

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

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

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2025	MICHAEL SABITONI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2025	BRENT BOOKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 11231
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) 3559 6a(2) 3600 6b 4233 6c 2739 6d 10572 6e 800 6f 11372 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 491

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

1A 1I

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 1811439990
(2) Actuarial value of assets for funding standard account	1b(2) 1972285904
c (1) Accrued liability for plan using immediate gain methods	1c(1) 2267464042
(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) 2066063843
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) 3329657646
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 150244870
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 135137939
(3) Expected plan disbursements for the plan year	1d(3) 140337939

Statement by Enrolled Actuary

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

SIGN HERE	07/10/2025
Signature of actuary JOSHUA KAPLAN, FSA, MAAA, FCA	Date 23-05487
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 66 HUDSON BOULEVARD EAST NEW YORK, NY 10001-2192	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	1811439990
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5033	1634093030
(2) For terminated vested participants	2739	219386641
(3) For active participants:		
(a) Non-vested benefits		82926047
(b) Vested benefits		1393251928
(c) Total active	3600	1476177975
(4) Total	11372	3329657646
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	54.40 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	117246949				
			Totals ►	3(b)	117246949
				3(c)	
				3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	95.5 %
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	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	7.25 % 7.25 %
e Salary scale	6e	5.00 % ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.8 %
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)	5007560
(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	99299232	10326625
3	5732582	596160

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	55499771

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)	595755935	79945548
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 9819786**e** Total charges. Add lines 9a through 9d.....**9e** 145265105**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 180607522**g** Employer contributions. Total from column (b) of line 3.....**9g** 117246949**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 18746868**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

	Outstanding balance	
9h	119970275	24231781
9j(1)	742310868	
9j(2)	1141699484	

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** 340833120**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 195568015**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1) 0

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

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

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan LIUNA STAFF AND AFFILIATES PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND	D Employer Identification Number (EIN) 52-0743575	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HAMILTON LANE ADVISORS, LLC
23-2962336

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
APOLLO ADVISORS VIII, LP
80-0877161

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MCMORGAN & COMPANY, LLC
52-2334338

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

57 STARS LLC

25-1913783

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

POMONA CAPITAL LLC

30-0748480

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

ROGERSCASEY TARGET SOLUTIONS LLC

20-5093397

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

ENTRUST (PERMAL) GROUP

90-0644478

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

IFM INVESTORS PTY LTD

114 WEST 47TH STREET
NEW YORK, NY 10036

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

ANGELO GORDON & COMPANY, LP

245 PARK AVENUE
NEW YORK, NY 10167

13-3478879

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

NB ALTERNATIVES ADVISORS

30-0536163

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

GROSVENOR CAPITAL MGMT

36-4336976

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

WESTPORT CAPITAL PARTNERS LLC

20-3834766

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

STONEPEAK ASSOCIATES II LLC

47-4513101

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

GERDING EDLEN INVESTMENT MGMT
1477 NW EVERETT STREET
PORTLAND, OR 97209

47-3122349

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

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

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

LANDMARK EQUITY ADVISORS LLC

06-1519082

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

HAMILTON LANE GP X LLC

61-1808970

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

THE CARLYLE GROUP

98-1310689

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

ULLICO INVESTMENT ADVISORS, INC
8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 2091090-0622302

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

THE NORTHERN TRUST COMPANY (50 SOUT

36-1561860

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

CENTERBRIDGE SPECIAL CREDIT PARTNER

84-4651725

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

MESIROW FINANCIAL

36-3741067

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

TA REALTY

87-1282125

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

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

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

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

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

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

JANUS CAPITAL MANAGEMENT, INC

75-3019302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	591941	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WALTER, SCOTT, & PARTNERS

98-0465834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	451187	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLOBEFLEX INTERNATIONAL

20-5826373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	387931	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)

HGK ASSET MANAGEMENT, INC.

52-1296988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	384978	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LOOMIS SAYLES & COMPANY, LP

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	384934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 68	NONE	354258	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)

SOUTHERN SUN ASSET MANAGEMENT

27-2990431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	338911	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN INVESTMENT MGMT, INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	332997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE1

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	290423	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)

EMPLOYEE2

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	269567	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY, INC.

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 53	NONE	268647	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	238521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALLIANCE BERNSTEIN

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	236783	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EMPLOYEE3

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	197679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE4

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	177808	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)

EMPLOYEE5

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	177808	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE LAW OFFICES OF JAMES S. RAY

13-4315411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	177729	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RBC DEXIA INVESTOR SERVICES TRUST

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	171657	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	170953	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	163003	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE6

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	155193	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)

EMPLOYEE7

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	155013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	103740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE8

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	102526	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)

RYAN LABS ASSET MANAGEMENT

13-3451974

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	101990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALL SYSTEMS GO, INC.

52-1765794

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	NONE	96549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE9

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	95781	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)

EMPLOYEE10

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	95743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE11

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	95532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE12

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	95225	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)

EMPLOYEE13

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	94948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	94438	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EMPLOYEE14

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	90432	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)

EMPLOYEE15

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	89264	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE16

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	83737	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE17

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	83518	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)

EMPLOYEE18

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	81773	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE19

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	81760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 65 99	NONE	81138	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)

EMPLOYEE20

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	80078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE21

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	79941	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE22

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	79534	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)

EMPLOYEE23

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	70128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE24

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	65957	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

EMPLOYEE25

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	EMPLOYEE	59201	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)

EMPLOYEE26

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	58707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP, PLLC

7501 WISCONSIN AVENUE, SUITE 1200 W
BETHESDA, MD 20814

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	57054	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE27

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	55599	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)

EMPLOYEE28

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	55468	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE29

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	28344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE30

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	27309	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)

STANDARD VALUATIONS, INC.

41-1327339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	26250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE31

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	25307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGATRUST BANK OF CHICAGO

36-0721895

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

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)

KOSKIE MINSKY, LLP

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	14670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY PRESS, INC.

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	14650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QASHQADE AG

SPLUENSTRASSE6
ZURICH CH

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10403	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)

PROXYVOTE PLUS

20-0509976

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

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

FONTANA LITHO INC., DBA MOSAIC

52-0821478

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	7789	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEMPLETON INVESTMENT COUNSEL, LLC

94-3385113

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

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	15928
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO/MARKEL 8403 COLESVILLE RD SILVER SPRING, MD 20910 13-2988846	COMMISSIONS FOR THE PROCUREMENT OF FIDUCIARY LIABILITY INSURANCE.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	4085
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	COMMISSIONS FOR THE PROCUREMENT OF FIDUCIARY LIABILITY INSURANCE (EXCESS).	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	9249
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RLI INSURANCE 9025 NORTH LINDBERGH DR PEORIA, IL 61615 37-0915434	COMMISSIONS FOR THE PROCUREMENT OF FIDUCIARY LIABILITY INSURANCE (EXCESS).	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	1372

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan LIUNA STAFF AND AFFILIATES PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND		D Employer Identification Number (EIN) 52-0743575
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): PNC BANK, NATIONAL ASSOCIATION		
c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13495573
a Name of MTIA, CCT, PSA, or 103-12 IE: J.P. MORGAN REAL ESTATE STRATEGIC		
b Name of sponsor of entity listed in (a): J.P. MORGAN CHASE BANK13-6038770		
c EIN-PN 26-6399613-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37096908
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES LARGE CAP GROWTH TRUS		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY		
c EIN-PN 84-6391546-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108893124
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA ACWI EX US NL		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 80-6103053-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 208156902
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI US NL		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 04-6625075-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 305164
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 1000 INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 90-0337987-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88691370
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 3000 INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY		
c EIN-PN 04-0025081-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28508298
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA WORLD GOVERNMENT BOND INDEX

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

c EIN-PN 04-6882875-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99704709
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a Name of MTIA, CCT, PSA, or 103-12 IE: BRIGADE OPP CR CIT

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

c EIN-PN 82-5499317-117	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48426985
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS WRLD CRD TRST

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

c EIN-PN 20-8080381-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46394772
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13914881	13992097
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	15365804	17375435
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	34063529	29996949
(2) U.S. Government securities	1c(2)	42367664	61087947
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	37241600	49161644
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	304513988	317724371
(5) Partnership/joint venture interests	1c(5)	597178225	628725332
(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)	663217678	679673805
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	103899544	121304676
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1831754	1659589

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	1722219	1800327
f Total assets (add all amounts in lines 1a through 1e)	1f	1815316886	1922502172
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	3876896	5512709
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3876896	5512709
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1811439990	1916989463

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)	117246949	
(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)		117246949
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	819618	
(B) U.S. Government securities	2b(1)(B)	1814553	
(C) Corporate debt instruments	2b(1)(C)	3778935	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6413106
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	5346891	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5346891
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	128444865	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	104821681	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	57908978	
(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)		54975974
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5400631
c Other income	2c		-25600880
d Total income. Add all income amounts in column (b) and enter total	2d		245314833

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	129765233	
(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)		129765233
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)	3095486	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	57054	
(5) Investment advisory and investment management fees	2i(5)	4227266	
(6) Bank or trust company trustee/custodial fees	2i(6)	413777	
(7) Actuarial fees	2i(7)	268647	
(8) Legal fees	2i(8)	192399	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	54577	
(11) Other expenses	2i(11)	1690921	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		10000127
j Total expenses. Add all expense amounts in column (b) and enter total	2j		139765360

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		105549473
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		628725332
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 559521.

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 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan LIUNA STAFF AND AFFILIATES PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND				D Employer Identification Number (EIN) 52-0743575	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	63
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) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer LIUNA STAFF

b EIN 53-0088501

c Dollar amount contributed by employer 9030154

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer LOCAL UNION 79

b EIN 13-3882419

c Dollar amount contributed by employer 1826296

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer LOCAL UNION 300

b EIN 95-0918060

c Dollar amount contributed by employer 1283389

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer NEW ENGLAND LABORERS TRAINING

b EIN 04-2454286

c Dollar amount contributed by employer 1367163

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer NORTHWEST LABORERS TRAINI

b EIN 91-6092087

c Dollar amount contributed by employer 1323260

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

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

b EIN _____

c Dollar amount contributed by employer 9959817

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer CENT&EAST ORG FUND (CANADIAN EMP)

b EIN _____ **c** Dollar amount contributed by employer 2717413

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

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

b EIN _____ **c** Dollar amount contributed by employer 1502462

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer ONTARIO DISTRICT COUNCIL

b EIN _____ **c** Dollar amount contributed by employer 1306413

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

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

b EIN _____ **c** Dollar amount contributed by employer 1328184

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

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

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

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 54.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 15.0 %

High-Yield Debt: 4.0 % Real Assets: 6.0 % Cash or Cash Equivalents: 0.0 % Other: 21.0 %

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_____.



