORES INC	EQUITY	N/A	N/A	4,179	30,631	607,292
	ROSS STORES INC	EQUITY	N/A	N/A	8,987	875,081	1,305,991
	ROYAL CARIBBEAN CRUISES LTD	EQUITY	N/A	N/A	2,557	206,366	407,663
	ROYAL GOLD INC	EQUITY	N/A	N/A	1,084	127,630	135,673
	ROYALTY PHARMA PLC- CL A	EQUITY	N/A	N/A	6,425	277,665	169,427
	RPM INTERNATIONAL INC	EQUITY	N/A	N/A	48,100	3,810,573	5,179,408
	RPM INTERNATIONAL INC	EQUITY	N/A	N/A	1,625	151,370	174,980
	RYDER SYSTEM INC	EQUITY	N/A	N/A	711	47,399	88,079
	RYDER SYSTEM INC	EQUITY	N/A	N/A	23,505	2,326,808	2,911,799
	S&P GLOBAL INC	EQUITY	N/A	N/A	2,447	609,815	1,091,362
	SAIA INC	EQUITY	N/A	N/A	182	57,748	86,321
	SALESFORCE INC	EQUITY	N/A	N/A	19,207	2,150,185	4,938,120
	SAMSUNG ELECTRONICS LTD	EQUITY	N/A	N/A	50,749	2,142,261	3,004,753
	SAMSUNG SDI CO LTD	EQUITY	N/A	N/A	4,497	1,314,531	1,156,511
	SANDVIK AB	EQUITY	N/A	N/A	138,455	2,897,608	2,774,586
	SANOI	EQUITY	N/A	N/A	31,007	3,212,099	2,986,634
	SAP SE	EQUITY	N/A	N/A	42,543	4,997,575	8,525,404
	SAVARA INC	EQUITY	N/A	N/A	87,172	373,870	351,303
	SBA COMMUNICATIONS CORP	EQUITY	N/A	N/A	1,772	521,779	347,844
	SCHLUMBERGER LTD	EQUITY	N/A	N/A	15,500	878,599	731,290
	SCHNEIDER ELECTRIC SE	EQUITY	N/A	N/A	20,940	1,379,767	5,078,997
	SCHNEIDER NATIONAL INC-CL B	EQUITY	N/A	N/A	920	19,771	22,227
	SCHNEIDER NATIONAL INC-CL B	EQUITY	N/A	N/A	103,195	2,331,030	2,493,191
	SCHWAB CHARLES CORP NEW	EQUITY	N/A	N/A	12,619	733,737	929,894
	SCIENCE APPLICATIONS INTE-WI	EQUITY	N/A	N/A	844	86,029	99,212
	SEA LTD-ADR	EQUITY	N/A	N/A	9,525	1,420,248	680,276
	SEABOARD CORP DEL	EQUITY	N/A	N/A	4	13,425	12,643
	SEADRILL LIMITED	EQUITY	N/A	N/A	5,411	241,073	278,667
	SEALED AIR CORP	EQUITY	N/A	N/A	2,273	42,101	79,078
	SEI INVESTMENT CO	EQUITY	N/A	N/A	1,669	97,402	107,968
	SEKISUI CHEMICAL CO LTD	EQUITY	N/A	N/A	85,200	786,701	1,178,788
	SENSATA TECHNOLOGIES HOLDING	EQUITY	N/A	N/A	2,468	128,348	92,279
	SENTINELONE INC -CLASS A	EQUITY	N/A	N/A	3,176	69,300	66,855
	SERVICE CORP INTERNATIONAL	EQUITY	N/A	N/A	2,356	79,304	167,582
	SERVICE NOW INC	EQUITY	N/A	N/A	7,430	3,769,027	5,844,958
	SERVICE NOW INC	EQUITY	N/A	N/A	6,941	946,591	5,460,276
	SHAKE SHACK INC - CLASS A	EQUITY	N/A	N/A	16,140	1,262,238	1,452,600
	SHARKNINJA INC	EQUITY	N/A	N/A	877	65,906	66,371
	SHELL PLC-NEW	EQUITY	N/A	N/A	186,276	2,822,817	6,491,719
	SHERWIN-WILLIAMS CO	EQUITY	N/A	N/A	3,270	822,094	975,866
	SHIFT4 PAYMENTS INC-CLASS A	EQUITY	N/A	N/A	11,356	547,506	832,963
	SHIMANO INC	EQUITY	N/A	N/A	7,900	1,265,708	1,188,555
	SHOALS TECHNOLOGIES GROUP -A	EQUITY	N/A	N/A	31,192	229,165	194,638

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares			
SHOPIFY INC - A W/I	EQUITY	N/A	N/A	20,126	\$	1,842,638	\$ 1,329,322
SIEMENS AG	EQUITY	N/A	N/A	22,043		2,579,427	4,010,283
SILGAN HLDGS INC	EQUITY	N/A	N/A	1,396		45,127	59,093
SILICON LABORATORIES INC	EQUITY	N/A	N/A	6,030		683,022	667,099
SILVERBOW RESOURCES INC	EQUITY	N/A	N/A	7,959		284,156	301,089
SIMON PROPERTY GROUP INC	EQUITY	N/A	N/A	3,976		446,410	603,557
SIMPSON MFG INC	EQUITY	N/A	N/A	634		106,847	104,135
SIRIUS XM HOLDINGS INC	EQUITY	N/A	N/A	11,145		71,320	31,540
SIRIUSPOINT LTD	EQUITY	N/A	N/A	88,004		840,105	1,073,649
SITEONE LANDSCAPE SUPPLY INC	EQUITY	N/A	N/A	465		85,559	56,456
SITIO ROYALTIES CORP-A	EQUITY	N/A	N/A	26,326		502,554	621,557
SKECHERS U S A INC	EQUITY	N/A	N/A	2,038		80,204	140,867
SKYWARD SPECIALTY INSURANCE	EQUITY	N/A	N/A	30,197		1,109,706	1,092,527
SKYWORKS SOLUTIONS INC	EQUITY	N/A	N/A	2,653		332,012	282,757
SL GREEN REALTY CORP	EQUITY	N/A	N/A	16,304		833,448	923,459
SLM CORP	EQUITY	N/A	N/A	3,603		24,823	74,906
SMC CORP	EQUITY	N/A	N/A	4,000		1,341,245	1,911,000
SMITH A O CORP	EQUITY	N/A	N/A	1,984		105,694	162,252
SMITH DOUGLAS HOMES CORP	EQUITY	N/A	N/A	11,000		242,636	257,180
SNAP ON INC	EQUITY	N/A	N/A	854		146,779	223,227
SNOWFLAKE INC-CLASS A	EQUITY	N/A	N/A	13,456		3,244,196	1,817,771
SNOWFLAKE INC-CLASS A	EQUITY	N/A	N/A	2,198		516,954	296,928
SOFI TECHNOLOGIES INC	EQUITY	N/A	N/A	14,327		102,554	94,701
SOFTBRANDS INC CONTRA	EQUITY	N/A	N/A	5,163		1	5
SOLENO THERAPEUTICS INC	EQUITY	N/A	N/A	7,642		296,559	311,794
SOLVENTUM CORP-W/I	EQUITY	N/A	N/A	2,289		121,041	116,396
SONOCO PRODUCTS CO	EQUITY	N/A	N/A	1,617		101,172	82,014
SONY CORP	EQUITY	N/A	N/A	44,100		2,278,153	3,756,614
SONY GROUP CORPORATION ADR	EQUITY	N/A	N/A	62,100		6,455,666	5,275,395
SOTERA HEALTH CO	EQUITY	N/A	N/A	2,074		10,864	24,618
SOUTHSTATE CORPORATION	EQUITY	N/A	N/A	15,828		1,205,934	1,209,576
SOUTHSTATE CORPORATION	EQUITY	N/A	N/A	14,514		1,023,433	1,109,160
SOUTHWEST AIRLINES CO	EQUITY	N/A	N/A	9,867		475,503	282,295
SOUTHWEST GAS HOLDINGS INC	EQUITY	N/A	N/A	3,452		250,940	242,952
SOUTHWESTERN ENERGY CO	EQUITY	N/A	N/A	18,112		131,803	121,894
SPECTRUM BRANDS HLDGS INC	EQUITY	N/A	N/A	6,343		512,492	545,054
SPECTRUM BRANDS HLDGS INC	EQUITY	N/A	N/A	522		34,799	44,855
SPIRE INC	EQUITY	N/A	N/A	13,137		786,673	797,810
SPIRIT AEROSYSTEMS HOLD	EQUITY	N/A	N/A	1,787		52,822	58,739
SPOTIFY TECHNOLOGY SA	EQUITY	N/A	N/A	8,883		1,316,995	2,787,397
SPS COMMERCE INC	EQUITY	N/A	N/A	9,002		1,108,465	1,693,816
SPS COMMERCE INC	EQUITY	N/A	N/A	6,174		1,132,087	1,161,700
SPYRE THERAPEUTICS INC	EQUITY	N/A	N/A	13,022		215,818	306,147
SPYRE THERAPEUTICS INC CVR	EQUITY	N/A	N/A	261,558			2,616
SQUARESPACE INC - CLASS A	EQUITY	N/A	N/A	29,748		865,685	1,297,905
SQUARESPACE INC - CLASS A	EQUITY	N/A	N/A	94,243		2,953,285	4,111,822
SS&C TECHNOLOGIES HOLDINGS	EQUITY	N/A	N/A	3,549		266,475	222,416
SSR MINING INC	EQUITY	N/A	N/A	3,464		64,988	15,623
STAG INDUSTRIES INC	EQUITY	N/A	N/A	29,218		824,437	1,053,601
STAG INDUSTRIES INC	EQUITY	N/A	N/A	2,988		108,233	107,747
STANLEY BLACK & DECKER INC	EQUITY	N/A	N/A	2,538		461,164	202,761
STARWOOD PROPERTY TRUST INC	EQUITY	N/A	N/A	4,894		99,161	92,692
STATE STR CORP	EQUITY	N/A	N/A	4,978		395,629	368,372
STEEL DYNAMICS INC	EQUITY	N/A	N/A	2,455		120,840	317,923
STELLANTIS NV	EQUITY	N/A	N/A	50,970		1,349,412	1,011,755
STEPSTONE GROUP INC-CLASS A	EQUITY	N/A	N/A	22,055		661,379	1,012,104
STERICYCLE INC	EQUITY	N/A	N/A	1,522		106,833	88,474
STERIS PLC	EQUITY	N/A	N/A	1,628		335,593	357,411
STIFEL FINL CORP	EQUITY	N/A	N/A	13,890		334,570	1,168,844
STIFEL FINL CORP	EQUITY	N/A	N/A	1,639		111,023	137,922
STRUCTURE THERAPEUTICS INC ADR	EQUITY	N/A	N/A	13,275		420,492	521,309
STRYKER CORP	EQUITY	N/A	N/A	4,220		628,701	1,435,855
SUN CMNTYS INC	EQUITY	N/A	N/A	2,037		252,737	245,133
SUNRUN INC	EQUITY	N/A	N/A	3,691		181,493	43,775
SUPERNU PHARMACEUTICALS INC	EQUITY	N/A	N/A	26,503		856,338	708,955
SURGERY PARTNERS INC	EQUITY	N/A	N/A	36,529		1,097,619	869,025
SVENSKA HANDELSBANKEN AB PUBL	EQUITY	N/A	N/A	155,845		1,443,892	1,508,268
SWEDISH KRONA CURRENCY (SEK)	EQUITY	N/A	N/A	325,216		30,734	30,681
SWEETGREEN INC - CLASS A	EQUITY	N/A	N/A	55,334		1,404,454	1,667,767
SWISS FRANC CURRENCY (CHF)	EQUITY	N/A	N/A	8,931		9,985	9,950
SYNAPTICS INC	EQUITY	N/A	N/A	11,407		1,177,357	1,006,097
SYNCHRONY FINANCIAL	EQUITY	N/A	N/A	6,623		225,066	312,539
SYNDAX PHARMACEUTICALS INC	EQUITY	N/A	N/A	23,415		412,251	480,710
SYNOVUS INC	EQUITY	N/A	N/A	5,104		875,374	3,037,186
SYNOVUS FINANCIAL CORP	EQUITY	N/A	N/A	2,501		84,046	100,515
SYNOVUS FINANCIAL CORP	EQUITY	N/A	N/A	29,304		879,951	1,177,728
SYSCO CORP	EQUITY	N/A	N/A	3,118		222,592	218,416
TABOOA.COM LTD	EQUITY	N/A	N/A	250,759		1,052,081	862,611
TAIWAN SEMICONDUCTOR MTG CO	EQUITY	N/A	N/A	11,809		490,761	2,052,522
TAIWAN SEMICONDUCTOR MTG CO	EQUITY	N/A	N/A	6,607		780,609	1,148,363