**LIUNA STAFF AND AFFILIATES
PENSION FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





**LIUNA STAFF AND AFFILIATES
PENSION FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
LIUNA Staff and Affiliates Pension Fund

Opinion

We have audited the accompanying financial statements of LIUNA Staff and Affiliates Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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, the net assets available for benefits of LIUNA Staff and Affiliates Pension Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt



about LIUNA Staff and Affiliates Pension Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Calibre CPA Group, PLLC

Bethesda, MD
July 18, 2025

LIUNA STAFF AND AFFILIATES PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments - at fair value (Note 7)	<u>\$ 1,875,196,451</u>	<u>\$ 1,779,598,276</u>
Receivables		
Employer contributions	13,992,097	13,914,881
Accrued interest and dividends	1,846,649	1,679,935
Due from LIUNA National (Industrial) Pension Fund	4,587,523	4,398,442
Due from LIUNA National 401(k) Savings Plan	173,569	170,891
Due from LIUNA SERP Plan	39,024	38,434
Due from Laborers' National Health and Welfare Fund	13,777	10,660
Due from broker for pending investment transactions	2,714,651	1,418,999
Other	(13,209)	53,670
Total receivables	<u>23,354,081</u>	<u>21,685,912</u>
Cash	<u>14,137,862</u>	<u>4,715,706</u>
Other assets		
Prepaid pensions	8,013,451	7,594,773
Prepaid expenses - other	1,701,536	1,559,965
Property and equipment (net of accumulated depreciation of \$651,731 and \$585,627)	<u>98,791</u>	<u>162,254</u>
Total other assets	<u>9,813,778</u>	<u>9,316,992</u>
Total assets	<u>1,922,502,172</u>	<u>1,815,316,886</u>
Liabilities		
Accounts payable	762,340	729,734
Due to broker for pending investment transactions	2,959,832	1,617,261
Investment management fees payable	1,507,481	1,529,901
Accrued severance plan costs	<u>283,056</u>	<u>-</u>
Total liabilities	<u>5,512,709</u>	<u>3,876,896</u>
Net assets available for benefits	<u>\$ 1,916,989,463</u>	<u>\$ 1,811,439,990</u>

See accompanying notes to financial statements.



LIUNA STAFF AND AFFILIATES PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 141,908,767	\$ 169,413,746
Interest	6,364,360	5,827,818
Dividends	<u>5,395,637</u>	<u>6,632,447</u>
	153,668,764	181,874,011
Less: investment expenses	<u>(4,569,876)</u>	<u>(4,493,342)</u>
Net investment income	<u>149,098,888</u>	<u>177,380,669</u>
Other additions		
Employer contributions	117,246,949	111,807,449
Securities litigation settlements	104,321	73,369
Currency translation adjustment	<u>(25,705,201)</u>	<u>5,911,120</u>
Total other additions	<u>91,646,069</u>	<u>117,791,938</u>
Total additions	<u>240,744,957</u>	<u>295,172,607</u>
Deductions		
Pension benefits	129,176,164	120,635,800
Death benefits	589,069	503,438
Administrative expenses	<u>5,430,251</u>	<u>5,053,617</u>
Total deductions	<u>135,195,484</u>	<u>126,192,855</u>
Net change	105,549,473	168,979,752
Net assets available for benefits		
Beginning of year	<u>1,811,439,990</u>	<u>1,642,460,238</u>
End of year	<u>\$ 1,916,989,463</u>	<u>\$ 1,811,439,990</u>

See accompanying notes to financial statements.



LIUNA STAFF AND AFFILIATES PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

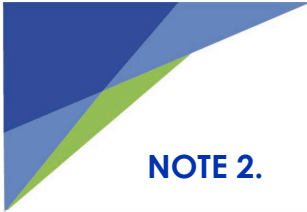
The Plan was amended in 2010 and 2009 to adopt various amendments to comply with new legislation and regulatory guidance including the Pension Protection Act of 2006 and the Internal Revenue Service (IRS) 2008 cumulative list of changes.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition - Investments are carried at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees (Trustees) determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. See Note 7 for a discussion of fair value measurements.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

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

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

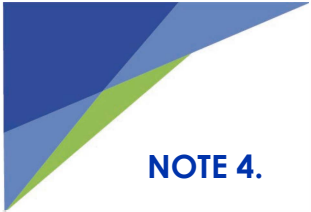
Prepaid Pensions - Prepaid pensions represents pension distributions made in the month prior to the benefit month.

Employer Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. The Plan considers receivables to be fully collectible; accordingly, no allowance for credit losses is deemed necessary.

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

NOTE 3. FUNDING POLICY

The international union, local unions, and district councils, on behalf of eligible full-time officers and employees, made contributions of 29% of gross salary for the year ended December 31, 2024 and 2023. Contributions at the same rate are also made for eligible full-time employees of approved building trade councils, central bodies, and laborer's training, pension, prepaid legal, political league, and education, and cooperation trust funds. The contributions made in the years ended December 31, 2024 and 2023 exceed the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA).



NOTE 4. PRIORITIES UPON TERMINATION

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

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

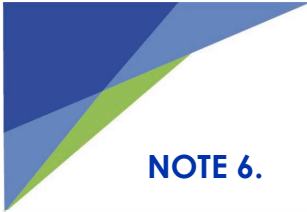
NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on May 2, 2016, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was qualified under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter, however the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

NOTE 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to a) retired or terminated employees or their beneficiaries, b) beneficiaries of employees who have died, and c) present employees or their beneficiaries. Benefits under the Plan are based on credited services which consist of the sum of past credited service and future credited service as defined in the Plan document.



NOTE 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Actuarial valuations of the Plan covering both the U.S. and Canadian segments as of January 1, 2024 were made by The Segal Consulting Company. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits

Vested benefits

Participants or beneficiaries currently receiving payments	\$ 1,169,450,072
--	------------------

Other vested benefits	<u>858,096,532</u>
-----------------------	--------------------

	2,027,546,604
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Non-vested benefits	<u>38,517,239</u>
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Total actuarial present value of accumulated plan benefits	<u>\$ 2,066,063,843</u>
--	-------------------------

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

Actuarial present value of accumulated plan benefits at January 1, 2023	<u>\$ 1,957,934,741</u>
---	-------------------------

Change during the year attributed to

Benefits accumulated, net experience gain or loss, and changes in data	91,128,992
--	------------

Interest	137,193,030
----------	-------------

Plan amendments	946,318
-----------------	---------

Benefits paid	<u>(121,139,238)</u>
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Net change	<u>108,129,102</u>
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Actuarial present value of accumulated plan benefits at January 1, 2024	<u>\$ 2,066,063,843</u>
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Some of the actuarial assumptions used in the valuation as of January 1, 2024, are listed below. The actuary used the aggregate cost method:

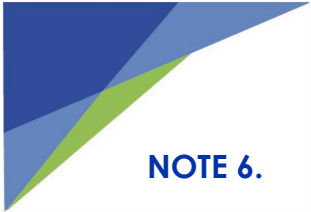
Net investment return	7.25%.
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Contribution rate	29% of salary.
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Retirement rates	Ranges from ages 40 to 70 and over, based on probability of retirement at specific ages.
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Percent married	75%.
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Administrative expenses	\$5,200,000 for the year beginning January 1, 2024.
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NOTE 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Mortality rates

Healthy mortality rates - 115% of RP-2014 Blue Collar Mortality Table for employees and annuitants with generational projection using scale MP-2014.

Disabled mortality rates - 115% of RP-2014 Disabled Mortality Table with generational projection using scale MP-2014.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results.

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

Since the information on the accumulated plan benefits at December 31, 2024, and the changes in accumulated plan benefits for the year then ended are not presented, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024, and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

NOTE 7. FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 15,859,087	\$ -	\$ 15,859,087	\$ -
United States Government and government agency obligations	61,087,947	32,917,616	28,170,331	-
Corporate bonds and notes	49,161,644	-	49,161,644	-
Common and preferred stocks	317,724,371	307,165,957	371,720	10,186,694
Total assets in the fair value hierarchy	443,833,049	\$ 340,083,573	\$ 93,562,782	\$ 10,186,694
Investments measured at NAV*	1,431,363,402			
Investments at fair value	\$ 1,875,196,451			

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

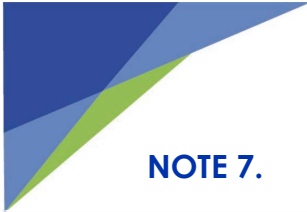
Sales of investments, whose fair value has been determined using significant unobservable inputs (Level 3), were \$-0- for the years ended December 31, 2024 and 2023.

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively:

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts	\$ 679,673,805	\$ -	Daily	1 day - 30 days
Registered investment companies	121,304,676	-	Daily	1 day - 30 days
Pooled fixed income funds	1,659,589	-	Daily	1 day - 30 days
Limited partnerships/other	628,725,332	154,153,997	N/A	N/A
Total	\$ 1,431,363,402	\$ 154,153,997		

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



NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

NOTE 8. PROPERTY AND EQUIPMENT

Property and equipment of the Plan at December 31, 2024 and 2023 were comprised of the following:

	2024	2023
Property and equipment	\$ 750,522	\$ 747,881
Less: accumulated depreciation	<u>(651,731)</u>	<u>(585,627)</u>
Property and equipment - net	<u>\$ 98,791</u>	<u>\$ 162,254</u>

Depreciation expense for the years ended December 31, 2024 and 2023 amounted to \$66,104 and \$68,636, respectively.

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

The Plan pays certain administrative, investment and professional fees to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

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

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

For the years ended December 31, 2024 and 2023, the expenses allocated to the LIUNA National (Industrial) Pension Fund were \$4,591,805 and \$4,418,788, respectively. At December 31, 2024 and 2023, the LIUNA National (Industrial) Pension Fund owed the Plan \$4,587,523 and \$4,398,442, respectively.

For the years ended December 31, 2024 and 2023, the expenses allocated to the LIUNA National 401(k) Savings Plan were \$171,052 and \$166,109, respectively. At December 31, 2024 and 2023, the LIUNA National 401(k) Savings Plan owed the Plan \$173,569 and \$170,891, respectively.

For the years ended December 31, 2024 and 2023, the expenses allocated to the LIUNA SERP Plan were \$39,024 and \$37,495, respectively. At December 31, 2024 and 2023, the LIUNA SERP Plan owed the Plan \$39,024 and \$38,434, respectively.

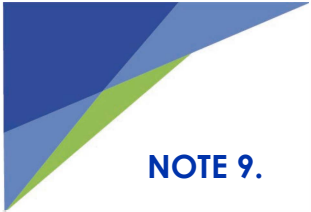
For the years ended December 31, 2024 and 2023, the expenses allocated to the Laborers' National Health and Welfare Fund were \$225,960 and \$247,348. At December 31, 2024 and 2023, the Laborers' National Health and Welfare Fund owed the Plan \$13,777 and \$10,660, respectively.

The Plan leases office space from LIUNA under a lease which commenced on March 1, 2016 that expires on March 1, 2026. Annual rent expense for the years ended December 31, 2024 and 2023 amounted to \$592,931 and \$579,469, respectively.

Minimum annual rental and lease commitments under this lease at December 31, 2024 are as follows:

<u>December 31,</u>	
2025	\$ 604,449
2026	<u>103,142</u>
	<u>\$ 707,591</u>

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



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

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

NOTE 10. DERIVATIVE FINANCIAL INSTRUMENTS

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

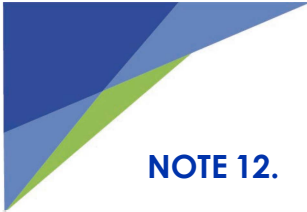
At December 31, 2024 and 2023, the Plan had entered into forward currency contracts with a contract or notional value of \$272,013,706 and \$259,622,610, respectively. The fair value of these forward currency contracts at December 31, 2024 and 2023 was \$272,523,069 and \$259,813,058, respectively. Since all changes in the value of open forward currency contracts are settled on a regular basis, usually daily, the difference between the contract value and the fair value on December 31, 2024 and 2023, a gain of \$509,364 and gain of \$190,448, respectively, is included in net investment income in the accompanying financial statements.

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

NOTE 11. RISKS AND UNCERTAINTIES

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

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



NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

The following table is a reconciliation for additions per the financial statements to income per the Form 5500 for the year ended December 31, 2024:

Additions per financial statements	\$ 240,744,957
Add: investment expenses	<u>4,569,876</u>
Income per Form 5500	<u>\$ 245,314,833</u>

The following table is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the year ended December 31, 2024:

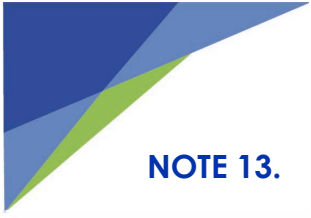
Deductions per financial statements	\$ 135,195,484
Add: investment expenses	<u>4,569,876</u>
Expenses per Form 5500	<u>\$ 139,765,360</u>

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

NOTE 13. POST-EMPLOYMENT BENEFITS

Effective January 1, 2024, the Board of Trustees established the LIUNA Staff and Affiliates Pension Fund Employees Severance Pay Plan. The plan is intended to provide eligible employees of the Plan with a lump sum payment upon separation from service. Eligible participants must have a total of at least fifteen years of qualifying employment with the Plan or one or more of its related entities, when they separate from service with these entities. Benefits are two weeks of salary for each full year, up to a maximum of fifty weeks, less the amount of any other severance pay to which the participant is entitled under a collective bargaining agreement with the Plan or one or more of its related entities.

Benefit obligation at December 31, 2024:	\$ 283,056
Weighted average assumption for discount rate as of December 31, 2024 for benefit obligation:	5.25%
Expected annual increase in salaries as of December 31, 2024:	5.00%



NOTE 13. POST-EMPLOYMENT BENEFITS (CONTINUED)

Total expected payments for the next 10 fiscal years are as follows:

<u>Year ending December 31,</u>		
2025	\$	32,591
2026		34,353
2027		42,802
2028		40,903
2029		44,163
2030-2034		216,182

NOTE 14. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 18, 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 an adjustment to or disclosure in the accompanying financial statements.

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 60 (for pre-2024 service) or 65 (for post-2023 service)
- **Service Requirement:** Six years of service credit
- **Amount:** One-twelfth of 2.5% of final salary times years of service credit up to a maximum of 35 years of service credit. For service credits earned before January 1, 2024, final salary is the average annual salary for the three calendar years in which salary has been the highest. For service credits earned on and after January 1, 2024, final salary is the average annual salary for the five calendar years in which salary has been the highest.
- **Delayed Retirement Amount:** Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each month greater than NRA for 60 months; 1.5% for each month the next 60 months and 3% for each month thereafter until the Required Beginning Date. These increases only apply for months for which benefits were not suspended.

Section 3: Certificate of Actuarial Valuation

Service pension

- **Age Requirement:** None
- **Service Requirement:** 25 years of service credit
- **Amount:** Regular Pension accrued

Early retirement

- **Age and Service Requirements:** Age 55 and vested status or age 50 with 10 years of service credit
- **Amount:** Regular pension accrued, reduced by 6% per year for the first 10 years of age less than the Normal Retirement Age and 3% for each additional year.

Disability

- **Age Requirement:** None
- **Service Requirement:** 6 years of service credit
- **Amount:** Regular pension accrued

Vesting

- **Age Requirement:** None
- **Service Requirement:** 2 years of service credit
- **Amount:** Regular or Early pension accrued based on plan in effect when last active, times vesting percentage
- **Vesting Percentage: U.S. participants:** 20% after 2 years of service plus 20% for each of the next 4 years up to a maximum of 100% / **Canadian participants:** Immediate vesting
- **Normal Retirement Age:** For service credits earned before January 1, 2024, 60 or fifth anniversary of participation, if later. For service credits earned on and after January 1, 2024, 65 or fifth anniversary of participation, if later.

Section 3: Certificate of Actuarial Valuation

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Vested status
- **Amount:** 100% of the benefit participant would have received had they retired at Normal Retirement Age and elected the joint and survivor option. This benefit is payable starting the first month following the death of the participant and has 60 guaranteed payments.
- **Charge for Coverage:** None

Sixty Month Pre-Retirement Guarantee (for active participants only and if not eligible for spouse's benefit)

- **Age Requirement:** None
- **Service Requirement:** Vested status
- **Amount:** Monthly benefit to which participant would have been entitled had they retired at Normal Retirement Age. This benefit is payable starting the first month following the death of the participant and is payable for 60 months to the designated beneficiary.

Pre-Retirement Lump-Sum Death Benefit (for active participants only)

- **Age Requirement:** None
- **Service Requirement:** 2 years of service credit
- **Amount:**
 - \$2,000 - 2 years of service credit
 - \$4,000 - 3 years of service credit
 - \$6,000 - 4 years of service credit
 - \$8,000 - 5 years of service credit
 - \$10,000 - 6 or more years of service credit

Section 3: Certificate of Actuarial Valuation

Post-retirement death benefit

- **Participant and Spouse:** If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant with 60 months guaranteed, or in any other available optional form elected by the employee in an actuarially equivalent amount.
- **Lump-sum benefit:**
 - \$1,000 - 2 years of service credit
 - \$2,000 - 3 years of service credit
 - \$3,000 - 4 years of service credit
 - \$4,000 - 5 years of service credit
 - \$5,000 - 6 or more years of service credit

Optional forms of benefits

- Single Life Annuity with 60 Months Guaranteed
- 50%, 75% and 100% Survivor's Option
- 50%, 75% and 100% Survivor's Option with Pop-up
- 60% Participant and Spouse with and without Pop-up for Canadian Participants
- Sixty Certain Payments Option
- Partial Lump-Sum
- Social Security Option

Participation

First day after receiving compensation for full-time employment

Service credit

One year for \$10,000 of earnings

Section 3: Certificate of Actuarial Valuation

Vesting credit

One year for \$10,000 of earnings

Contribution rate

29% of salary

Section 415(b) limit

\$275,000 (previously \$265,000)

Section 401(a)(17) limit

\$345,000 (previously \$330,000)

Changes in plan provisions

- Effective January 1, 2024, for service credits earned on and after January 1, 2024, the Normal Retirement Age was increased to 65 and the Final Average Salary was changed to be the average of the highest 5 annual salaries.
- The increased limit in Section 401(a)(17) and Section 415(b) were reflected in this actuarial valuation.

LIUNA STAFF AND AFFILIATES PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
<u>Short-term investments</u>							
	<u>Investment Manager - Ryan Labs Asset Management</u> EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	68,796	\$ 68,796	\$ 68,796
	<u>Investment Manager - LSV Asset Management</u> EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	695,105	695,105	695,105
	<u>Investment Manager - Janus U.S. Mid Cap Growth</u> EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	2,570,412	2,570,412	2,570,412
	<u>Investment Manager - Alliance Bernstein</u> EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	179,525	179,525	179,525
	<u>Investment Manager - Loomis Sayles</u> EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	2	2	2
	<u>Investment Manager - J. P. Morgan</u> EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	230	230	230
	<u>Investment Manager - SouthernSun Asset Management</u> EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	1,701,407	1,701,407	1,701,407
	<u>Working Account</u> EB TEMP INV FD	N/A	N/A	Varies	7,293,525	7,293,525	7,293,525
	<u>Investment Manager - ULLICO</u> EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	381,233	381,233	381,233
	<u>Investment Manager - HGK/GLG Asset Management (Large Cap)</u> EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	2,665,410	2,665,410	2,665,410
	<u>Investment Manager - Income Research & Management</u> EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	303,442	303,442	303,442
	Total short-term investments					15,859,087	15,859,087
<u>U.S. Government, government guaranteed and government agency obligations</u>							
	<u>Investment Manager - Ryan Labs Asset Management</u>						
	FHLMC POOL #G0-7416	N/A	07/01/2043	3.500%	50,774	51,687	46,305
	FHLMC POOL #G0-7426	N/A	06/01/2043	4.000%	60,148	63,118	56,505
	FHLMC POOL #G0-8572	N/A	02/01/2044	3.500%	17,213	17,697	15,638
	FHLMC POOL #G0-8677	N/A	11/01/2045	4.000%	24,852	26,312	23,100
	FHLMC POOL #G0-8707	N/A	05/01/2046	4.000%	30,505	32,240	28,356
	FHLMC POOL #G0-8772	N/A	07/01/2047	4.500%	26,933	29,054	25,672
	FHLMC POOL #Q1-9470	N/A	06/01/2043	3.000%	72,718	72,990	64,161
	FHLMC POOL #QD-5507	N/A	01/01/2052	2.000%	64,244	63,015	50,736
	FHLMC POOL #QD-9791	N/A	04/01/2052	2.000%	86,961	76,804	67,696
	FHLMC POOL #QE-0359	N/A	04/01/2052	3.500%	76,837	76,753	68,259
	FHLMC POOL #RA-3580	N/A	09/01/2050	2.000%	54,951	57,089	43,253
	FHLMC POOL #RA-4245	N/A	12/01/2050	2.000%	54,872	57,015	43,235
	FHLMC POOL #RA-7773	N/A	08/01/2052	4.000%	187,431	171,558	171,687
	FHLMC POOL #RA-9386	N/A	07/01/2053	6.000%	319,294	323,605	321,785
	FHLMC POOL #RB-5145	N/A	01/01/2042	2.000%	72,292	71,332	59,917
	FHLMC POOL #RJ-0713	N/A	01/01/2054	6.500%	347,934	358,658	357,739
	FHLMC POOL #RJ-0867	N/A	02/01/2054	7.000%	321,274	335,742	334,784
	FHLMC POOL #SD-1470	N/A	03/01/2052	2.000%	152,268	127,977	119,919
	FHLMC POOL #SD-1556	N/A	06/01/2052	2.000%	91,737	73,858	71,411
	FHLMC POOL #SD-1601	N/A	09/01/2052	4.500%	176,329	168,421	166,655
	FHLMC POOL #SD-1844	N/A	06/01/2052	3.000%	195,584	172,511	167,129
	FHLMC POOL #SD-1919	N/A	03/01/2052	3.000%	66,388	60,953	57,155
	FHLMC POOL #SD-2088	N/A	06/01/2052	3.500%	379,555	349,961	335,860
	FHLMC POOL #SD-2282	N/A	01/01/2052	3.500%	68,824	63,200	61,489
	FHLMC POOL #SD-3637	N/A	08/01/2053	6.000%	282,090	285,953	284,285
	FHLMC POOL #SD-3875	N/A	04/01/2051	3.500%	120,078	111,016	106,669
	FHLMC POOL #SD-3937	N/A	05/01/2052	2.500%	150,184	116,768	123,956
	FHLMC POOL #SD-4880	N/A	09/01/2053	4.500%	367,523	353,798	347,360
	FHLMC POOL #SD-5012	N/A	03/01/2054	5.000%	302,739	297,016	292,682