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	TAKE TWO INTERACTIVE SOFTWARE	EQUITY	N/A	N/A	2,771	\$ 415,636	\$ 430,863
	TANDEM DIABETES CARE INC	EQUITY	N/A	N/A	964	28,945	38,840
	TANGER INC.	EQUITY	N/A	N/A	39,056	734,626	1,058,808
	TAPESTRY INC	EQUITY	N/A	N/A	3,709	111,195	158,708
	TD SYNnex CORP	EQUITY	N/A	N/A	11,464	942,549	1,322,946
	TD SYNnex CORP	EQUITY	N/A	N/A	1,172	87,817	135,249
	TE CONNECTIVITY LTD	EQUITY	N/A	N/A	7,581	981,768	1,140,410
	TECHNIPFMC LTD	EQUITY	N/A	N/A	7,083	111,582	185,220
	TECHTRONIC INDUSTRIES CO LTD	EQUITY	N/A	N/A	91,200	614,781	1,041,745
	TECNOGLASS INC	EQUITY	N/A	N/A	15,800	784,676	792,844
	TELADOC HEALTH INC	EQUITY	N/A	N/A	2,831	439,707	27,687
	TELEDYNE TECHNOLOGIES INC	EQUITY	N/A	N/A	10,463	4,277,140	4,059,435
	TELEDYNE TECHNOLOGIES INC	EQUITY	N/A	N/A	7,515	3,018,638	2,915,670
	TELEDYNE TECHNOLOGIES INC	EQUITY	N/A	N/A	775	320,964	300,685
	TELEFLEX INC	EQUITY	N/A	N/A	778	292,711	163,637
	TENCENT HOLDINGS LTD	EQUITY	N/A	N/A	19,600	664,334	930,902
	TENCENT MUSIC ENTERTAINM-ADR	EQUITY	N/A	N/A	28,844	414,574	405,258
	TENET HEALTHCARE CORP	EQUITY	N/A	N/A	13,165	707,516	1,751,340
	TENET HEALTHCARE CORP	EQUITY	N/A	N/A	1,601	102,914	212,981
	TERADYNE INCORPORATED	EQUITY	N/A	N/A	225	44,583	33,365
	TERUMO CORP	EQUITY	N/A	N/A	158,000	2,370,749	2,588,672
	TESLA INC	EQUITY	N/A	N/A	32,372	1,670,041	6,405,771
	TESLA INC	EQUITY	N/A	N/A	18,812	5,264,639	3,722,519
	TETRA TECH INC NEW	EQUITY	N/A	N/A	691	106,712	141,296
	TEXAS CAP BANCSHARES INC	EQUITY	N/A	N/A	18,163	1,053,846	1,110,486
	TEXAS INSTRUMENTS INC	EQUITY	N/A	N/A	2,097	333,242	407,929
	TEXTRON INC	EQUITY	N/A	N/A	3,141	172,327	269,686
	TFS FINANCIAL CORP	EQUITY	N/A	N/A	866	14,622	10,929
	THE CIGNA GROUP	EQUITY	N/A	N/A	10,800	2,310,495	3,570,156
	THE HERSHEY COMPANY	EQUITY	N/A	N/A	16,553	3,216,966	3,042,938
	THE HERSHEY COMPANY	EQUITY	N/A	N/A	2,098	385,672	385,508
	THE SCOTTS MIRACLE-GRO COMPANY	EQUITY	N/A	N/A	701	45,607	44,521
	THE TRAVELERS COS INC	EQUITY	N/A	N/A	17,156	3,195,288	3,488,501
	THERMO FISHER SCIENTIFIC INC	EQUITY	N/A	N/A	3,630	1,358,802	2,007,390
	THOR INDUSTRIES INC	EQUITY	N/A	N/A	840	79,898	78,498
	TIDEWATER INC	EQUITY	N/A	N/A	18,436	832,012	1,755,292
	TIDEWATER INC	EQUITY	N/A	N/A	4,965	395,066	472,718
	TIMKEN CO	EQUITY	N/A	N/A	1,058	61,064	84,778
	TJX COMPANIES INC NEW	EQUITY	N/A	N/A	29,269	1,917,571	3,222,517
	TJX COMPANIES INC NEW	EQUITY	N/A	N/A	37,700	2,660,386	4,150,770
	TJX COMPANIES INC NEW	EQUITY	N/A	N/A	10,195	727,629	1,122,470
	TKO GROUP HOLDINGS INC	EQUITY	N/A	N/A	1,124	121,380	126,472
	T-MOBILE US INC	EQUITY	N/A	N/A	13,652	1,910,761	2,405,209
	TOAST INC-CLASS A	EQUITY	N/A	N/A	57,712	1,274,218	1,487,238
	TOLL BROTHERS INC	EQUITY	N/A	N/A	1,713	101,267	197,303
	TOPBUILD CORP	EQUITY	N/A	N/A	482	124,339	185,700
	TORO CO	EQUITY	N/A	N/A	1,724	161,210	155,194
	TORONTO-DOMINION BANK	EQUITY	N/A	N/A	22,129	1,581,938	1,216,210
	TOTAL SE	EQUITY	N/A	N/A	40,730	2,468,772	2,714,044
	TOTALENERGIES SE	EQUITY	N/A	N/A	75,133	4,839,247	5,009,868
	TOYOTA INDUSTRIES CORP	EQUITY	N/A	N/A	19,500	1,610,671	1,612,650
	TOYOTA MOTOR CORPORATION	EQUITY	N/A	N/A	66,300	672,942	1,364,189
	TPG INC	EQUITY	N/A	N/A	880	25,885	36,476
	TRADE DESK INC/THE -CLASS A	EQUITY	N/A	N/A	36,390	1,604,522	3,554,211
	TRADEWEB MARKETS INC-CLASS A	EQUITY	N/A	N/A	1,160	100,493	122,960
	TRANSDIGM GROUP INC	EQUITY	N/A	N/A	620	498,527	792,118
	TRANSUNION	EQUITY	N/A	N/A	3,022	278,064	224,112
	TRAVEL + LEISURE CO	EQUITY	N/A	N/A	1,131	23,320	50,872
	TRIMBLE INCORPORATED	EQUITY	N/A	N/A	4,022	269,109	224,910
	TRINET GROUP INC	EQUITY	N/A	N/A	17,170	1,023,755	1,717,000
	TRIPADVISOR INC CLASS I	EQUITY	N/A	N/A	1,848	42,304	32,913
	TRIUMPH FINANCIAL INC	EQUITY	N/A	N/A	6,292	290,022	514,371
	TRIUMPH GROUP INC NEW	EQUITY	N/A	N/A	22,672	316,161	349,376
	TRUIST FINANCIAL CORP	EQUITY	N/A	N/A	91,400	4,541,354	3,550,890
	TRUMP MEDIA & TECHNOLOGY GROUP	EQUITY	N/A	N/A	356	11,659	11,072
	TRUPANION INC	EQUITY	N/A	N/A	28,555	807,183	839,517
	TTM TECHNOLOGIES	EQUITY	N/A	N/A	67,276	873,255	1,307,173
	TWILIO INC - A	EQUITY	N/A	N/A	2,307	224,607	131,061
	TXNM ENERGY INC	EQUITY	N/A	N/A	24,644	897,026	910,842
	TYLER TECHNOLOGIES INC	EQUITY	N/A	N/A	105	75,057	52,792
	TYLER TECHNOLOGIES INC	EQUITY	N/A	N/A	7,728	3,394,929	3,885,484
	TYSON FOODS INC	EQUITY	N/A	N/A	4,646	310,385	265,472
	UBER TECHNOLOGIES INC	EQUITY	N/A	N/A	60,159	2,301,199	4,372,356
	UBIQUITI INC	EQUITY	N/A	N/A	11	2,903	1,602
	UCB SA	EQUITY	N/A	N/A	22,229	1,820,079	3,301,914
	UDR INC	EQUITY	N/A	N/A	5,359	226,662	220,523
	UFP INDUSTRIES INC	EQUITY	N/A	N/A	11,306	414,608	1,266,272
	UFP TECHNOLOGIES INC	EQUITY	N/A	N/A	3,605	240,320	951,251
	UGI HOLDING CORP NEW	EQUITY	N/A	N/A	3,614	118,705	82,761
	U-HAUL HOLDING COMPANY	EQUITY	N/A	N/A	82	3,494	5,062