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

(c) Description of investment including maturity date, rate of interest, collateral, shares/par value							
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	FHLMC POOL #SD-5563	N/A	05/01/2054	5.500%	151,457	\$ 150,794	\$ 150,268
	FHLMC POOL #SD-5603	N/A	06/01/2054	5.500%	88,216	89,877	88,177
	FHLMC POOL #SD-7528	N/A	11/01/2050	2.000%	58,145	60,370	46,033
	FHLMC POOL #SD-8044	N/A	02/01/2050	3.000%	340,186	299,240	292,910
	FHLMC POOL #SD-8108	N/A	11/01/2050	3.000%	124,395	104,006	106,836
	FHLMC POOL #SD-8196	N/A	01/01/2052	3.500%	18,268	19,287	16,232
	FHLMC MULTICLASS MTG 5092 BC	N/A	06/25/2036	2.500%	6,100	6,260	6,037
	FNMA POOL #0890813	N/A	12/01/2047	3.500%	47,124	45,909	42,299
	FNMA POOL #0931792	N/A	08/01/2039	5.000%	19,043	20,688	18,970
	FNMA POOL #0A85379	N/A	06/01/2042	3.500%	30,069	31,145	27,389
	FNMA POOL #0A89350	N/A	05/01/2043	3.000%	53,304	53,487	46,974
	FNMA POOL #0AD1645	N/A	03/01/2040	5.000%	11,012	12,006	10,969
	FNMA POOL #0AD7079	N/A	06/01/2025	4.500%	353	375	352
	FNMA POOL #0AE4281	N/A	09/01/2025	3.500%	1,135	1,200	1,128
	FNMA POOL #0AJ5300	N/A	11/01/2041	4.000%	26,204	27,574	24,714
	FNMA POOL #0AJ6086	N/A	12/01/2026	3.000%	14,235	14,708	14,025
	FNMA POOL #0AL1371	N/A	01/01/2027	4.000%	5,116	5,439	5,081
	FNMA POOL #0AL5538	N/A	07/01/2044	4.000%	40,022	43,124	37,548
	FNMA POOL #0AL5625	N/A	03/01/2044	3.500%	48,395	50,739	44,079
	FNMA POOL #0AR3317	N/A	02/01/2043	3.500%	66,187	67,624	60,296
	FNMA POOL #0AS0210	N/A	08/01/2043	3.500%	74,773	76,350	67,975
	FNMA POOL #0AS7838	N/A	08/01/2046	3.000%	51,031	48,471	44,231
	FNMA POOL #0AT5860	N/A	06/01/2043	3.500%	27,916	28,871	25,366
	FNMA POOL #0AU4228	N/A	09/01/2043	4.000%	29,138	30,682	27,283
	FNMA POOL #0AV2959	N/A	12/01/2043	4.500%	33,714	36,891	32,226
	FNMA POOL #0BR2619	N/A	02/01/2051	2.000%	51,513	53,268	40,727
	FNMA POOL #0BT7339	N/A	09/01/2036	2.000%	55,825	57,779	49,607
	FNMA POOL #0BV3091	N/A	02/01/2052	2.500%	61,657	61,156	50,877
	FNMA POOL #0CA7224	N/A	10/01/2050	2.000%	87,007	70,992	68,506
	FNMA POOL #0CB0469	N/A	05/01/2041	2.500%	39,788	41,846	34,027
	FNMA POOL #0CB1090	N/A	07/01/2036	2.500%	43,531	46,191	39,625
	FNMA POOL #0CB1842	N/A	10/01/2041	2.500%	66,810	69,714	57,300
	FNMA POOL #0CB4038	N/A	06/01/2052	5.000%	72,882	72,882	70,528
	FNMA POOL #0CB7109	N/A	09/01/2053	5.500%	277,674	275,114	275,403
	FNMA POOL #0FM2500	N/A	03/01/2035	2.500%	68,356	64,735	62,676
	FNMA POOL #0FM4184	N/A	07/01/2050	2.500%	78,235	65,864	65,134
	FNMA POOL #0FM4334	N/A	04/01/2050	3.000%	80,372	73,026	69,303
	FNMA POOL #0FM4422	N/A	10/01/2050	2.500%	89,016	77,824	73,830
	FNMA POOL #0FM6708	N/A	01/01/2051	2.500%	54,123	54,030	44,970
	FNMA POOL #0FM7737	N/A	02/01/2051	2.500%	102,803	85,166	84,787
	FNMA POOL #0FM8348	N/A	09/01/2051	4.500%	46,908	48,836	38,834
	FNMA POOL #0FM8595	N/A	08/01/2051	2.500%	90,227	94,386	74,536
	FNMA POOL #0FM8601	N/A	08/01/2051	2.500%	90,309	94,048	73,627
	FNMA POOL #0FM8617	N/A	09/01/2051	2.000%	72,231	73,461	57,112
	FNMA POOL #0FM8821	N/A	09/01/2051	3.000%	338,335	291,568	290,048
	FNMA POOL #0FM8857	N/A	10/01/2051	2.000%	87,894	89,666	69,697
	FNMA POOL #0FS0328	N/A	10/01/2051	4.000%	62,295	66,782	57,270
	FNMA POOL #0FS1395	N/A	04/01/2052	4.000%	72,109	73,168	66,513
	FNMA POOL #0FS1426	N/A	04/01/2052	2.500%	83,422	73,764	68,631
	FNMA POOL #0FS1931	N/A	02/01/2052	2.500%	127,777	115,838	106,065
	FNMA POOL #0FS2572	N/A	11/01/2051	2.000%	166,706	146,177	130,756
	FNMA POOL #0FS2847	N/A	08/01/2052	4.000%	172,140	159,131	157,683
	FNMA POOL #0FS3218	N/A	03/01/2052	2.500%	87,607	75,479	72,354
	FNMA POOL #0FS3298	N/A	10/01/2051	2.500%	195,478	170,085	159,387
	FNMA POOL #0FS3381	N/A	02/01/2052	2.500%	72,555	63,939	59,469
	FNMA POOL #0FS3382	N/A	08/01/2051	2.000%	90,875	75,554	70,911
	FNMA POOL #0FS3549	N/A	01/01/2052	2.500%	412,509	354,177	338,088
	FNMA POOL #0FS4140	N/A	04/01/2052	3.000%	158,374	143,081	136,216
	FNMA POOL #0FS4269	N/A	10/01/2051	2.000%	70,579	59,033	55,807
	FNMA POOL #0FS9797	N/A	11/01/2054	5.000%	341,757	331,504	331,768
	FNMA POOL #0MA4157	N/A	09/01/2050	1.500%	80,695	78,501	59,703
	FNMA POOL #0MA4281	N/A	03/01/2051	2.000%	246,754	196,285	193,386
	FNMA POOL #0MA4379	N/A	07/01/2051	2.500%	396,604	340,446	325,632
	FNMA POOL #0MA4465	N/A	10/01/2051	2.000%	448,272	371,885	350,486
	FNMA POOL #0MA4468	N/A	10/01/2051	3.500%	54,915	58,845	48,745
	FNMA POOL #0MA4565	N/A	02/01/2052	3.500%	84,483	86,595	75,003
	GNMA POOL #0782468	N/A	11/15/2038	5.000%	12,653	13,784	12,666
	GNMA GTD REMIC P/T 24-29 AE	N/A	05/16/2064	3.500%	223,916	209,641	212,301
	GNMA II POOL #0004266	N/A	10/20/2038	5.500%	7,054	7,731	7,203
	GNMA II POOL #0005331	N/A	03/20/2042	3.500%	11,129	11,494	10,203
	GNMA II POOL #0786100	N/A	03/20/2052	2.500%	82,931	71,554	68,843
	GNMA II POOL #0786266	N/A	03/20/2052	2.500%	78,126	69,484	64,860
	GNMA II POOL #0787155	N/A	11/20/2053	6.000%	100,854	102,336	102,291
	GNMA II POOL #0BS3713	N/A	01/20/2050	3.500%	48,984	45,922	44,482
	GNMA II POOL #0BT1891	N/A	12/20/2050	2.500%	67,977	59,405	55,440
	GNMA II POOL #0BZ4054	N/A	12/20/2050	2.000%	81,138	70,286	64,047
	GNMA II POOL #0CM4722	N/A	10/20/2049	3.500%	143,180	132,824	127,379
	GNMA II POOL #0CO8601	N/A	12/20/2048	4.000%	64,773	61,742	60,121

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value						
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value	
	GNMA II POOL #0MA6994	N/A	11/20/2050	2.000%	430,297	\$ 362,134	\$ 344,659	
	GNMA II POOL #0MA7135	N/A	01/20/2051	2.000%	196,086	162,361	156,835	
	GNMA II POOL #0MA7367	N/A	05/20/2051	2.500%	36,219	37,534	30,277	
	GNMA II POOL #0MA7368	N/A	05/20/2051	3.000%	194,570	172,736	168,984	
	GNMA II POOL #0MA7420	N/A	06/20/2051	3.500%	66,493	66,431	59,767	
	GNMA II POOL #0MA7473	N/A	07/20/2051	3.000%	126,986	117,144	110,197	
	GNMA II POOL #0MA7534	N/A	08/20/2051	2.500%	80,286	72,170	67,058	
	GNMA II POOL #0MA7648	N/A	10/20/2051	2.000%	85,004	69,889	68,000	
	GNMA II POOL #0MA7650	N/A	10/20/2051	3.000%	229,352	212,611	198,981	
	GNMA II POOL #0MA7829	N/A	01/20/2052	3.500%	231,168	217,924	206,815	
	GNMA II POOL #0MA7830	N/A	01/20/2052	4.000%	117,987	124,762	108,996	
	GNMA II POOL #0MA7883	N/A	02/20/2052	3.500%	63,832	65,518	57,049	
	GNMA II POOL #0MA7884	N/A	02/20/2052	4.000%	66,596	69,592	61,438	
	GNMA II POOL #0MA7937	N/A	03/20/2052	3.000%	115,469	100,503	100,111	
	GNMA II POOL #0MA8199	N/A	08/20/2052	3.500%	154,716	140,876	138,272	
	GNMA II POOL #0MA8268	N/A	09/20/2052	4.500%	140,761	135,834	133,364	
	GNMA II POOL #0MA8720	N/A	03/20/2053	2.500%	450,827	384,112	376,937	
	U S TREASURY BOND	N/A	05/15/2045	3.000%	115,000	116,066	86,992	
	U S TREASURY BOND	N/A	05/15/2047	3.000%	100,000	103,003	73,996	
	U S TREASURY BOND	N/A	11/15/2047	2.750%	245,000	230,520	172,152	
	U S TREASURY BOND	N/A	02/15/2048	3.000%	205,000	205,993	150,587	
	U S TREASURY BOND	N/A	05/15/2048	3.125%	180,000	177,397	135,022	
	U S TREASURY BOND	N/A	08/15/2048	3.000%	180,000	176,207	131,654	
	U S TREASURY BOND	N/A	11/15/2048	3.375%	50,000	53,985	39,108	
	U S TREASURY BOND	N/A	02/15/2049	3.000%	65,000	70,275	47,361	
	U S TREASURY BOND	N/A	05/15/2050	1.250%	3,815,000	1,900,815	1,812,125	
	U S TREASURY BOND	N/A	08/15/2050	1.375%	175,000	87,992	85,498	
	U S TREASURY BOND	N/A	05/15/2040	1.125%	35,000	35,119	21,075	
	U S TREASURY BOND	N/A	11/15/2050	1.625%	830,000	675,601	433,575	
	U S TREASURY BOND	N/A	05/15/2051	2.375%	35,000	38,048	22,047	
	U S TREASURY BOND	N/A	08/15/2041	1.750%	565,000	506,669	366,301	
	U S TREASURY BOND	N/A	11/15/2041	2.000%	475,000	357,901	319,309	
	U S TREASURY BOND	N/A	08/15/2052	3.000%	10,000	7,973	7,187	
	U S TREASURY BOND	N/A	11/15/2042	4.000%	35,000	34,907	31,526	
	U S TREASURY BOND	N/A	05/15/2053	3.625%	75,000	66,230	61,073	
	U S TREASURY BOND	N/A	08/15/2053	4.125%	460,000	425,570	410,389	
	U S TREASURY BOND	N/A	11/15/2043	4.750%	185,000	186,135	182,854	
	U S TREASURY BOND	N/A	02/15/2054	4.250%	10,000	9,758	9,138	
	U S TREASURY BOND	N/A	05/15/2054	4.625%	35,000	38,196	34,065	
	U S TREASURY BOND	N/A	08/15/2044	4.125%	70,000	69,475	63,416	
	U S TREASURY NOTE	N/A	02/15/2030	1.500%	671,000	569,597	582,562	
	U S TREASURY NOTE	N/A	11/15/2030	0.875%	1,155,000	1,091,435	944,894	
	U S TREASURY NOTE	N/A	11/15/2031	1.375%	1,855,000	1,516,173	1,515,739	
	U S TREASURY NOTE	N/A	02/28/2029	1.875%	1,715,000	1,598,949	1,553,087	
	U S TREASURY NOTE	N/A	01/31/2030	3.500%	415,000	415,566	398,093	
	U S TREASURY NOTE	N/A	03/31/2030	3.625%	95,000	91,775	91,545	
	U S TREASURY NOTE	N/A	05/31/2030	3.750%	380,000	381,054	367,753	
	U S TREASURY NOTE	N/A	09/30/2030	4.625%	140,000	140,104	141,285	
	U S TREASURY NOTE	N/A	05/15/2034	4.375%	1,490,000	1,486,343	1,467,412	
	U S TREASURY NOTE	N/A	06/30/2031	4.250%	15,000	14,900	14,810	
	U S TREASURY NOTE	N/A	07/31/2029	4.000%	865,000	870,900	851,177	
	U S TREASURY NOTE	N/A	07/31/2031	4.125%	130,000	131,214	127,400	
	U S TREASURY NOTE	N/A	10/15/2027	3.875%	1,100,000	1,090,965	1,088,318	
	U S TREASURY NOTE	N/A	10/31/2029	4.125%	60,000	59,591	59,302	
	U S TREASURY NOTE	N/A	11/30/2029	4.125%	3,860,000	3,851,180	3,815,687	
	U S TREASURY NOTE	N/A	12/15/2027	4.000%	1,145,000	1,136,368	1,136,058	
						33,681,322	31,774,971	

Investment Manager - Income Research & Management

FHLMC POOL #84-1089	N/A	06/01/2047	6.830%	26,118	27,147	26,878
FHLMC POOL #A9-3231	N/A	08/01/2040	4.000%	48,020	51,025	45,351
FHLMC POOL #C0-3830	N/A	03/01/2042	4.000%	41,565	44,005	39,255
FHLMC POOL #G0-7668	N/A	07/01/2037	4.000%	34,383	36,333	32,690
FHLMC POOL #G6-0564	N/A	02/01/2042	5.000%	32,900	36,642	32,817
FHLMC POOL #G6-0587	N/A	02/01/2046	4.000%	35,782	38,318	33,261
FHLMC POOL #G6-1242	N/A	12/01/2045	4.500%	50,324	53,705	48,578
FHLMC POOL #G6-7701	N/A	10/01/2046	3.000%	48,574	47,147	42,245
FHLMC POOL #Q3-7573	N/A	10/01/2039	4.500%	47,102	50,959	45,540
FHLMC POOL #QA-8518	N/A	04/01/2050	3.000%	56,999	60,570	49,059
FHLMC POOL #QB-4847	N/A	10/01/2050	2.500%	75,309	79,581	61,449
FHLMC POOL #RA-3607	N/A	09/01/2050	3.000%	76,262	82,089	65,677
FHLMC POOL #SB-0307	N/A	02/01/2035	2.500%	113,898	107,224	104,533
FHLMC POOL #SB-0359	N/A	07/01/2035	2.500%	343,482	315,324	314,379
FHLMC POOL #SB-0744	N/A	05/01/2033	3.000%	120,463	116,002	114,814
FHLMC POOL #SB-8031	N/A	01/01/2035	2.500%	335,620	311,654	307,622
FHLMC POOL #SD-0499	N/A	08/01/2050	3.000%	222,959	238,148	192,708

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

(c) Description of investment including maturity date, rate of interest, collateral, shares/par value							
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	FHLMC POOL #SD-0558	N/A	03/01/2051	2.500%	75,392	\$ 78,597	\$ 62,463
	FHLMC POOL #SD-1100	N/A	05/01/2052	2.500%	131,931	112,492	108,861
	FHLMC POOL #SD-1674	N/A	10/01/2052	4.500%	108,346	103,741	102,908
	FHLMC POOL #SD-3283	N/A	05/01/2053	5.000%	169,990	168,024	165,891
	FHLMC POOL #SD-5063	N/A	03/01/2054	5.500%	210,292	207,532	210,074
	FHLMC POOL #SD-5250	N/A	04/01/2052	2.500%	260,575	219,412	214,539
	FHLMC POOL #SD-5270	N/A	04/01/2054	5.000%	203,516	196,242	198,521
	FHLMC POOL #SD-5271	N/A	05/01/2054	5.500%	213,318	209,852	213,348
	FHLMC POOL #SD-5624	N/A	06/01/2054	5.500%	141,822	141,019	140,232
	FHLMC POOL #SD-5975	N/A	07/01/2054	5.500%	313,453	321,191	312,954
	FHLMC POOL #SD-7540	N/A	05/01/2051	2.500%	230,799	189,616	190,578
	FHLMC POOL #SD-7543	N/A	08/01/2051	2.500%	120,974	110,295	100,089
	FHLMC POOL #SD-7548	N/A	11/01/2051	2.500%	528,590	456,085	437,487
	FHLMC POOL #SD-7552	N/A	01/01/2052	2.500%	810,643	682,605	669,056
	FHLMC POOL #U9-9126	N/A	11/01/2043	3.000%	61,948	59,964	54,848
	FHLMC POOL #ZA-6531	N/A	03/01/2049	4.500%	22,400	24,444	21,354
	FHLMC POOL #ZS-4693	N/A	12/01/2046	3.000%	214,172	205,004	185,139
	FHLMC POOL #ZS-7738	N/A	01/01/2031	2.500%	47,492	49,963	45,149
	FHLMC POOL #ZS-7740	N/A	08/01/2030	2.500%	34,899	36,693	33,273
	FHLMC POOL #ZT-1748	N/A	01/01/2049	5.000%	25,315	27,364	24,900
	FNMA POOL #0254903	N/A	10/01/2033	5.000%	38,617	42,969	38,443
	FNMA POOL #0888037	N/A	10/01/2036	5.000%	34,879	37,343	34,595
	FNMA POOL #0890143	N/A	02/01/2039	5.000%	36,298	40,567	36,098
	FNMA POOL #0890711	N/A	11/01/2045	4.500%	93,871	102,084	90,571
	FNMA POOL #0995240	N/A	08/01/2037	4.500%	41,887	45,860	40,445
	FNMA POOL #0AD6431	N/A	06/01/2040	4.500%	35,893	39,269	34,787
	FNMA POOL #0AE0113	N/A	07/01/2040	4.000%	37,967	40,927	35,811
	FNMA POOL #0AL3754	N/A	07/01/2041	5.000%	38,912	43,289	38,762
	FNMA POOL #0AL6040	N/A	08/01/2038	7.500%	38,171	43,754	39,632
	FNMA POOL #0AL6301	N/A	06/01/2042	4.500%	37,842	41,215	36,617
	FNMA POOL #0AL6663	N/A	03/01/2039	4.000%	67,871	72,431	64,445
	FNMA POOL #0AL7521	N/A	06/01/2039	5.000%	100,882	110,519	100,030
	FNMA POOL #0AL8088	N/A	02/01/2046	4.000%	57,774	58,352	54,200
	FNMA POOL #0AL9127	N/A	10/01/2044	4.000%	69,211	73,309	64,935
	FNMA POOL #0AL9918	N/A	02/01/2047	3.500%	29,184	30,561	26,382
	FNMA POOL #0AY8188	N/A	04/01/2045	4.000%	46,379	47,220	43,568
	FNMA POOL #0BK1023	N/A	02/01/2048	4.500%	40,974	42,911	38,998
	FNMA POOL #0BM3286	N/A	11/01/2047	4.500%	14,311	15,009	13,763
	FNMA POOL #0BM3491	N/A	01/01/2038	4.500%	26,832	27,868	26,322
	FNMA POOL #0BM4425	N/A	07/01/2047	5.000%	32,883	35,205	32,595
	FNMA POOL #0BM4896	N/A	02/01/2047	3.000%	46,017	48,642	40,555
	FNMA POOL #0BM5019	N/A	12/01/2047	4.000%	595,610	565,178	557,277
	FNMA POOL #0BM5172	N/A	08/01/2047	4.500%	464,165	452,851	445,598
	FNMA POOL #0BM5827	N/A	04/01/2049	5.000%	22,738	24,168	22,468
	FNMA POOL #0BM5985	N/A	06/01/2046	4.500%	44,837	48,045	43,456
	FNMA POOL #0BM6585	N/A	04/01/2047	6.792%	27,450	28,719	28,205
	FNMA POOL #0BO1311	N/A	08/01/2049	3.500%	31,737	33,929	28,472
	FNMA POOL #0BO2977	N/A	09/01/2049	3.500%	89,915	93,188	80,664
	FNMA POOL #0BO6275	N/A	01/01/2050	3.500%	61,091	64,771	54,806
	FNMA POOL #0BP0661	N/A	03/01/2035	2.500%	104,399	109,179	95,700
	FNMA POOL #0BP5462	N/A	06/01/2050	2.500%	29,613	30,807	24,561
	FNMA POOL #0BQ3100	N/A	10/01/2050	3.000%	35,642	38,021	30,840
	FNMA POOL #0BQ3137	N/A	10/01/2050	2.500%	43,467	45,878	36,119
	FNMA POOL #0BR5632	N/A	03/01/2051	2.000%	94,808	95,993	75,182
	FNMA POOL #0BU9898	N/A	01/01/2052	3.500%	93,325	91,516	82,933
	FNMA POOL #0BW6304	N/A	08/01/2052	5.000%	116,589	117,682	113,293
	FNMA POOL #0BW9901	N/A	10/01/2052	4.500%	128,314	126,228	122,287
	FNMA POOL #0CA4950	N/A	01/01/2050	3.500%	35,865	38,438	32,175
	FNMA POOL #0CA5969	N/A	06/01/2050	2.500%	123,460	103,938	101,937
	FNMA POOL #0CA6097	N/A	06/01/2050	3.500%	59,456	62,893	53,194
	FNMA POOL #0CA6635	N/A	08/01/2050	2.500%	165,635	150,211	137,380
	FNMA POOL #0CA6738	N/A	08/01/2050	3.000%	53,839	56,909	46,256
	FNMA POOL #0CA6872	N/A	08/01/2035	2.500%	84,974	89,913	77,773
	FNMA POOL #0CA7502	N/A	10/01/2035	3.000%	48,504	52,096	45,369
	FNMA POOL #0CB2284	N/A	12/01/2051	2.500%	140,564	128,463	116,359
	FNMA POOL #0CB2857	N/A	02/01/2052	2.500%	158,820	134,575	131,149
	FNMA POOL #0CB4352	N/A	08/01/2052	5.000%	187,972	184,565	183,443
	FNMA POOL #0CB7336	N/A	10/01/2053	5.500%	195,489	194,710	193,162
	FNMA POOL #0FM1000	N/A	04/01/2047	3.000%	80,810	85,053	70,012
	FNMA POOL #0FM1242	N/A	07/01/2049	5.000%	14,717	15,941	14,482
	FNMA POOL #0FM2336	N/A	01/01/2050	4.000%	24,300	26,145	22,497
	FNMA POOL #0FM2493	N/A	10/01/2049	5.000%	16,694	18,139	16,430
	FNMA POOL #0FM2674	N/A	03/01/2050	4.000%	45,081	48,476	41,736
	FNMA POOL #0FM3193	N/A	04/01/2050	4.000%	33,496	36,097	31,032
	FNMA POOL #0FM4330	N/A	10/01/2050	2.500%	61,754	65,672	51,219
	FNMA POOL #0FM4622	N/A	07/01/2050	3.000%	53,870	57,498	46,897
	FNMA POOL #0FM4726	N/A	11/01/2034	3.000%	36,735	39,123	35,314
	FNMA POOL #0FM5563	N/A	10/01/2049	5.000%	41,211	47,019	40,436