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	U-HAUL HOLDING COMPANY	EQUITY	N/A	N/A	939	\$ 49,907	\$ 56,359
	UIPATH INC - CLASS A	EQUITY	N/A	N/A	906	33,042	11,488
	ULLICO INC CLASS A	EQUITY	N/A	N/A	1,741,956	38,819,932	73,615,061
	ULTA BEAUTY INC	EQUITY	N/A	N/A	106	40,902	41,305
	ULTRA CLEAN HOLDINGS	EQUITY	N/A	N/A	13,817	537,719	677,033
	ULTRAGENYX PHARMACEUTICAL INC	EQUITY	N/A	N/A	10,459	604,057	429,865
	UMB FINL CORP	EQUITY	N/A	N/A	10,660	663,624	889,257
	UNDER ARMOUR INC CLASS A	EQUITY	N/A	N/A	3,261	52,761	21,751
	UNDER ARMOUR INC-CLASS C-W/I	EQUITY	N/A	N/A	3,480	46,974	22,724
	UNILEVER PLC	EQUITY	N/A	N/A	97,543	4,345,993	5,290,927
	UNITED AIRLINES HOLDINGS INC	EQUITY	N/A	N/A	5,407	287,695	263,105
	UNITED RENTALS INC	EQUITY	N/A	N/A	832	268,196	538,079
	UNITED STATES CELLULAR CORP	EQUITY	N/A	N/A	30,340	981,581	1,693,579
	UNITED STS STL CORP NEW	EQUITY	N/A	N/A	3,679	90,627	139,066
	UNITED THERAPEUTICS CORP DEL	EQUITY	N/A	N/A	4,018	345,942	1,279,934
	UNITED THERAPEUTICS CORP DEL	EQUITY	N/A	N/A	721	114,608	229,675
	UNITEDHEALTH GROUP INC	EQUITY	N/A	N/A	10,116	3,124,983	5,151,674
	UNITY SOFTWARE INC	EQUITY	N/A	N/A	2,731	122,399	44,406
	UNIVERSAL DISPLAY CORP	EQUITY	N/A	N/A	382	60,762	80,316
	UNIVERSAL HEALTH SERVICES INC	EQUITY	N/A	N/A	956	119,910	176,793
	UNUM GROUP	EQUITY	N/A	N/A	3,152	94,816	161,099
	US BANCORP DEL	EQUITY	N/A	N/A	118,000	4,319,009	4,684,600
	US BANCORP DEL	EQUITY	N/A	N/A	82,600	4,339,203	3,279,220
	US FOODS HOLDING CORP	EQUITY	N/A	N/A	3,783	140,089	200,423
	UWM HOLDINGS CORP	EQUITY	N/A	N/A	1,001	6,091	6,937
	V2X INC	EQUITY	N/A	N/A	19,081	788,275	915,125
	VAIL RESORTS INC	EQUITY	N/A	N/A	100	142,911	18,013
	VALARIS LTD	EQUITY	N/A	N/A	11,594	676,336	863,753
	VALMONT INDUSTRIES INC	EQUITY	N/A	N/A	335	58,937	91,941
	VALMONT INDUSTRIES INC	EQUITY	N/A	N/A	5,826	1,337,566	1,598,946
	VALVOLINE INC	EQUITY	N/A	N/A	1,656	59,715	71,539
	VAXCYTE INC	EQUITY	N/A	N/A	15,058	528,927	1,137,030
	VENTAS INC	EQUITY	N/A	N/A	6,661	341,976	341,443
	VERACYTE INC	EQUITY	N/A	N/A	24,700	784,063	535,249
	VERALTO CORP-W/I	EQUITY	N/A	N/A	2,244	214,232	213,921
	VERALTO CORP-W/I	EQUITY	N/A	N/A	1,941	82,623	185,307
	VERICEL CORP	EQUITY	N/A	N/A	4,712	229,446	216,187
	VERISIGN INC	EQUITY	N/A	N/A	1,339	316,619	238,074
	VERISK ANALYTICS INC	EQUITY	N/A	N/A	4,817	875,622	1,298,422
	VERIZON COMMUNICATIONS INC	EQUITY	N/A	N/A	85,600	4,158,559	3,530,144
	VERRA MOBILITY CORP	EQUITY	N/A	N/A	82,321	1,268,187	2,239,131
	VERTEX PHARMACEUTICALS INC	EQUITY	N/A	N/A	11,414	3,716,639	5,349,970
	VESTAS WIND SYSTEMS A/S	EQUITY	N/A	N/A	111,724	2,069,659	2,559,597
	VESTIS CORP-W/I	EQUITY	N/A	N/A	2,026	39,577	24,778
	V-F CORP	EQUITY	N/A	N/A	5,778	351,223	78,003
	VIASAT INC	EQUITY	N/A	N/A	2,022	65,729	25,679
	VIATRIS INC-W/I	EQUITY	N/A	N/A	19,601	348,286	208,359
	VIAVI SOLUTIONS INC -W/I	EQUITY	N/A	N/A	76,541	873,161	525,837
	VICI PROPERTIES INC	EQUITY	N/A	N/A	17,219	505,609	493,152
	VICTORIA'S SECRET & CO	EQUITY	N/A	N/A	728	14,843	12,864
	VIPER ENERGY INC	EQUITY	N/A	N/A	1,068	40,082	42,250
	VIPER ENERGY INC	EQUITY	N/A	N/A	39,561	816,953	1,484,724
	VIRTU FINANCIAL INC-CLASS A	EQUITY	N/A	N/A	1,500	39,952	33,675
	VISA INC	EQUITY	N/A	N/A	33,094	4,119,096	8,686,182
	VISA INC	EQUITY	N/A	N/A	27,137	2,285,587	7,122,648
	VISTEON CORP	EQUITY	N/A	N/A	7,342	839,679	783,391
	VISTRY GROUP PLC	EQUITY	N/A	N/A	430	-	6,430
	VONTIER CORP-W/I	EQUITY	N/A	N/A	50,120	1,399,631	1,914,584
	VONTIER CORP-W/I	EQUITY	N/A	N/A	2,550	57,402	97,410
	VORNADO REALTY TRUST	EQUITY	N/A	N/A	2,894	119,536	76,083
	VOYA FINL INC COM	EQUITY	N/A	N/A	1,677	98,188	119,319
	VSE CORP	EQUITY	N/A	N/A	13,972	746,416	1,233,448
	VULCAN MATERIALS CO	EQUITY	N/A	N/A	1,622	298,357	403,359
	W P CAREY INC	EQUITY	N/A	N/A	3,578	269,232	196,969
	WALGREENS BOOTS ALLIANCE INC	EQUITY	N/A	N/A	11,824	386,345	143,011
	WARNER BROS DISCOVERY INC - A	EQUITY	N/A	N/A	40,091	614,528	298,277
	WARRIOR MET COAL INC	EQUITY	N/A	N/A	4,808	198,233	301,798
	WATERS CORP	EQUITY	N/A	N/A	380	110,245	109,250
	WATSCO INC	EQUITY	N/A	N/A	571	119,176	264,510
	WATSCO INC	EQUITY	N/A	N/A	4,502	1,220,834	2,085,506
	WAYFAIR INC- CLASS A	EQUITY	N/A	N/A	1,524	181,704	80,361
	WEATHERFORD INTL LTD	EQUITY	N/A	N/A	25,373	575,463	3,106,924
	WEBSTER FINANCIAL CORP	EQUITY	N/A	N/A	2,818	119,060	122,837
	WEC ENERGY GROUP INC	EQUITY	N/A	N/A	5,224	509,793	409,875
	WENDYS COMPANY	EQUITY	N/A	N/A	1,447	24,541	23,557
	WESCO INTERNATIONAL INC	EQUITY	N/A	N/A	720	106,969	114,134
	WEST PHARMACEUTICAL SVCS INC	EQUITY	N/A	N/A	471	155,141	151,144
	WEST PHARMACEUTICAL SVCS INC	EQUITY	N/A	N/A	8,887	2,584,660	2,927,289
	WESTERN ALLIANCE BANCORP	EQUITY	N/A	N/A	1,773	84,115	111,380
	WESTERN ALLIANCE BANCORP	EQUITY	N/A	N/A	15,397	563,880	967,240

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares			
WESTERN DIGITAL CORP	EQUITY	N/A	N/A	5,389	\$	286,317	\$ 408,325
WESTERN UNION CO - W/I	EQUITY	N/A	N/A	4,601		100,691	84,169
WESTLAKE CORPORATION	EQUITY	N/A	N/A	560		49,519	81,099
WESTROCK CO-WHEN ISSUED	EQUITY	N/A	N/A	4,224		176,239	212,298
WEX INC	EQUITY	N/A	N/A	4,290		807,258	759,931
WEX INC	EQUITY	N/A	N/A	625		73,608	110,713
WEYERHAEUSER CO	EQUITY	N/A	N/A	12,040		389,345	341,816
WHIRLPOOL CORP	EQUITY	N/A	N/A	874		65,279	89,323
WHITE MOUNTAINS INSURANCE GRP	EQUITY	N/A	N/A	43		43,031	78,150
WHITE MOUNTAINS INSURANCE GRP	EQUITY	N/A	N/A	316		438,014	574,314
WHITEBREAD PLC	EQUITY	N/A	N/A	35,715		1,325,396	1,343,126
WILEY JOHN A SONS INC.	EQUITY	N/A	N/A	15,764		567,722	641,595
WILLIAMS COMPANIES INC	EQUITY	N/A	N/A	20,103		482,257	854,378
WILLIAMS SONOMA INC	EQUITY	N/A	N/A	429		51,154	121,137
WILLIS TOWERS WATSON PLC	EQUITY	N/A	N/A	1,688		333,721	442,492
WILLSCOT HOLDINGS CORP CL A	EQUITY	N/A	N/A	2,153		91,183	81,039
WINGSTOP INC	EQUITY	N/A	N/A	3,320		805,146	1,403,231
WINTRUST FINL CORP	EQUITY	N/A	N/A	15,671		638,054	1,544,534
WINTRUST FINL CORP	EQUITY	N/A	N/A	1,012		66,921	99,743
WISDOMTREE INC	EQUITY	N/A	N/A	54,123		459,558	536,359
WIX.COM LTD	EQUITY	N/A	N/A	7,311		711,420	1,162,960
WK KELLOGG CO	EQUITY	N/A	N/A	1,124		17,429	18,501
WOLFSPEED INC	EQUITY	N/A	N/A	2,145		188,834	48,820
WOODWARD INC	EQUITY	N/A	N/A	983		121,793	171,416
WORKIVA INC	EQUITY	N/A	N/A	24,064		2,284,337	1,756,431
WORTHINGTON ENTERPRISES INC.	EQUITY	N/A	N/A	3,053		111,672	144,498
WORTHINGTON STEEL INC-W/I	EQUITY	N/A	N/A	3,053		56,585	101,848
WR BERKLEY CORP	EQUITY	N/A	N/A	3,459		159,977	271,808
WSFS FINANCIAL CORP	EQUITY	N/A	N/A	17,838		595,954	838,386
WYNDHAM HOTELS & RESORTS I	EQUITY	N/A	N/A	1,183		83,418	87,542
WYNN RESORTS LTD	EQUITY	N/A	N/A	1,561		102,335	139,710
XCEL ENERGY INC	EQUITY	N/A	N/A	69,405		4,696,782	3,706,921
XCEL ENERGY INC	EQUITY	N/A	N/A	9,187		632,724	490,678
XENIA HOTELS & RESORTS INC	EQUITY	N/A	N/A	55,122		943,003	789,898
XP INC - CLASS A	EQUITY	N/A	N/A	6,057		120,331	106,543
XYLEM INC	EQUITY	N/A	N/A	43,000		5,215,612	5,832,090
XYLEM INC	EQUITY	N/A	N/A	3,991		331,910	541,299
YETI HOLDINGS INC	EQUITY	N/A	N/A	987		37,654	36,726
YUM! BRANDS INC	EQUITY	N/A	N/A	2,867		371,229	379,763
ZEBRA TECHNOLOGIES CORP CLASS A	EQUITY	N/A	N/A	664		217,104	205,130
ZILLOW GROUP INC	EQUITY	N/A	N/A	777		33,867	34,996
ZILLOW GROUP INC - C W/I	EQUITY	N/A	N/A	2,672		96,238	123,954
ZIMMER BIOMET HOLDINGS INC	EQUITY	N/A	N/A	3,377		382,833	366,506
ZIONS BANCORPORATION N.A.	EQUITY	N/A	N/A	2,388		72,281	103,568
ZOETIS INC	EQUITY	N/A	N/A	5,722		811,844	991,966
ZOOM VIDEO COMMUNICATIONS-A	EQUITY	N/A	N/A	4,116		424,924	243,626
ZOOMINFO TECHNOLOGIES INC	EQUITY	N/A	N/A	5,153		59,966	65,804
ZOOMINFO TECHNOLOGIES INC	EQUITY	N/A	N/A	26,383		922,819	336,874
Total common and preferred stocks						1,268,465,830	1,782,494,388
<u>Mutual funds</u>							
BLUEBAY EM SELECT BOND FUND	MUTUAL FUND	N/A	N/A	1182457		104,502,956	112,238,812
BRIGADE LOAN OFFSHORE FUND LTD	MUTUAL FUND	N/A	N/A	77,577		86,719,880	90,116,322
FRONTIER MFG CORE INFRASTRUCTURE FUND	MUTUAL FUND	N/A	N/A	1,215,986.00		17,543,407	19,865,449
VANGUARD REAL ESTATE INDEX FUND	MUTUAL FUND	N/A	N/A	13,317		1,563,116	1,582,369
WELLINGTON - ISHARES TRUST RUSSELL	MUTUAL FUND	N/A	N/A	18,542		3,764,558	3,761,988
WELLINGTON CIF II MID CAP OPPORTUNITIES SER 3	MUTUAL FUND	N/A	N/A	8,158,279		179,495,489	183,234,947
Total mutual funds						393,589,406	410,799,887
<u>Common collective trusts</u>							
AFL-CIO BUILDING INVESTMENT TRUST	CCT	N/A	N/A	20,991		86,403,338	113,499,099
MULTI EMPLOYER PROPERTY TRUST	CCT	N/A	N/A	13,458		21,419,699	171,815,257
AFL-CIO SL STOCK INDEX FUND	CCT	N/A	N/A	55,318,562		712,210,901	1,012,882,879
BELL AUSTRALIA TRUST	103-12	N/A	N/A	806,407		12,164,612	122,225,079
BELL INTERNATIONAL EQUITIES CIT	CCT	N/A	N/A	10,000,000		100,000,000	99,200,000
BELL INT'L TRUST	103-12	N/A	N/A	2,725,757		70,790,085	116,131,551
JP MORGAN EMERGING MARKETS EQUITY FOCUSED FUND	CCT	N/A	N/A	3,521,253		61,424,560	101,940,261
LOOMIS SAYLES BOND NHIT	CCT	N/A	N/A	4,530,608		53,399,706	61,616,263
MESIROW HIGH YIELD FUND	CCT	N/A	N/A	6,244,464		70,500,000	86,673,162
NIS PREFERRED STOCK FUND II (TITANIUM)	CCT	N/A	N/A	9,401,940		40,000,000	62,245,274
NORTHERN TRUST AGGREGATE BOND INDEX FUND	CCT	N/A	N/A	3,501,612		529,862,652	515,717,463
NORTHERN TRUST COLLECTIVE RUSSELL 1000 VALUE INDEX FD	CCT	N/A	N/A	183,248		77,176,901	109,059,411
NORTHERN TRUST COLLECTIVE RUSSELL 2000 GROWTH INDEX FD	CCT	N/A	N/A	170,944		48,360,539	86,381,618
RBC EMERGING MARKETS EQUITY SERIES	103-12	N/A	N/A	128,518,310		101,189,995	128,518,310
VOYA SENIOR LOAN TRUST FUND	CCT	N/A	N/A	6,236,548		91,352,319	138,325,434
Total common collective trusts						2,076,255,307	2,926,231,061
<u>Pooled separate accounts</u>							
ULLICO J FOR JOBS MORTGAGE FUND	PSA	N/A	N/A	6,749,162		81,623,789	123,211,834

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	<u>Limited partnerships</u>						
	1849 LIQUIDATING TRUST F/K/A GESD INVESTORS, LP	LP	N/A	N/A	N/A	\$ 5,624,658	\$ 2,211
	50 SOUTH CAPITAL PRIVATE EQUITY CORE FUND VIII, LP	LP	N/A	N/A	N/A	39,126,187	58,355,582
	AMERICAN STRATEGIC VALUE REALY FUND	LP	N/A	N/A	N/A	25,000,000	21,598,841
	BOYD WATERSON GSA FUND LP (TITANIUM)	LP	N/A	N/A	N/A	68,000,000	92,783,524
	CORBIN PRIVATE CREDIT MANAGER FUND, LP	LP	N/A	N/A	N/A	43,000,121	38,369,392
	CORBIN PRIVATE CREDIT MANAGER FUND II, LP	LP	N/A	N/A	N/A	27,967,161	32,374,200
	ENTRUST CAPITAL DIVERSIFIED FUND, LTD - CLASS X	LP	N/A	N/A	N/A	1,553,205	74,619
	GCM GROSVENOR CIS II ONSHORE FEEDER FUND, LP	LP	N/A	N/A	N/A	43,491,733	51,365,855
	GCM GROSVENOR SECONDARY OPPORTUNITIES FEEDER FUND II, LP	LP	N/A	N/A	N/A	29,276,871	33,844,908
	GCM GROSVENOR OPPORTUNISTIC CREDIT FUND, LTD	LP	N/A	N/A	N/A	3,467,690	3,590,462
	GCM LABOR IMPACT FEEDER FUND, LP	LP	N/A	N/A	N/A	42,269,261	49,335,298
	GLOBAL ALPHA INTERNATIONAL SMALL CAP FUND, LP	LP	N/A	N/A	N/A	93,334,757	109,827,037
	GERDING EDLEN GREEN CITIES III, LP	LP	N/A	N/A	N/A	23,269,598	6,553,769
	GERDING EDLEN GREEN CITIES IV, L.P.	LP	N/A	N/A	N/A	29,291,253	18,950,895
	HAMILTON LANE SECONDARY FEEDER FUND IV, LP	LP	N/A	N/A	N/A	17,910,637	23,390,875
	HARRISON STREET REAL ESTATE PARTNERS IV, LP	LP	N/A	N/A	N/A	1,039,701	275,599
	HARRISON STREET REAL ESTATE PARTNERS VII, LP	LP	N/A	N/A	N/A	17,088,830	24,384,871
	HARRISON STREET REAL ESTATE PARTNERS VIII, LP	LP	N/A	N/A	N/A	21,399,267	24,255,587
	JP MORGAN INFRASTRUCTURE INVESTMENT FUND	LP	N/A	N/A	N/A	71,326,712	141,469,957
	LANDMARK EQUITY PARTNERS XVI LP	LP	N/A	N/A	N/A	17,373,325	23,717,217
	MC CREDIT FUND III SM LP	LP	N/A	N/A	N/A	37,754,227	38,928,154
	MC CREDIT FUND IV LP	LP	N/A	N/A	N/A	18,465,696	24,403,660
	MESIROW FINANCIAL PRIVATE EQUITY PARTNERSHIP FUND VI, LP	LP	N/A	N/A	N/A	25,457,490	99,047,246
	MESIROW FINANCIAL REAL ESTATE VALUE FUND II, LP	LP	N/A	N/A	N/A	36,507,652	6,374,854
	MESIROW FINANCIAL REAL ESTATE VALUE FUND III, LP	LP	N/A	N/A	N/A	38,077,300	52,633,508
	MESIROW FINANCIAL REAL ESTATE VALUE FUND IV, LP	LP	N/A	N/A	N/A	26,377,416	31,850,974
	NB CROSSROADS FUND 23 PLAN LP	LP	N/A	N/A	N/A	1,660,000	2,131,487
	NB PRIVATE DEBT FUND IV	LP	N/A	N/A	N/A	26,040,000	27,044,506
	SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND IV, LP	LP	N/A	N/A	N/A	75,695,141	110,184,883
	TA REALTY VALUE-ADD FUND XIII	LP	N/A	N/A	N/A	13,750,000	15,647,657
	THE REALTY ASSOCIATES FUND XII UTP, L.P.	LP	N/A	N/A	N/A	57,643,292	75,156,819
	ULLICO INFRASTRUCTURE FUND LP	LP	N/A	N/A	N/A	19,544,645	36,813,131
	U.S. REAL ESTATE INVESTMENT FUND	LP	N/A	N/A	N/A	3,328,571	3,151,189
	Total limited partnerships					<u>1,001,112,397</u>	<u>1,277,888,767</u>
	<u>Guaranteed investment contract with insurance company</u>						
	BRIGHTHOUSE FINANCIAL LIFE INSURANCE COMPANY	GIC	N/A	N/A	N/A	<u>2,226,220</u>	<u>2,293,684</u>
	Total assets held (at end of year)					<u>\$ 5,312,978,570</u>	<u>\$ 6,991,737,645</u>

Exhibit 5

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

Schedule of Active Participant Data as of January 1, 2023										
Attained Age	Completed Years of Credited Service									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit
Under 25	0	N/A	2,395	\$ 61	1,085	\$ 146	0	N/A	0	N/A
25 to 29	0	N/A	2,647	\$ 73	5,069	\$ 208	571	\$ 402	0	N/A
30 to 34	0	N/A	2,257	\$ 79	5,537	\$ 226	2,817	\$ 456	411	\$ 682
35 to 39	0	N/A	1,492	\$ 88	3,968	\$ 238	2,685	\$ 468	2,760	\$ 712
40 to 44	0	N/A	971	\$ 95	2,815	\$ 251	1,910	\$ 479	2,958	\$ 714
45 to 49	0	N/A	616	\$ 105	1,715	\$ 259	1,288	\$ 495	2,244	\$ 691
50 to 54	1	N/A	398	\$ 102	1,123	\$ 267	941	\$ 471	1,728	\$ 655
55 to 59	1	N/A	269	\$ 107	755	\$ 265	582	\$ 456	1,282	\$ 622
60 to 64	0	N/A	149	\$ 104	461	\$ 258	377	\$ 460	772	\$ 635
65 to 69	0	N/A	35	\$ 147	123	\$ 253	79	\$ 384	185	\$ 668
70 & Up	0	N/A	8	N/A	26	\$ 217	10	N/A	20	\$ 495
Total	2	N/A	11,237	\$ 80	22,677	\$ 230	11,260	\$ 465	12,360	\$ 685

Schedule of Active Participant Data as of January 1, 2023										
Attained Age	Completed Years of Credited Service									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & Up	
	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	253	\$ 878	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	1,999	\$ 1,004	199	\$ 1,373	0	N/A	0	N/A	0	N/A
45 to 49	2,135	\$ 1,030	1,430	\$ 1,380	108	\$ 1,888	0	N/A	0	N/A
50 to 54	1,867	\$ 971	1,865	\$ 1,353	953	\$ 1,826	132	\$ 2,571	0	N/A
55 to 59	1,485	\$ 957	1,430	\$ 1,351	1,087	\$ 1,738	727	\$ 2,283	96	\$ 3,053
60 to 64	887	\$ 984	749	\$ 1,375	462	\$ 1,714	489	\$ 2,198	273	\$ 2,944
65 to 69	152	\$ 982	111	\$ 1,239	79	\$ 1,726	75	\$ 1,937	105	\$ 2,872
70 & Up	20	\$ 989	15	N/A	8	N/A	5	N/A	18	N/A
Total	8,798	\$ 989	5,799	\$ 1,360	2,697	\$ 1,771	1,428	\$ 2,260	492	\$ 2,941

Average Age = 42.8

Average Service = 12.4



Exhibit 1

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
7/1/2023	\$0		\$0
8/1/2023	0		0
9/1/2023	845.52		845.52
10/1/2023	845.52		845.52
11/1/2023	845.52		845.52
12/1/2023	845.52		845.52
1/1/2024	845.52		845.52
2/1/2024	845.52		845.52
3/1/2024	845.52		845.52
4/1/2024	845.52		845.52
5/1/2024	0		0
6/1/2024	<u>0</u>		<u>0</u>
Total	\$6,764		\$6,764

Exhibit 7

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

Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2023				
Type of Base	Date Established	7/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES				
1. Change Assumptions	7/1/2001	\$ 4,301,234	8	\$ 678,146
2. Plan Amendment	7/1/2001	133,411,251	8	21,034,049
3. Plan Amendment	7/1/2002	71,761,472	9	10,379,339
4. Plan Amendment	7/1/2003	77,256,429	10	10,374,857
5. Benefit Level Increase	7/1/2004	65,182,803	11	8,206,188
6. Benefit Change	7/1/2006	20,418,602	13	2,310,338
7. Plan Amendment	7/1/2007	13,098,551	14	1,417,516
8. Change Assumptions	7/1/2007	52,742,742	14	5,707,784
9. Plan Merger	7/1/2009	2,089,773	1	2,089,773
10. Recognized Eligible Net Investment Loss	7/1/2009	673,974,190	15	70,089,955
11. Bifurcation Base	7/1/2009	4,902,344	1	4,902,344
12. Recognized Eligible Net Investment Loss	7/1/2010	41,506,463	15	4,316,465
13. Recognized Eligible Net Investment Loss	7/1/2012	59,248,686	15	6,161,568

Exhibit 7

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

Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2023				
Type of Base	Date Established	7/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES (CONTINUED)				
14. Bifurcation Base	7/1/2012	21,720,925	4	6,012,920
15. Recognized Eligible Net Investment Loss	7/1/2013	200,328,092	15	20,833,123
16. Change Assumptions	7/1/2014	5,949,579	6	1,172,817
17. Recognized Eligible Net Investment Loss	7/1/2014	211,233,473	15	21,967,228
18. Change Assumptions	7/1/2015	2,698,368	7	470,921
19. Experience Loss	7/1/2015	137,469,971	7	23,991,378
20. Plan Merger	7/1/2016	6,979,042	8	1,100,338
21. Experience Loss	7/1/2016	178,182,572	8	28,092,840
22. Experience Loss	7/1/2017	148,905,539	9	21,537,199
23. Experience Loss	7/1/2018	256,014,140	10	34,380,441
24. Experience Loss	7/1/2019	113,893,754	11	14,338,652
25. Experience Loss	7/1/2020	26,687,612	12	3,174,761
26. Change Assumptions	7/1/2021	191,467,202	13	21,664,258
27. Experience Loss	7/1/2022	316,998,907	14	34,305,405
28. Plan Amendment	7/1/2022	51,354,757	14	5,557,576
29. Experience Loss	7/1/2023	407,947,157	15	42,424,470
TOTAL CHARGES		3,497,725,630		428,692,649

Exhibit 7

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

Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2023				
Type of Base	Date Established	7/1/2023 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Bifurcation Base	7/1/2014	\$ 131,299,472	6	\$ 25,882,543
2. Change Assumptions	7/1/2016	38,425,177	8	6,058,238
3. Experience Gain	7/1/2021	231,672,909	13	26,213,479
4. Method Change	7/1/2021	635,205,727	8	100,148,586
TOTAL CREDITS		<u>\$ 1,036,603,285</u>		<u>\$ 158,302,846</u>
NET CHARGE		\$ 2,461,122,345		\$ 270,389,803

Exhibit 8

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

The interest assumption for the measurement of the current liabilities for minimum funding was increased from 2.27% to 2.85%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

The assumed administrative expenses were also increased from \$27,731,000 as of July 1, 2022 to \$29,033,000 as of July 1, 2023.