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value						
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value	
	FNMA POOL #0FM5721	N/A	12/01/2040	3.000%	53,910	\$ 57,027	\$ 48,236	
	FNMA POOL #0FM5736	N/A	12/01/2050	4.000%	180,339	199,190	167,194	
	FNMA POOL #0FM5842	N/A	07/01/2048	4.500%	117,482	130,497	112,270	
	FNMA POOL #0FM6497	N/A	03/01/2051	2.000%	71,493	71,800	56,629	
	FNMA POOL #0FM7264	N/A	05/01/2051	3.000%	59,269	62,649	51,196	
	FNMA POOL #0FM7602	N/A	06/01/2035	3.000%	150,236	143,922	143,088	
	FNMA POOL #0FM7794	N/A	01/01/2050	4.000%	138,960	149,339	128,515	
	FNMA POOL #0FM8216	N/A	11/01/2048	4.000%	118,649	120,151	109,851	
	FNMA POOL #0FM8444	N/A	06/01/2036	2.000%	175,169	157,844	155,913	
	FNMA POOL #0FM8672	N/A	11/01/2046	4.000%	138,130	150,389	127,419	
	FNMA POOL #0FM9728	N/A	11/01/2051	2.500%	234,900	242,076	193,452	
	FNMA POOL #0FS1590	N/A	04/01/2052	2.500%	150,962	124,402	124,197	
	FNMA POOL #0FS3669	N/A	03/01/2046	4.000%	117,958	116,281	111,258	
	FNMA POOL #0FS3800	N/A	01/01/2050	4.500%	139,242	138,285	134,565	
	FNMA POOL #0FS4568	N/A	09/01/2037	3.000%	265,633	242,681	248,425	
	FNMA POOL #0FS4922	N/A	06/01/2051	3.000%	525,053	461,391	453,777	
	FNMA POOL #0FS5829	N/A	09/01/2053	5.500%	193,925	196,652	194,538	
	FNMA POOL #0FS7237	N/A	02/01/2052	2.000%	246,189	195,374	194,844	
	FNMA POOL #0FS7946	N/A	03/01/2052	2.500%	252,136	211,991	208,239	
	FNMA POOL #0MA0706	N/A	04/01/2031	4.500%	20,569	22,233	20,412	
	FNMA POOL #0MA2868	N/A	01/01/2032	2.500%	185,896	174,801	175,200	
	FNMA POOL #0MA3305	N/A	02/01/2048	3.500%	274,806	250,197	246,025	
	GNMA POOL #0734152	N/A	01/15/2041	4.000%	33,834	35,907	31,775	
	GNMA POOL #0784605	N/A	01/15/2042	4.500%	16,949	17,608	16,430	
	GNMA POOL #0AA6091	N/A	02/15/2043	3.000%	32,684	33,440	29,078	
	GNMA II POOL #0005174	N/A	09/20/2041	4.000%	51,437	53,380	48,727	
	GNMA II POOL #0005203	N/A	10/20/2041	4.000%	54,671	56,867	51,792	
	GNMA II POOL #0005334	N/A	03/20/2042	5.000%	9,441	10,409	9,413	
	GNMA II POOL #0785283	N/A	01/20/2051	2.500%	201,207	214,411	168,092	
	GNMA II POOL #0AV9421	N/A	11/20/2046	3.500%	51,263	53,746	46,452	
	GNMA II POOL #0MA2964	N/A	07/20/2045	5.000%	25,490	27,521	25,415	
	GNMA II POOL #0MA3456	N/A	02/20/2046	4.500%	22,300	23,007	21,537	
	GNMA II POOL #0MA5399	N/A	08/20/2048	4.500%	407,132	394,791	390,297	
	GNMA II POOL #0MA7589	N/A	09/20/2051	2.500%	130,710	118,047	109,174	
	SBA GTD PARTN CTF5 2009-20H 1	N/A	08/01/2029	4.450%	38,470	41,250	37,748	
	SBA GTD PARTN CTF5 2013-20E 1	N/A	05/01/2033	2.070%	29,503	27,446	26,651	
	SBA GTD PARTN CTF5 2014-20C 1	N/A	03/01/2034	3.210%	74,787	74,786	70,002	
	SBA GTD PARTN CTF5 2014-20J 1	N/A	10/01/2034	2.740%	54,453	54,453	49,929	
	SBA GTD PARTN CTF5 2015-20F 1	N/A	06/01/2035	2.980%	52,273	52,273	47,796	
	SBA GTD PARTN CTF5 2015-20L 1	N/A	12/01/2035	2.820%	88,824	88,824	80,957	
	SBA GTD PARTN CTF5 2016-20K 1	N/A	11/01/2036	2.570%	47,965	46,421	41,871	
	SBA GTD PARTN CTF5 2022-25D 1	N/A	04/01/2047	3.500%	109,247	109,247	97,922	
	SBA GTD PARTN CTF5 2022-25E 1	N/A	05/01/2047	3.940%	134,576	134,576	125,052	
	SBA GTD PARTN CTF5 2022-25G 1	N/A	07/01/2047	3.930%	161,079	161,079	147,913	
	SBA GTD PARTN CTF5 2023-10A 1	N/A	03/10/2033	5.168%	164,753	164,753	166,007	
	SBA GTD PARTN CTF5 2023-25D 1	N/A	04/01/2048	4.480%	112,908	112,908	108,187	
	SBA GTD PARTN CTF5 2023-25E 1	N/A	05/01/2048	4.620%	185,638	185,638	177,032	
	SBA GTD PARTN CTF5 2023-25H 1	N/A	08/01/2048	5.150%	112,007	112,007	110,341	
	SBA GTD PARTN CTF5 2023-25L 1	N/A	12/01/2048	5.280%	83,952	83,952	83,194	
	SBA GTD PARTN CTF5 2024-10A 1	N/A	03/10/2034	5.035%	214,368	214,368	212,718	
	U S TREASURY BOND	N/A	02/15/2041	1.875%	220,000	214,182	147,554	
	U S TREASURY BOND	N/A	02/15/2052	2.250%	126,000	101,822	76,525	
	U S TREASURY BOND	N/A	02/15/2042	2.375%	316,000	267,481	225,213	
	U S TREASURY BOND	N/A	08/15/2052	3.000%	775,000	656,728	557,000	
	U S TREASURY BOND	N/A	08/15/2042	3.375%	380,000	352,842	314,021	
	U S TREASURY BOND	N/A	05/15/2053	3.625%	1,327,000	1,111,483	1,080,576	
	U S TREASURY BOND	N/A	05/15/2043	3.875%	166,000	154,185	146,256	
	U S TREASURY BOND	N/A	08/15/2053	4.125%	18,000	16,348	16,059	
	U S TREASURY BOND	N/A	08/15/2043	4.375%	2,112,000	1,972,266	1,989,314	
	U S TREASURY BOND	N/A	02/15/2054	4.250%	619,000	583,854	565,661	
	U S TREASURY BOND	N/A	02/15/2044	4.500%	359,000	345,148	343,014	
	U S TREASURY BOND	N/A	05/15/2044	4.625%	1,670,000	1,658,864	1,620,685	
	U S TREASURY BOND	N/A	08/15/2054	4.250%	763,000	727,603	698,023	
	U S TREASURY NOTE	N/A	07/31/2026	4.375%	1,189,000	1,191,183	1,190,902	
	U S TREASURY NOTE	N/A	07/31/2029	4.000%	4,444,000	4,408,103	4,372,985	
	U S TREASURY NOTE	N/A	08/15/2034	3.875%	259,000	248,407	244,957	
	U S TREASURY NOTE	N/A	11/15/2034	4.250%	204,000	199,338	198,741	
	US TREAS-CPI INFLAT	N/A	01/15/2030	0.125%	306,715	305,037	278,558	
						30,774,500	29,312,976	