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

3. Rate of Retirement

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

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

Terminated vested participants are assumed to retire as follows:

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

4. Rate of Turnover

Illustrative rates of terminations are shown below:

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

5. Disability

Illustrative disability incidence rates are shown below:

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

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

6. Percent Married

Social Security awards during 1972. Sample rates as follows:

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

7. Spouse's Age

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

8. Administrative Expenses

\$29,033,000 as of the beginning of the year is added to the normal cost.

9. Average Annual Service Credits

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

10. Load for New Entrants

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

11. Assumption for Suspended Retirees

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

12. Future Benefit Accruals

The benefit accrual rate is calculated based on the contribution rate and benefit accrual schedule in effect as of January 1, 2023. We were provided information on those employers adopting the higher contribution rate for their members to be eligible for accrual under Schedule D of the Plan. Employers who did not adopt the higher contribution rate for their members would be eligible for accrual under Schedule G of the Plan, which is a 75% reduction of the accrual under Schedule D. We assumed that this rate remained the same for benefit accrual on future service.

13. Changes in Assumptions Since Last Valuation

The interest assumption for the measurement of the current liabilities for minimum funding was increased from 2.27% to 2.85%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

The current year assumed administrative expenses were increased for this valuation by assumed inflation of 3% from \$27,731,000 as of July 1, 2022 to \$29,033,000 as of July 1, 2023

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

B. Actuarial Methods

1. Asset Valuation Method

The Actuarial asset value was reset to the market value concurrent with the July 1, 2021 actuarial valuation. Starting with the Plan Year ending June 30, 2022, the Actuarial asset value will be based on the Market Value of Assets less a phased in portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. The 25% differences will be phased in over the next four years. The actuarial value is further adjusted to be within 20% of the market value. If such an adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

2. Funding Method: Unit Credit Cost Method

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

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

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

3. Active Participants

- (a) Active Data Collection Date: January 1, 2023
- (b) Active participants include all employees who had at least one year of earned future service credit as of the data collection date.
- (c) For purposes of the valuation, the active data was rolled forwarded by six months to the valuation date.

4. PRA 2010 Funding Relief

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

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

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

5. Modeling Disclosures

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

Proval

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

Projection Model

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

6. Changes in Methods Since Last Valuation

None.

2023 Form 5500, Schedule R, Line 17

Information on Assets and Liabilities Transferred to or Merged With This Plan

Plan Name: United Association National Pension Fund

Sponsor's Name: Board of Trustees, United Association National Pension Fur

EIN#: 52-6152779

Plan No. 001

<u>Plan Name</u>	<u>EIN</u>	<u>Actuarial Valuation of Total Assets</u>	<u>Actuarial Valuation of Total Liabilities</u>
United Association National Pension Fund	52-6152779	\$ 7,428,373,195.00	\$ 8,845,050,597.00
Plumbers & Pipefitters Local 693 Defined Benefit Plan	03-6021153	\$ 33,557,237.00	\$ 41,711,637.00

Exhibit 4

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

Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$38,496,324	\$23,799,820	\$638,193,334	\$700,489,478
2024	68,327,328	33,723,306	618,518,343	720,568,977
2025	94,957,088	43,003,849	597,375,303	735,336,240
2026	118,574,439	51,437,329	574,803,236	744,815,004
2027	139,482,956	59,753,270	551,016,753	750,252,979
2028	157,130,954	65,128,414	527,081,242	749,340,610
2029	172,991,411	71,573,218	503,013,647	747,578,276
2030	187,563,139	77,652,896	478,396,449	743,612,484
2031	201,122,286	83,737,480	453,285,781	738,145,547
2032	213,872,458	89,893,080	427,802,135	731,567,673
2033	225,833,310	95,459,400	402,492,359	723,785,069
2034	236,924,897	100,539,640	377,377,890	714,842,427
2035	247,218,916	105,140,352	352,326,317	704,685,585
2036	256,940,792	108,781,778	327,454,647	693,177,217
2037	266,064,614	111,873,560	302,884,844	680,823,018
2038	274,296,959	114,326,913	278,743,053	667,366,925
2039	281,693,913	116,120,635	255,154,308	652,968,856
2040	288,358,466	117,415,283	232,240,588	638,014,337
2041	294,400,382	118,124,869	210,117,348	622,642,599
2042	299,207,515	118,285,915	188,897,105	606,390,535
2043	303,057,109	117,924,266	168,686,249	589,667,624
2044	305,821,162	116,789,486	149,577,746	572,188,394
2045	307,219,166	115,042,946	131,654,063	553,916,175
2046	307,127,403	112,752,128	114,984,089	534,863,620
2047	305,934,819	109,937,884	99,618,189	515,490,892

Exhibit 4

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

Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2048	303,631,679	106,729,039	85,589,035	495,949,753
2049	300,228,698	103,116,476	72,913,450	476,258,624
2050	295,924,519	99,202,867	61,585,212	456,712,598
2051	290,891,887	94,862,390	51,576,413	437,330,690
2052	284,938,639	90,186,185	42,835,066	417,959,890
2053	278,076,741	85,331,512	35,289,300	398,697,553
2054	270,539,632	80,302,440	28,851,016	379,693,088
2055	262,351,972	75,192,092	23,419,057	360,963,121
2056	253,487,651	70,093,105	18,887,909	342,468,665
2057	244,051,126	65,057,142	15,147,472	324,255,740
2058	234,129,095	60,089,013	12,087,931	306,306,039
2059	223,744,511	55,235,326	9,607,098	288,586,935
2060	213,223,207	50,537,896	7,610,268	271,371,371
2061	202,356,314	46,024,729	6,012,782	254,393,825
2062	191,203,624	41,722,350	4,741,482	237,667,456
2063	179,982,584	37,650,462	3,734,392	221,367,438
2064	168,709,882	33,823,769	2,939,450	205,473,101
2065	157,507,098	30,244,076	2,313,441	190,064,615
2066	146,473,633	26,911,971	1,821,515	175,207,119
2067	135,704,924	23,825,621	1,435,770	160,966,315
2068	125,273,714	20,980,045	1,133,512	147,387,271
2069	115,228,512	18,369,948	896,662	134,495,122
2070	105,605,422	15,989,586	711,185	122,306,193
2071	96,417,440	13,831,435	565,920	110,814,795
2072	87,674,870	11,886,735	451,863	100,013,468

Notes on the Expected Annual Benefit Payments:

- Based on the 2023 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants or expected expenses

United Association National Pension Fund

Information on Contribution Rates and Base Units

2023 Form 5500, Schedule R, Line 13

EIN#: 52-6152779

Plan No. 001

13a.	13b.			13.c	13d.	13e.		
Employer	EIN	Local Union	Address	Dollar Amount Contributed	CBA Expiration Date	Classification	Rate	Base Unit
Johnson Controls Inc	39-0380010	100	5757 North Green Bay Ave X54 Glendale, WI 53209	\$ 8,489,261.65	07/31/27	MNE00	\$ 5.58	Hourly
	39-0380010	100	5757 North Green Bay Ave X54 Glendale, WI 53209		04/30/25	BTA05	\$ 0.39	Hourly
	39-0380010	100	5757 North Green Bay Ave X54 Glendale, WI 53209		04/30/25	BTA11	\$ 0.16	Hourly
	39-0380010	100	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MNE00	\$ 5.58	Hourly
	39-0380010	100	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MNJ11	\$ 3.94	Hourly
	39-0380010	052	5757 North Green Bay Ave X54 Glendale, WI 53209		06/30/25	BTE00	\$ 1.70	Hourly
	39-0380010	052	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MNS01	\$ 1.50	Hourly
	39-0380010	072	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MNS01	\$ 3.00	Hourly
	39-0380010	072	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MNT00	\$ 2.00	Hourly
	39-0380010	091	5757 North Green Bay Ave X54 Glendale, WI 53209		08/31/26	BTE00	\$ 3.40	Hourly
	39-0380010	110	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MNS01	\$ 1.50	Hourly
	39-0380010	119	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MNS01	\$ 1.50	Hourly
	39-0380010	120	5757 North Green Bay Ave X54 Glendale, WI 53209		04/30/25	BTE00	\$ 2.50	Hourly
	39-0380010	123	5757 North Green Bay Ave X54 Glendale, WI 53209		04/30/24	BTE00	\$ 3.27	HOURLY
	39-0380010	125	5757 North Green Bay Ave X54 Glendale, WI 53209		04/30/25	BTE01	\$ 4.14	Hourly
	39-0380010	131	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/29	BTE00	\$ 11.68	Hourly
	39-0380010	136	5757 North Green Bay Ave X54 Glendale, WI 53209		03/31/25	BTE00	\$ 4.87	Hourly
	39-0380010	140	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MNS01	\$ 2.33	Hourly
	39-0380010	141	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/25	BTE00	\$ 5.66	Hourly
	39-0380010	141	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/25	BTA00	\$ 0.16	Hourly
	39-0380010	149	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/28	BTE00	\$ 2.00	Hourly
	39-0380010	155	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/26	SAE01	\$ 7.10	Hourly
	39-0380010	155	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/26	SAA00	\$ 0.16	Hourly
	39-0380010	157	5757 North Green Bay Ave X54 Glendale, WI 53209		06/30/27	BTE00	\$ 6.10	Hourly
	39-0380010	162	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/25	BTE01	\$ 1.20	Hourly
	39-0380010	166	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/27	BTE00	\$ 3.11	Hourly
	39-0380010	172	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/27	BTE00	\$ 3.11	Hourly
	39-0380010	178	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/27	BTE00	\$ 3.40	Hourly
	39-0380010	184	5757 North Green Bay Ave X54 Glendale, WI 53209		12/31/25	BTE00	\$ 3.93	Hourly
	39-0380010	189	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/25	BTE00	\$ 1.89	Hourly
	39-0380010	192	5757 North Green Bay Ave X54 Glendale, WI 53209		12/31/28	BTE00	\$ 6.00	Hourly
	39-0380010	195	5757 North Green Bay Ave X54 Glendale, WI 53209		09/30/25	AC195	\$ 5.05	Hourly
	39-0380010	198	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MNS01	\$ 2.25	Hourly
	39-0380010	200	5757 North Green Bay Ave X54 Glendale, WI 53209		10/31/25	BTE01	\$ 3.00	Hourly
	39-0380010	208	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/28	BTE01	\$ 7.37	Hourly
	39-0380010	208	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MNS01	\$ 2.25	Hourly
	39-0380010	208	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/28	RFE01	\$ 6.92	Hourly
	39-0380010	211	5756 North Green Bay Ave X54 Glendale, WI 53209		09/30/26	BT823	\$ 5.29	Hourly
	39-0380010	211	5756 North Green Bay Ave X54 Glendale, WI 53209		09/30/26	BTA00	\$ 0.31	Hourly
	39-0380010	211	5756 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MEE00	\$ 5.29	Hourly
	39-0380010	211	5756 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	MNT00	\$ 2.65	Hourly

13a.	13b.				13.c	13d.	13e.		
<u>Employer</u>	<u>EIN</u>	<u>Local Union</u>	<u>Address</u>		<u>Dollar Amount</u> <u>Contributed</u>	<u>CBA Expiration Date</u>	<u>Classification</u>	<u>Rate</u>	<u>Base Unit</u>
Johnson Controls Inc (continued)	39-0380010	234	5757 North Green Bay Ave X54 Glendale, WI 53209			08/31/25	BT366	\$ 6.05	Hourly
	39-0380010	286	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/25	BTE00	\$ 3.00	Hourly
	39-0380010	290	5757 North Green Bay Ave X54 Glendale, WI 53209			03/31/26	BTE01	\$ 1.51	Hourly
	39-0380010	295	5757 North Green Bay Ave X54 Glendale, WI 53209			12/31/25	COM00	\$ 2.10	Hourly
	39-0380010	296	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/26	BTE00	\$ 2.80	Hourly
	39-0380010	300	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/25	BTE00	\$ 5.15	Hourly
	39-0380010	333	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/27	BTE00	\$ 0.18	Hourly
	39-0380010	344	5757 North Green Bay Ave X54 Glendale, WI 53209			06/30/26	BTE01	\$ 6.42	Hourly
	39-0380010	350	5757 North Green Bay Ave X54 Glendale, WI 53209			07/31/26	SMR58	\$ 5.44	Hourly
	39-0380010	354	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/27	BTE00	\$ 3.90	Hourly
	39-0380010	392	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/25	BTE01	\$ 0.50	Hourly
	39-0380010	396	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/25	BTE00	\$ 1.50	Hourly
	39-0380010	404	5757 North Green Bay Ave X54 Glendale, WI 53209			06/30/24	BT629	\$ 3.50	Hourly
	39-0380010	412	5757 North Green Bay Ave X54 Glendale, WI 53209			12/31/25	BTE00	\$ 5.55	Hourly
	39-0380010	430	5757 North Green Bay Ave X54 Glendale, WI 53209			06/30/26	BTE01	\$ 5.43	Hourly
	39-0380010	434	5757 North Green Bay Ave X54 Glendale, WI 53209			06/01/24	BTE00	\$ 5.83	Hourly
	39-0380010	440	5757 North Green Bay Ave X54 Glendale, WI 53209			05/30/27	BTE01	\$ 5.29	Hourly
	39-0380010	452	5757 North Green Bay Ave X54 Glendale, WI 53209			10/31/24	BTE00	\$ 1.51	Hourly
	39-0380010	455	5757 North Green Bay Ave X54 Glendale, WI 53209			04/30/25	BT561	\$ 2.63	Hourly
	39-0380010	459	5757 North Green Bay Ave X54 Glendale, WI 53209			04/30/25	BTE01	\$ 4.53	Hourly
	39-0380010	464	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/25	BTE00	\$ 0.25	Hourly
	39-0380010	495	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/26	BTE00	\$ 6.55	Hourly
	39-0380010	502	5757 North Green Bay Ave X54 Glendale, WI 53209			07/31/29	BTE00	\$ 0.83	Hourly
	39-0380010	524	5757 North Green Bay Ave X54 Glendale, WI 53209			11/30/26	BTE01	\$ 5.07	Hourly
	39-0380010	525	5757 North Green Bay Ave X54 Glendale, WI 53209			09/30/24	BTE01	\$ 0.48	Hourly
	39-0380010	533	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/29	BTE00	\$ 1.75	Hourly
	39-0380010	537	5757 North Green Bay Ave X54 Glendale, WI 53209			08/31/25	PF537	\$ 0.30	Hourly
	39-0380010	538	5757 North Green Bay Ave X54 Glendale, WI 53209			12/31/25	BTE01	\$ 5.63	Hourly
	39-0380010	568	5757 North Green Bay Ave X54 Glendale, WI 53209			10/31/25	BTE01	\$ 4.47	Hourly
	39-0380010	602	5757 North Green Bay Ave X54 Glendale, WI 53209			12/31/26	MNT00	\$ 2.75	Hourly
	39-0380010	619	5757 North Green Bay Ave X54 Glendale, WI 53209			12/31/24	BTE00	\$ 6.50	Hourly
	39-0380010	625	5757 North Green Bay Ave X54 Glendale, WI 53209			11/30/24	BTE00	\$ 5.01	Hourly
	39-0380010	630	5757 North Green Bay Ave X54 Glendale, WI 53209			06/30/25	INE00	\$ 1.23	Hourly
	39-0380010	633	5757 North Green Bay Ave X54 Glendale, WI 53209			07/31/26	BTE00	\$ 3.00	Hourly
	39-0380010	716	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/25	BTE00	\$ 5.00	Hourly
	39-0380010	760	5757 North Green Bay Ave X54 Glendale, WI 53209			12/31/25	BTE00	\$ 4.20	Hourly
	39-0380010	777	5757 North Green Bay Ave X54 Glendale, WI 53209			05/31/27	BTE01	\$ 5.45	Hourly
	39-0380010	803	5757 North Green Bay Ave X54 Glendale, WI 53209			08/31/27	BTE00	\$ 3.76	Hourly
	39-0380010	DC16	5757 North Green Bay Ave X54 Glendale, WI 53209			08/31/25	BTE01	\$ 3.00	Hourly
	39-0380010	P010	5757 North Green Bay Ave X54 Glendale, WI 53209			12/31/25	BTE01	\$ 5.51	Hourly
	39-0380010	001	5757 North Green Bay Ave X54 Glendale, WI 53209			06/30/26	BTE01	\$ 7.66	Hourly
	39-0380010	006	5757 North Green Bay Ave X54 Glendale, WI 53209			04/30/25	BTE01	\$ 3.93	Hourly
	39-0380010	007	5757 North Green Bay Ave X54 Glendale, WI 53209			04/30/25	BTE00	\$ 0.50	Hourly
	39-0380010	010	5757 North Green Bay Ave X54 Glendale, WI 53209			08/31/26	BTE01	\$ 5.51	Hourly
	39-0380010	010	5757 North Green Bay Ave X54 Glendale, WI 53209			08/31/26	BTA03	\$ 1.00	Hourly
	39-0380010	010	5757 North Green Bay Ave X54 Glendale, WI 53209			08/31/26	BTA04	\$ 1.00	Hourly
	39-0380010	010	5757 North Green Bay Ave X54 Glendale, WI 53209			07/31/27	MNS01	\$ 4.00	Hourly
	39-0380010	011	5757 North Green Bay Ave X54 Glendale, WI 53209			04/30/25	BTE00	\$ 0.78	Hourly
	39-0380010	021	5757 North Green Bay Ave X54 Glendale, WI 53209			04/30/26	BTE01	\$ 2.63	Hourly
	39-0380010	021	5757 North Green Bay Ave X54 Glendale, WI 53209			04/30/26	RFE00	\$ 1.00	Hourly

13a.	13b.			13.c	13d.	13e.			
Employer	EIN	Local Union	Address	Dollar Amount Contributed	CBA Expiration Date	Classification	Rate	Base Unit	
Johnson Controls Inc (continued)	39-0380010	024	5757 North Green Bay Ave X54 Glendale, WI 53209		04/30/25	BTE00	\$ 1.55	Hourly	
	39-0380010	025	5757 North Green Bay Ave X54 Glendale, WI 53209		04/30/28	BTE00	\$ 1.37	Hourly	
	39-0380010	025	5757 North Green Bay Ave X54 Glendale, WI 53209		07/31/27	BTT02	\$ 1.75	Hourly	
	39-0380010	030	5757 North Green Bay Ave X54 Glendale, WI 53209		08/31/24	BTE00	\$ 4.71	Hourly	
	39-0380010	032	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/29	BTZW0	\$ 3.23	Hourly	
	39-0380010	032	5757 North Green Bay Ave X54 Glendale, WI 53209		09/30/26	RRE00	\$ 0.76	Hourly	
	39-0380010	032	5757 North Green Bay Ave X54 Glendale, WI 53209		09/30/26	RFA14	\$ 1.56	Hourly	
	39-0380010	032	5757 North Green Bay Ave X54 Glendale, WI 53209		09/30/26	RFA255	\$ 1.37	Hourly	
	39-0380010	032	5757 North Green Bay Ave X54 Glendale, WI 53209		09/30/26	RFE01	\$ 2.49	Hourly	
	39-0380010	033	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/27	BTE01	\$ 3.48	Hourly	
	39-0380010	033	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/27	BTA26	\$ 1.84	Hourly	
	39-0380010	033	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/27	BTA27	\$ 1.91	Hourly	
	39-0380010	033	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/27	BTA81	\$ 2.09	Hourly	
	39-0380010	033	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/27	BTA96	\$ 2.96	Hourly	
	39-0380010	041	5757 North Green Bay Ave X54 Glendale, WI 53209		06/30/26	BTE01	\$ 4.43	Hourly	
	39-0380010	041	5757 North Green Bay Ave X54 Glendale, WI 53209		06/30/26	BTA00	\$ 1.95	Hourly	
	39-0380010	041	5757 North Green Bay Ave X54 Glendale, WI 53209		06/30/26	BTPR0	\$ 1.51	Hourly	
	39-0380010	044	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/26	BTE00	\$ 2.00	Hourly	
	39-0380010	045	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/26	BTE00	\$ 5.10	Hourly	
	39-0380010	050	5757 North Green Bay Ave X54 Glendale, WI 53209		07/04/27	BTE00	\$ 1.65	Hourly	
	39-0380010	051	5757 North Green Bay Ave X54 Glendale, WI 53209		08/28/26	BTE01	\$ 5.60	Hourly	
	39-0380010	051	5757 North Green Bay Ave X54 Glendale, WI 53209		08/28/26	BTA03	\$ 2.80	Hourly	
	39-0380010	051	5757 North Green Bay Ave X54 Glendale, WI 53209		08/28/26	BTA10	\$ 2.50	Hourly	
	39-0380010	598	5757 North Green Bay Ave X54 Glendale, WI 53209		05/31/29	BTE01	\$ 4.23	Hourly	
	39-0380010	C250	5757 North Green Bay Ave X54 Glendale, WI 53209		08/31/24	ARZ79	\$ 1.50	Hourly	
	BMW Constructors Inc	35-2032531	094	1740 W MICHIGAN ST INDIANAPOLIS IN 46222	\$ 7,911,410.68	04/30/25	BTE01	\$ 6.29	Hourly
		35-2032531	120	1740 W MICHIGAN ST INDIANAPOLIS IN 46222		04/30/25	BTE00	\$ 2.50	Hourly
		35-0831804	136	1740 W MICHIGAN ST INDIANAPOLIS IN 46222		03/31/25	BTE00	\$ 4.87	Hourly
		35-0831804	157	1740 W MICHIGAN ST INDIANAPOLIS IN 46222		06/30/27	BTE00	\$ 6.10	Hourly
		35-0831804	172	1740 W MICHIGAN ST INDIANAPOLIS IN 46222		05/31/25	BTE00	\$ 3.11	Hourly
35-2032531		290	20495 SW Teton Ave Tualatin, OR 97062		03/31/26	BTE01	\$ 1.51	Hourly	
35-2032531		290	20495 SW Teton Ave Tualatin, OR 97062		03/31/26	BTA26	\$ 0.84	Hourly	
35-2032531		290	20495 SW Teton Ave Tualatin, OR 97062		03/31/26	BTA27	\$ 0.91	Hourly	
35-2032531		290	20495 SW Teton Ave Tualatin, OR 97062		03/31/26	BTA28	\$ 0.99	Hourly	
35-2032531		290	20495 SW Teton Ave Tualatin, OR 97062		03/31/26	BTA29	\$ 1.06	Hourly	
35-2032531		290	20495 SW Teton Ave Tualatin, OR 97062		03/31/26	BTA30	\$ 1.14	Hourly	
35-2032531		290	20495 SW Teton Ave Tualatin, OR 97062		03/31/26	BTA31	\$ 1.21	Hourly	
35-2032531		290	20495 SW Teton Ave Tualatin, OR 97062		03/31/26	BTA32	\$ 1.29	Hourly	
35-2032531		290	20495 SW Teton Ave Tualatin, OR 97062		03/31/26	BTA33	\$ 1.36	Hourly	
35-2032531		290	20495 SW Teton Ave Tualatin, OR 97062		03/31/26	MTA00	\$ 0.84	Hourly	
35-2032531		290	20495 SW Teton Ave Tualatin, OR 97062		03/31/26	PFAB00	\$ 1.51	Hourly	
35-0831804		440	1740 W MICHIGAN ST INDIANAPOLIS IN 46222		05/30/27	BTE01	\$ 5.29	Hourly	
Apollo Mech Contractors	91-1178943	208	1201 W Columbia Dr Kennewick, WA 99336	\$ 6,261,347.82	05/31/28	BTE01	\$ 7.37	Hourly	
	91-1178943	208	1201 W Columbia Dr Kennewick, WA 99336		05/31/28	RFE01	\$ 6.92	Hourly	
	91-1178943	044	1207 W. Columbia Dr Kennewick, WA 99336		05/31/26	BTE00	\$ 2.00	Hourly	
	91-1178943	350	1207 W. Columbia Dr Kennewick, WA 99336		07/31/26	BTE01	\$ 5.44	Hourly	
	91-1178943	459	1207 W. Columbia Dr Kennewick, WA 99336		04/30/25	BTE01	\$ 4.53	Hourly	
	91-1178943	003	1207 W. Columbia Dr Kennewick, WA 99336		05/31/28	BTE01	\$ 7.07	Hourly	
	91-1178943	026	1207 W. Columbia Dr Kennewick, WA 99336		05/31/30	BTE01	\$ 2.86	Hourly	
	91-1178943	026	1207 W. Columbia Dr Kennewick, WA 99336		05/31/30	ICA85	\$ 2.44	Hourly	