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/Par Value	(d) Cost	(e) Current Value
	Total U.S. Government, government guaranteed and government agency obligations					\$ 64,455,822	\$ 61,087,947
<u>Corporate bonds</u>							
<u>Investment Manager - Ryan Labs Asset Management</u>							
	ABBVIE INC	N/A	11/14/2048	4.875%	140,000	128,194	125,889
	AERCAP IRELAND CAPITAL DAC / A	N/A	01/30/2032	3.300%	105,000	101,899	91,509
	ALLSTATE CORP/THE	N/A	03/30/2033	5.250%	95,000	95,366	94,816
	AMERICAN CREDIT ACCEP 1 D 144A	N/A	05/13/2030	5.860%	260,000	259,977	261,659
	AMERICAN CREDIT ACCEP 4 D 144A	N/A	09/12/2030	7.650%	70,000	69,986	72,918
	AMERICAN TOWER CORP	N/A	01/15/2051	2.950%	140,000	86,784	87,023
	ANGLO AMERICAN CAPITAL PL 144A	N/A	04/05/2034	5.750%	100,000	99,812	100,642
	ANHUEUSER-BUSCH INBEV WORLDWIDE	N/A	01/23/2039	5.450%	110,000	124,930	110,290
	APACHE CORP	N/A	09/01/2040	5.100%	120,000	101,180	104,557
	APPLOVIN CORP	N/A	12/01/2034	5.500%	20,000	19,938	19,865
	ARTHUR J GALLAGHER & CO	N/A	02/15/2034	6.500%	80,000	80,138	85,978
	AT&T INC	N/A	06/15/2045	4.350%	175,000	180,521	143,603
	AVIATION CAPITAL GROUP LL 144A	N/A	08/01/2025	4.125%	195,000	191,328	193,863
	AVOLON HOLDINGS FUNDING L 144A	N/A	05/01/2026	4.375%	80,000	79,555	79,118
	BANK 2024-BNK48 BNK48 C	N/A	10/15/2057	5.876%	175,000	180,895	172,832
	BANK OF AMERICA CORP	N/A	04/24/2028	3.705%	140,000	138,774	136,350
	BANK OF AMERICA CORP	N/A	06/19/2041	2.676%	155,000	132,913	107,776
	BANK5 2024-SYR12 SYR12 D 144A	N/A	12/15/2057	4.000%	65,000	55,718	55,595
	BARCLAYS COMMERCIAL MORTG C4 C	N/A	08/15/2052	3.469%	70,000	56,260	52,731
	BARCLAYS PLC	N/A	03/12/2028	5.674%	110,000	110,123	111,365
	BAT CAPITAL CORP	N/A	04/02/2030	4.906%	10,000	10,000	9,881
	BAT CAPITAL CORP	N/A	03/25/2031	2.726%	105,000	103,887	90,659
	BBCMS MORTGAGE TRUST 202 C17 C	N/A	09/15/2055	5.450%	125,000	118,511	116,371
	BBCMS MORTGAGE TRUST 202 C19 C	N/A	04/15/2056	6.384%	95,000	91,240	90,932
	BENCHMARK 2019-B10 B10 E 144A	N/A	03/15/2062	3.000%	60,000	50,025	40,114
	BENCHMARK 2019-B10 MORTG B10 C	N/A	03/15/2062	3.750%	90,000	74,268	74,515
	BENCHMARK 2022-B35 B35 D 144A	N/A	05/15/2055	2.500%	125,000	83,321	79,448
	BHP BILLITON FINANCE USA LTD	N/A	09/08/2033	5.250%	45,000	44,621	45,231
	BLACKSTONE PRIVATE CREDIT FUND	N/A	12/15/2026	2.625%	170,000	164,979	161,978
	BLUE OWL CAPITAL CORP	N/A	07/15/2026	3.400%	50,000	52,066	48,440
	BLUE OWL CAPITAL CORP	N/A	06/11/2028	2.875%	75,000	66,237	68,208
	BLUE OWL CREDIT INCOME CORP	N/A	01/15/2029	7.750%	155,000	158,765	165,108
	BMD2 RE-REMIC TR FR1 5A1 144A	N/A	05/25/2052	3.449%	125,000	107,080	101,030
	BMD2 RE-REMIC TR FR1 6A5 144A	N/A	05/25/2052	3.363%	80,000	75,300	70,914
	BMQ 2023-C7 C	N/A	12/15/2056	7.123%	431,000	453,456	460,761
	BOARDWALK PIPELINES LP	N/A	07/15/2027	4.450%	15,000	15,036	14,843
	BP CAPITAL MARKETS AMERICA INC	N/A	06/17/2041	3.060%	125,000	117,134	90,271
	CAMERON LNG LLC 144A	N/A	01/15/2039	3.701%	80,000	81,096	64,506
	CAPITAL ONE FINANCIAL CORP	N/A	05/10/2033	5.268%	85,000	84,698	82,789
	CAPITAL ONE FINANCIAL CORP	N/A	06/08/2034	6.377%	60,000	60,000	62,324
	CBAM 2019-11R LTD 11RA C 144A	N/A	01/20/2035	6.805%	100,000	100,000	100,145
	CENTERPOINT ENERGY HOUSTON ELE	N/A	04/01/2051	3.350%	120,000	97,598	82,282
	CF HIPPOLYTA ISSUER 1 A2 144A	N/A	07/15/2060	1.990%	60,968	60,940	54,735
	CF HIPPOLYTA ISSUER 1 B1 144A	N/A	07/15/2060	2.280%	193,382	196,276	187,461
	CHARTER COMMUNICATIONS OPERATI	N/A	07/01/2049	5.125%	65,000	50,354	51,121
	CHNGE MORTGAGE TRUST 2 A1 144A	N/A	03/25/2067	3.757%	144,296	144,294	136,095
	CITIGROUP INC	N/A	09/29/2027	4.450%	85,000	93,588	83,858
	CITIGROUP INC	N/A	01/29/2031	2.666%	110,000	105,106	97,315
	COMMONBOND STUDENT AGS B 144A	N/A	02/25/2044	3.580%	15,708	15,701	14,160
	COMMONBOND STUDENT BGS B 144A	N/A	09/25/2045	3.990%	30,762	30,751	28,070
	COREBRIDGE FINANCIAL INC	N/A	12/15/2052	6.875%	45,000	46,069	46,175
	COREBRIDGE FINANCIAL INC	N/A	09/15/2054	6.375%	115,000	114,856	114,371
	COTY INC/HFC PRESTIGE PRO 144A	N/A	07/15/2030	6.625%	85,000	88,400	86,151
	CPS AUTO RECEIVABLES A D 144A	N/A	04/15/2030	6.130%	465,000	472,629	471,845
	CPS AUTO RECEIVABLES B D 144A	N/A	07/15/2030	6.420%	170,000	169,973	173,699
	CSAIL 2019-C16 COMMERCIA C16 C	N/A	06/15/2052	4.237%	135,000	106,352	121,455
	CSMC 2014-USA OAL USA A2 144A	N/A	09/15/2037	3.953%	65,000	65,969	58,608
	CSMC 2021-NQM2 NQM2 M1 144A	N/A	02/25/2066	2.282%	120,000	119,998	83,226
	CSMC 2021-NQM3 NQM3 M1 144A	N/A	04/25/2066	2.317%	120,000	119,997	84,754
	CVS HEALTH CORP	N/A	03/25/2048	5.050%	150,000	150,056	123,707
	DOMINION ENERGY SOUTH CAROLINA	N/A	10/15/2053	6.250%	55,000	54,689	59,321
	DRIVEN BRANDS FUNDI 1A A2 144A	N/A	04/20/2049	4.641%	174,753	186,365	173,194
	DTE ELECTRIC CO	N/A	04/01/2053	5.400%	110,000	110,585	106,834
	DUKE ENERGY CAROLINAS LLC	N/A	01/15/2054	5.400%	110,000	110,990	105,863
	ELEVANCE HEALTH INC	N/A	02/15/2035	5.200%	30,000	29,894	29,304
	ENERGY TRANSFER LP	N/A	03/15/2027	4.400%	175,000	175,679	173,306
	ENERGY TRANSFER LP	N/A	12/01/2028	6.100%	110,000	113,935	114,254
	EXETER AUTOMOBILE RE 2A E 144A	N/A	07/17/2028	2.900%	120,000	116,288	116,567
	EXETER AUTOMOBILE RECEIVA 1A D	N/A	06/17/2030	5.840%	265,000	264,635	267,115
	EXETER AUTOMOBILE RECEIVA 2A D	N/A	02/15/2030	5.920%	170,000	169,981	171,460
	EXETER AUTOMOBILE RECEIVA 2A D	N/A	07/17/2028	4.560%	70,000	67,025	69,752
	EXETER AUTOMOBILE RECEIVA 2A D	N/A	08/15/2029	6.320%	730,000	733,028	741,848