13a.	13b.			13.c	13d.	13e.		
Employer	EIN	Local Union	Address	Dollar Amount Contributed	CBA Expiration Date	Classification	Rate	Base Unit
Apollo Mech Contractors (continued)	91-1178943	032	PO Box 7287 Kennewick WA 99336		05/31/29	BTZW0	\$ 3.23	Hourly
	91-1178943	032	PO Box 7287 Kennewick WA 99336		05/31/29	BTZW55	\$ 1.78	Hourly
	91-1178943	032	PO Box 7287 Kennewick WA 99336		05/31/29	BTZW6	\$ 2.27	Hourly
	91-1178943	032	PO Box 7287 Kennewick WA 99336		05/31/29	BTZW7	\$ 2.75	Hourly
	91-1178943	032	PO Box 7287 Kennewick WA 99336		05/31/29	BTZW8	\$ 2.02	Hourly
	91-1178943	032	PO Box 7287 Kennewick WA 99336		05/31/29	UTE04	\$ 1.86	Hourly
	91-1178943	032	PO Box 7287 Kennewick WA 99336		05/31/29	RFA76	\$ 2.12	Hourly
	91-1178943	032	PO Box 7287 Kennewick WA 99336		05/31/29	RFE01	\$ 2.49	Hourly
	91-1178943	032	PO Box 7287 Kennewick WA 99336		05/31/29	RRE00	\$ 0.76	Hourly
	91-1178943	041	1133 W Columbia Dr Kennewick WA 99336-3472		06/30/26	BTE01	\$ 4.43	Hourly
91-1178943	041	1133 W Columbia Dr Kennewick WA 99336-3472		06/30/26	BTA00	\$ 1.95	Hourly	
91-1178943	041	1133 W Columbia Dr Kennewick WA 99336-3472		06/30/26	BTPRO	\$ 1.51	Hourly	
91-1178943	598	PO Box 7287 Kennewick WA 99336		05/31/29	BTE01	\$ 4.23	Hourly	
Dynamic Systems Inc	74-2519426	021	3901 S Lamar Blvd Ste 300 Austin TX 78704-8718	\$ 5,427,734.43	04/30/26	BTE01	\$ 2.63	Hourly
	74-2519426	068	2756 Business Park Dr BLDG 2 BudaTX 78610		09/30/26	BTE00	\$ 3.91	Hourly
	74-2519426	068	2756 Business Park Dr BLDG 2 BudaTX 78610		09/30/26	BA3I11	\$ 2.58	Hourly
	74-2519426	068	2756 Business Park Dr BLDG 2 BudaTX 78610		09/30/26	BA4I11	\$ 2.82	Hourly
	74-2519426	068	2756 Business Park Dr BLDG 2 BudaTX 78610		09/30/26	BA5I11	\$ 3.05	Hourly
	74-2519426	100	2756 Business Park Dr BLDG 2 BudaTX 78610		04/30/25	BTE00	\$ 5.58	Hourly
	74-2519426	100	2756 Business Park Dr BLDG 2 BudaTX 78610		04/30/25	BTA05	\$ 0.39	Hourly
	74-2519426	100	2756 Business Park Dr BLDG 2 BudaTX 78610		04/30/25	BTA11	\$ 0.16	Hourly
	74-2519426	100	2756 Business Park Dr BLDG 2 BudaTX 78610		04/30/25	PFAB00	\$ 5.58	Hourly
	74-2519426	100	2756 Business Park Dr BLDG 2 BudaTX 78610		04/30/25	PFA05	\$ 0.39	Hourly
	74-2519426	100	2756 Business Park Dr BLDG 2 BudaTX 78610		04/30/25	PFA11	\$ 0.16	Hourly
	74-2519426	131	2756 Business Park Dr BLDG 2 BudaTX 78610		05/31/29	BTE00	\$ 11.68	Hourly
	74-2519426	140	2756 Business Park Dr BLDG 2 BudaTX 78610		07/31/27	BTE00	\$ 2.70	Hourly
	74-2519426	211	2756 Business Park Dr BLDG 2 BudaTX 78610		09/30/26	BTE00	\$ 5.29	Hourly
	74-2519426	211	2756 Business Park Dr BLDG 2 BudaTX 78610		09/30/26	BTA00	\$ 0.31	Hourly
	74-2519426	211	2756 Business Park Dr BLDG 2 BudaTX 78610		09/30/26	BT823	\$ 0.31	Hourly
	74-2519426	286	2756 Business Park Dr BLDG 2 BudaTX 78610		05/31/25	BTE00	\$ 3.00	Hourly
	74-2519426	286	2756 Business Park Dr BLDG 2 BudaTX 78610		05/31/25	PFAB00	\$ 3.00	Hourly
	74-2519426	716	2756 Business Park Dr BLDG 2 BudaTX 78610		05/31/25	BTE00	\$ 5.00	Hourly
	74-2519426	404	3901 S Lamar Blvd. Ste. 300 Austin TX 78704		08/31/27	BT629	\$ 3.50	Hourly
	74-2519426	404	3901 S Lamar Blvd. Ste. 300 Austin TX 78704		08/31/27	BT196	\$ 4.90	Hourly
	74-2519426	404	3901 S Lamar Blvd. Ste. 300 Austin TX 78704		08/31/27	BT389	\$ 4.75	Hourly
	74-2519426	537	3901 S Lamar Blvd. Ste. 300 Austin TX 78704		08/31/25	PF537	\$ 0.30	Hourly
	74-2519426	N421	3901 S Lamar Blvd. Ste. 300 Austin TX 78704		06/30/25	BTE01	\$ 1.75	Hourly
A C C O Engineered System	95-1625123	350	888 E Walnut St. Pasadena, CA 91101	\$ 4,713,333.24	07/31/26	BTE01	\$ 5.44	Hourly
	95-1625123	525	888 E Walnut St. Pasadena, CA 91101		09/30/24	BTE01	\$ 0.48	Hourly
	95-1625123	032	888 E Walnut St. Pasadena, CA 91101		05/31/29	BTZW0	\$ 3.23	Hourly
	95-1625123	032	888 E Walnut St. Pasadena, CA 91101		05/31/29	BTZW55	\$ 1.78	Hourly
	95-1625123	032	888 E Walnut St. Pasadena, CA 91101		05/31/29	BTZW6	\$ 2.27	Hourly
	95-1625123	032	888 E Walnut St. Pasadena, CA 91101		05/31/29	BTZW7	\$ 2.75	Hourly
	95-1625123	032	888 E Walnut St. Pasadena, CA 91101		05/31/29	BTZW8	\$ 2.02	Hourly
	95-1625123	032	888 E Walnut St. Pasadena, CA 91101		05/31/29	RFA14	\$ 1.56	Hourly
	95-1625123	032	888 E Walnut St. Pasadena, CA 91101		05/31/29	RFA255	\$ 1.37	Hourly
	95-1625123	032	888 E Walnut St. Pasadena, CA 91101		05/31/29	RFA70	\$ 1.74	Hourly
	95-1625123	032	888 E Walnut St. Pasadena, CA 91101		05/31/29	RRE00	\$ 0.76	Hourly
	95-1625123	032	888 E Walnut St. Pasadena, CA 91101		05/31/29	RFE01	\$ 2.49	Hourly
	95-1625123	208	888 E Walnut St. Pasadena, CA 91101		08/31/26	BTE01	\$ 7.37	Hourly

13a.	13b.			13.c	13d.	13e.		
<u>Employer</u>	<u>EIN</u>	<u>Local Union</u>	<u>Address</u>	<u>Dollar Amount</u> <u>Contributed</u>	<u>CBA Expiration Date</u>	<u>Classification</u>	<u>Rate</u>	<u>Base Unit</u>
A C C O Engineered System (continued)	95-1625123	296	888 E Walnut St. Pasadena, CA 91101	\$ 4,525,116.01	05/31/26	BTE00	\$ 2.80	Hourly
	95-1625123	C250	888 E Walnut St. Pasadena, CA 91101		08/31/24	ARZ79	\$ 1.50	Hourly
The Brandt Companies	95-1625123	DC16	888 E Walnut St. Pasadena, CA 91101		08/31/25	BTE01	\$ 3.00	Hourly
	37-1652957	404	PO BOX 29559 DALLAS TX 75229		08/31/27	BT389	\$ 4.75	Hourly
	37-1652957	430	PO BOX 29559 DALLAS TX 75229		06/30/26	BTE00	\$ 5.43	Hourly
	37-1652957	529	PO BOX 29559 DALLAS TX 75229		09/30/25	BTE00	\$ 4.89	Hourly
	37-1652957	068	1728 Briercroft Court Carrollton TX 75006		09/30/26	BTE00	\$ 3.91	Hourly
	37-1652957	068	1728 Briercroft Court Carrollton TX 75006		09/30/26	BT823	\$ 3.57	Hourly
	37-1652957	068	1728 Briercroft Court Carrollton TX 75006		09/30/26	BA3111	\$ 2.58	Hourly
	37-1652957	068	1728 Briercroft Court Carrollton TX 75006		09/30/26	BA4111	\$ 2.82	Hourly
	37-1652957	068	1728 Briercroft Court Carrollton TX 75006		09/30/26	BA5111	\$ 3.05	Hourly
	37-1652957	100	1728 Briercroft Court Carrollton TX 75006		04/30/25	BTE00	\$ 5.58	Hourly
	37-1652957	100	1728 Briercroft Court Carrollton TX 75006		04/30/25	BTA05	\$ 0.39	Hourly
	37-1652957	100	1728 Briercroft Court Carrollton TX 75006		04/30/25	BTA11	\$ 0.16	Hourly
	37-1652957	100	1728 Briercroft Court Carrollton TX 75006		07/31/27	MNS01	\$ 4.19	Hourly
	37-1652957	100	1728 Briercroft Court Carrollton TX 75006		07/31/27	MNT00	\$ 2.79	Hourly
	37-1652957	100	1728 Briercroft Court Carrollton TX 75006		07/31/27	MNJ11	\$ 3.94	Hourly
	37-1652957	211	1728 Briercroft Court Carrollton TX 75006		12/31/28	BTE00	\$ 5.29	Hourly
	37-1652957	211	1728 Briercroft Court Carrollton TX 75006		12/31/28	BTT00	\$ 0.31	Hourly
	37-1652957	211	1728 Briercroft Court Carrollton TX 75006		12/31/28	BTA00	\$ 0.31	Hourly
	37-1652957	211	1728 Briercroft Court Carrollton TX 75006		12/31/28	BT823	\$ 3.57	Hourly
	37-1652957	286	1728 Briercroft Court Carrollton TX 75006		05/31/25	BTE00	\$ 3.00	Hourly
Murphy Company	43-0705361	058	1233 N PRICE RD ST LOUIS MO 63132	\$ 3,962,560.62	06/30/25	BTE00	\$ 6.00	Hourly
	43-0705361	058	1233 N PRICE RD ST LOUIS MO 63132		06/30/25	INE00	\$ 6.00	Hourly
	43-0705361	058	1233 N PRICE RD ST LOUIS MO 63132		07/31/27	MNT00	\$ 1.50	Hourly
	43-0705361	184	1233 N PRICE RD ST LOUIS MO 63132		12/31/25	BTE00	\$ 3.93	Hourly
	43-0705361	003	1233 N PRICE RD ST LOUIS MO 63132		05/31/28	BTE01	\$ 7.07	Hourly
	43-0705361	145	1233 N PRICE RD ST LOUIS MO 63132		07/31/25	CME00	\$ 5.37	Hourly
	43-0705361	145	1233 N PRICE RD ST LOUIS MO 63132		07/31/25	NRL00	\$ 2.00	Hourly
	43-0705361	208	1233 N PRICE RD ST LOUIS MO 63132		05/31/28	BTE01	\$ 7.37	Hourly
	43-0705361	208	1233 N PRICE RD ST LOUIS MO 63132		06/01/28	RFE01	\$ 6.92	Hourly
	43-0705361	208	1233 N PRICE RD ST LOUIS MO 63132		06/02/28	PFAB00	\$ 7.37	Hourly
Southland Industries	95-1596533	003	12131 Western Ave Garden Grove CA 92841-2914	\$ 3,234,481.06	05/31/28	BTE01	\$ 7.07	Hourly
	95-1596533	005	12131 Western Ave Garden Grove CA 92841-2914		07/31/25	BTE01	\$ 6.20	Hourly
	95-1596533	010	12131 Western Ave Garden Grove CA 92841-2914		08/31/26	BTE01	\$ 5.51	Hourly
	95-1596533	010	5757 North Green Bay Ave X54 Glendale, WI 53209		08/31/26	BTA03	\$ 1.00	Hourly
	95-1596533	010	5757 North Green Bay Ave X54 Glendale, WI 53209		08/31/26	BTA04	\$ 2.00	Hourly
	95-1596533	010	5757 North Green Bay Ave X54 Glendale, WI 53209		08/31/26	BTA05	\$ 2.66	Hourly
	95-1596533	032	12131 Western Ave Garden Grove CA 92841-2914		05/31/29	BTZW0	\$ 3.23	Hourly
	95-1596533	032	12131 Western Ave Garden Grove CA 92841-2914		05/31/29	BTZW7	\$ 2.75	Hourly
	95-1596533	120	12131 Western Ave Garden Grove CA 92841		04/30/25	BTE00	\$ 2.50	Hourly
	95-1596533	120	12131 Western Ave Garden Grove CA 92841		04/30/25	BTA00	\$ 2.50	Hourly
	95-1596533	140	12131 WESTERN AVE GARDEN GROVE CA 92841		07/31/27	BTE00	\$ 2.70	Hourly
	95-1596533	208	12131 WESTERN AVE GARDEN GROVE CA 92841		05/31/28	BTE01	\$ 7.37	Hourly
	95-1596533	290	12131 WESTERN AVE GARDEN GROVE CA 92841		03/31/26	BTE01	\$ 1.51	Hourly
	95-1596533	296	12131 WESTERN AVE GARDEN GROVE CA 92841		05/31/26	BTE00	\$ 2.80	Hourly
	95-1596533	412	12131 Western Ave,Garden Grove, CA 92841		12/31/25	BTE00	\$ 5.30	Hourly
	95-1596533	524	12131 Western Ave,Garden Grove, CA 92841		11/30/26	BTE01	\$ 5.07	Hourly
	95-1596533	525	12131 Western Ave,Garden Grove, CA 92841		09/30/24	BTE01	\$ 0.48	Hourly
	95-1596533	598	4750 N Channel Ave Portland OR 97217-7614		05/31/29	BTE01	\$ 4.23	Hourly

13a.	13b.			13.c	13d.	13e.		
<u>Employer</u>	<u>EIN</u>	<u>Local Union</u>	<u>Address</u>	<u>Dollar Amount</u> <u>Contributed</u>	<u>CBA Expiration Date</u>	<u>Classification</u>	<u>Rate</u>	<u>Base Unit</u>
Southland Industries (continued)	95-1596533	C250	12131 Western Ave Garden Grove CA 92841		08/31/24	ARZ79	\$ 1.50	Hourly
	95-1596533	DC16	12131 Western Ave,Garden Grove, CA 92841		08/31/25	BTE01	\$ 3.00	Hourly
	95-1596533	N421	12131 Western Ave,Garden Grove, CA 92841		06/30/25	BTE01	\$ 1.75	Hourly
	95-1596533	W441	12131 Western Ave,Garden Grove, CA 92841		05/31/33	BT171	\$ 3.30	Hourly
Pace Plumbing Corp	11-2000369	001	41 BOX ST #200 BROOKLYN, NY 11222	\$ 3,205,504.82	06/30/26	BTE01	\$ 7.66	Hourly
US Engineering Construction	36-4906225	T441	3433 Roanoke Road Kansas, MO 64111	\$ 3,165,867.36	05/31/23	BT165	\$ 4.40	Hourly
	36-4906225	003	3433 Roanoke Road Kansas, MO 64111		05/31/28	BTE01	\$ 7.07	Hourly
	36-4906225	008	3433 Roanoke Road Kansas, MO 64111		05/31/29	BTE00	\$ 4.74	Hourly
	36-4906225	058	3433 Roanoke Road Kansas, MO 64111		06/30/28	BTE00	\$ 6.00	Hourly
	36-4906225	155	3433 Roanoke Road Kansas, MO 64111		07/31/26	BTE00	\$ 8.10	Hourly
	36-4906225	155	3433 Roanoke Road Kansas, MO 64111		07/31/26	SAA00	\$ 0.16	Hourly
	36-4906225	208	3433 Roanoke Road Kansas, MO 64111		05/31/28	BTE01	\$ 7.37	Hourly
	36-4906225	533	3433 Roanoke Road Kansas, MO 64111		05/31/29	BTE00	\$ 1.75	Hourly

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 07/01/2023 and ending 06/30/2024	
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.)
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 UNITED ASSOCIATION NATIONAL PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/23/1968
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND 103 ORONOCO STREET ALEXANDRIA VA 22314-2015	2b Employer Identification Number (EIN) 52-6152779 2c Plan Sponsor's telephone number 703-739-9020 2d Business code (see instructions) 238220

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

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

X	SIGN HERE 	03/21/2025	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
X	SIGN HERE 	03/21/2025	SMITTY G. BELCHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	SIGN HERE		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (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: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	185,089
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)	84,317
a (2) Total number of active participants at the end of the plan year	6a(2)	88,454
b Retired or separated participants receiving benefits	6b	47,314
c Other retired or separated participants entitled to future benefits	6c	44,473
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	180,241
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	10,425
f Total. Add lines 6d and 6e	6f	190,666
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	4,548

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

1A

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

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

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

a Pension Schedules

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

b General Schedules

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

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
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan United Association National Pension Fund		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF B/O/T United Association National Pension Fund		D Employer Identification Number (EIN) 52-6152779
E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)		
1a Enter the valuation date: Month 7 Day 1 Year 2023		
b Assets		
(1) Current value of assets	1b(1)	6,671,086,730
(2) Actuarial value of assets for funding standard account	1b(2)	7,341,157,748
c (1) Accrued liability for plan using immediate gain methods	1c(1)	8,990,498,015
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	8,990,498,015
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)	17,148,184,936
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	436,626,812
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	689,185,343
(3) Expected plan disbursements for the plan year	1d(3)	730,556,139
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	Kevin Woodrich, FSA, EA Signature of actuary Type or print name of actuary Cheiron, Inc. Firm name 9115 Harris Corners Parkway Suite 380 Charlotte NC 28269 Address of the firm	4/8/2025 Date 23-07086 Most recent enrollment number (703) 893-1456 Telephone number (including area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		
Schedule MB (Form 5500) 2023 v. 230728		

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	6,671,086,730
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	55,623	8,456,519,380
(2) For terminated vested participants	29,913	2,342,767,243
(3) For active participants:		
(a) Non-vested benefits		328,750,648
(b) Vested benefits		6,020,147,665
(c) Total active	76,750	6,348,898,313
(4) Total	162,286	17,148,184,936
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	38.90 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2024	467,629,110				
Totals ▶			3(b)	467,629,110	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 6,764

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	81.7 %
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	2.85 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	2.7%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.2%
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)	29,033,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	407,947,157	42,424,470

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	180,760,283

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	3, 497, 725, 630	428, 692, 649
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 44, 185, 338**e** Total charges. Add lines 9a through 9d..... **9e** 653, 638, 270**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 811, 782, 078**g** Employer contributions. Total from column (b) of line 3..... **9g** 467, 629, 110

	Outstanding balance	
h Amortization credits as of valuation date..... 9h	1, 036, 603, 285	158, 302, 846

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h **9i** 86, 986, 123**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	3, 552, 070, 285	
9j(2)	8, 522, 620, 348	
9j(3)		0

k (1) Waived funding deficiency **9k(1)** 0**(2)** Other credits **9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) **9l** 1, 524, 700, 157**m** Credit balance: If line 9l is greater than line 9e, enter the difference **9m** 871, 061, 887**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** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No

Attachments to Schedule MB (Form 5500)
Actuarial Information

Plan: United Association National Pension Fund
PN: 001
EIN: 52-6152779

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

Exhibit 1

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
7/1/2023	\$0		\$0
8/1/2023	0		0
9/1/2023	845.52		845.52
10/1/2023	845.52		845.52
11/1/2023	845.52		845.52
12/1/2023	845.52		845.52
1/1/2024	845.52		845.52
2/1/2024	845.52		845.52
3/1/2024	845.52		845.52
4/1/2024	845.52		845.52
5/1/2024	0		0
6/1/2024	<u>0</u>		<u>0</u>
Total	\$6,764		\$6,764