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

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EIN No.: 52-6074345
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(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value	
	EXETER AUTOMOBILE RECEIVA 3A D	N/A	06/15/2027	1.550%	276,836	\$ 251,855	\$ 270,126	
	EXETER AUTOMOBILE RECEIVA 3A D	N/A	09/15/2028	6.760%	180,000	174,900	182,763	
	EXETER AUTOMOBILE RECEIVA 4A D	N/A	12/15/2028	5.980%	85,000	84,681	85,919	
	EXETER AUTOMOBILE RECEIVA 4A D	N/A	12/17/2029	6.950%	70,000	71,608	71,898	
	EXETER AUTOMOBILE RECEIVA 5A D	N/A	02/15/2029	7.400%	215,000	215,408	220,741	
	EXPAND ENERGY CORP	N/A	03/15/2030	5.375%	90,000	89,100	88,335	
	FINANCE OF AMERICA JR1 A2 144A	N/A	04/25/2051	2.000%	125,547	120,533	122,065	
	FINANCE OF AMERICA S1 A2 144A	N/A	07/25/2051	1.750%	259,454	242,118	249,136	
	FINANCE OF AMERICA S2 A2 144A	N/A	09/25/2071	1.750%	105,148	101,498	100,025	
	FINANCE OF AMERICA S4 A2A 144A	N/A	01/25/2057	3.000%	154,793	135,064	150,245	
	FLAGSHIP CREDIT AUTO 2 D 144A	N/A	04/17/2028	5.800%	100,000	93,375	92,658	
	FORD CREDIT AUTO OWNE 1 D 144A	N/A	10/17/2033	2.310%	90,000	89,988	86,406	
	FREMF 2019-K96 MORT K96 C 144A	N/A	08/25/2056	3.813%	70,000	71,441	63,714	
	FREMF 2020-K737 MO K737 C 144A	N/A	01/25/2053	3.326%	35,000	34,612	33,663	
	FREMF K-100 MORTGA K100 C 144A	N/A	11/25/2052	3.494%	45,000	43,341	40,459	
	GENUINE PARTS CO	N/A	02/01/2032	2.750%	45,000	37,677	37,955	
	GLENCORE FUNDING LLC 144A	N/A	10/06/2030	6.375%	25,000	24,863	26,257	
	GLENCORE FUNDING LLC 144A	N/A	04/04/2054	5.893%	110,000	111,419	106,895	
	GLS AUTO RECEIVABLES 1A D 144A	N/A	01/18/2028	3.970%	100,000	94,813	99,075	
	GLS AUTO RECEIVABLES 1A D 144A	N/A	01/16/2029	7.010%	80,000	79,984	81,913	
	GLS AUTO RECEIVABLES 2A D 144A	N/A	04/17/2028	6.150%	145,000	145,770	146,417	
	GLS AUTO RECEIVABLES 2A D 144A	N/A	03/15/2029	6.310%	350,000	349,906	354,928	
	GLS AUTO RECEIVABLES 4A D 144A	N/A	10/15/2027	2.480%	295,000	267,048	288,663	
	GOLDMAN SACHS GROUP INC/THE	N/A	10/31/2038	4.017%	130,000	123,058	110,123	
	HOTWIRE FUNDING LLC 1A A2 144A	N/A	06/20/2054	5.893%	110,000	110,000	111,096	
	HYUNDAI CAPITAL AMERICA 144A	N/A	09/21/2028	6.100%	60,000	58,884	61,734	
	JPMBB COMMERCIAL MORTGAG C28 C	N/A	10/15/2048	4.059%	156,000	156,446	146,347	
	JPMORGAN CHASE & CO	N/A	05/13/2031	2.956%	50,000	50,142	44,728	
	JPMORGAN CHASE & CO	N/A	04/22/2052	3.328%	95,000	81,791	65,193	
	JPMORGAN CHASE & CO	N/A	07/22/2035	5.294%	70,000	70,519	69,253	
	KEYCORP	N/A	04/06/2027	2.250%	285,000	254,812	268,875	
	KYNDRYL HOLDINGS INC	N/A	10/15/2031	3.150%	110,000	91,376	95,327	
	LYB INTERNATIONAL FINANCE III	N/A	10/01/2040	3.375%	80,000	75,046	58,411	
	M&T BANK CORP	N/A	01/16/2036	5.385%	140,000	137,521	135,745	
	MACQUARIE GROUP LTD 144A	N/A	01/12/2027	1.340%	55,000	53,095	53,007	
	MARKEL GROUP INC	N/A	05/16/2054	6.000%	85,000	85,030	84,434	
	META PLATFORMS INC	N/A	08/15/2052	4.450%	195,000	169,513	164,627	
	METRONET INFRASTRUC 1A A2 144A	N/A	04/20/2054	6.230%	300,000	306,609	305,997	
	MIDAMERICAN ENERGY CO	N/A	07/15/2049	4.250%	85,000	71,794	69,023	
	MILEAGE PLUS HOLDINGS LLC 144A	N/A	06/20/2027	6.500%	275,000	285,976	276,733	
	MIZUHO FINANCIAL GROUP INC	N/A	07/06/2034	5.748%	100,000	94,991	101,962	
	MORGAN STANLEY	N/A	07/21/2032	2.239%	95,000	77,247	78,740	
	MORGAN STANLEY	N/A	01/18/2035	5.466%	100,000	100,467	99,451	
	MORGAN STANLEY	N/A	04/22/2042	3.217%	65,000	60,942	48,160	
	MPLX LP	N/A	02/15/2049	5.500%	110,000	111,914	101,134	
	MVW 2024-1 LLC 1A C 144A	N/A	02/20/2043	6.200%	81,800	81,799	82,547	
	NATWEST GROUP PLC	N/A	09/13/2029	5.808%	195,000	195,263	198,828	
	NATWEST GROUP PLC	N/A	03/01/2035	5.778%	120,000	119,753	120,792	
	NEW ECONOMY ASSETS - 1 B1 144A	N/A	10/20/2061	2.410%	220,000	218,629	197,487	
	NRG ENERGY INC 144A	N/A	03/15/2033	7.000%	115,000	116,013	124,133	
	OAKTREE STRATEGIC CREDIT FUND	N/A	11/14/2028	8.400%	95,000	100,107	101,783	
	OBX 2021-NQM4 TRU NQM4 A3 144A	N/A	10/25/2061	2.367%	114,534	94,581	94,322	
	OBX 2021-NQM4 TRU NQM4 M1 144A	N/A	10/25/2061	3.248%	80,000	79,322	52,787	
	OBX 2022-NQM1 TRU NQM1 M1 144A	N/A	11/25/2061	3.504%	40,000	39,999	27,905	
	OCCIDENTAL PETROLEUM CORP	N/A	01/01/2032	5.375%	70,000	69,611	68,604	
	OCTANE RECEIVABLES T 1A C 144A	N/A	09/20/2029	6.370%	45,000	44,988	45,703	
	OCTANE RECEIVABLES T 2A C 144A	N/A	06/20/2031	6.240%	280,000	279,794	283,615	
	OCTANE RECEIVABLES T 2A D 144A	N/A	07/20/2032	6.190%	100,000	99,987	100,781	
	OCTANE RECEIVABLES T 3A D 144A	N/A	10/20/2031	5.860%	145,000	144,994	144,324	
	OCTANE RECIEVABLES TRU RPT1 R1	N/A	02/22/2030	6.680%	560,000	559,997	559,997	
	ONEMAIN FINANCIAL IS 1A A 144A	N/A	06/14/2038	5.500%	130,000	129,960	132,155	
	ORACLE CORP	N/A	04/01/2040	3.600%	145,000	140,092	113,534	
	ORACLE CORP	N/A	09/27/2054	5.375%	175,000	171,839	161,278	
	PACIFIC GAS AND ELECTRIC CO	N/A	07/01/2050	4.950%	120,000	116,490	104,041	
	PAGAYA AI DEBT GRANT 10 D 144A	N/A	06/15/2032	6.429%	180,000	180,000	180,166	
	PAGAYA AI DEBT GRANTO 5 C 144A	N/A	10/15/2031	7.270%	234,957	234,957	238,761	
	PAGAYA AI DEBT TRUST 3 C 144A	N/A	10/15/2031	7.297%	141,964	142,326	142,860	
	PATTERSON-UTI ENERGY INC	N/A	10/01/2033	7.150%	105,000	107,216	110,054	
	PDOF MSN ISSUER LLC 144A	N/A	03/01/2025	8.850%	170,000	170,000	167,945	
	PECO ENERGY CO	N/A	09/15/2049	3.000%	100,000	86,641	65,313	
	PFIZER INVESTMENT ENTERPRISES	N/A	05/19/2043	5.110%	75,000	73,261	70,506	
	PHILIP MORRIS INTERNATIONAL IN	N/A	09/07/2033	5.625%	90,000	88,323	91,443	
	REALTY INCOME CORP	N/A	01/15/2030	3.400%	75,000	72,509	69,689	
	RFM REREMIC TRU FRR1 AK64 144A	N/A	03/01/2050	2.816%	90,000	77,034	82,606	
	RFM REREMIC TRU FRR2 A123 144A	N/A	02/27/2054	2.011%	155,000	123,613	122,993	
	ROGERS COMMUNICATIONS INC	N/A	03/15/2032	3.800%	125,000	122,012	112,400	
	SANTANDER DRIVE AUT S1 R1 144A	N/A	04/18/2028	8.140%	109,720	109,715	111,446	
	SANTANDER DRIVE AUT S1 R1 144A	N/A	03/16/2029	6.530%	355,331	355,328	356,710	

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

(c) Description of investment including maturity date, rate of interest, collateral, shares/par value							
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	SANTANDER DRIVE AUT S2 R1 144A	N/A	12/16/2028	5.800%	261,388	\$ 261,370	\$ 261,756
	SANTANDER DRIVE AUT S3 R2 144A	N/A	10/16/2028	5.980%	305,000	304,986	305,278
	SANTANDER DRIVE AUTO RECEI 2 D	N/A	08/15/2031	6.280%	215,000	219,304	221,147
	SANTANDER DRIVE AUTO RECEI 3 D	N/A	10/15/2031	5.970%	195,000	194,958	198,237
	SANTANDER HOLDINGS USA INC	N/A	10/05/2026	3.244%	185,000	190,227	179,478
	SANTANDER HOLDINGS USA INC	N/A	09/06/2030	5.353%	125,000	125,000	123,561
	SAUDI ARABIAN OIL CO 144A	N/A	07/17/2034	5.250%	200,000	198,680	197,286
	SBN AUTO RECEIVABLES A D 144A	N/A	04/15/2030	6.040%	85,000	84,990	86,150
	SEMPRA	N/A	04/01/2055	6.550%	85,000	84,776	84,354
	SFAVE COMMERCIAL SAVE A1 144A	N/A	01/05/2043	3.872%	151,000	150,701	127,257
	SFAVE COMMERCIAL SAVE A2B 144A	N/A	01/05/2043	4.144%	60,000	51,417	51,389
	SFAVE COMMERCIAL M SAVE C 144A	N/A	01/05/2043	4.388%	160,000	128,600	130,086
	SHOPS AT CRYSTALS CSTL C 144A	N/A	07/05/2036	3.731%	110,000	109,029	106,299
	SHOPS AT CRYSTALS CSTL D 144A	N/A	07/05/2036	3.731%	140,000	130,333	134,711
	SIERRA TIMESHARE 202 1A C 144A	N/A	01/20/2043	5.940%	66,512	66,510	66,646
	SOUND POINT CLO XXV 4A CR 144A	N/A	04/25/2033	6.550%	150,000	150,000	150,116
	TORONTO-DOMINION BANK/THE	N/A	09/10/2034	5.146%	120,000	120,493	117,121
	TOTALENERGIES CAPITAL SA	N/A	09/10/2054	5.275%	45,000	43,915	41,671
	TRUIST BANK	N/A	09/17/2029	4.632%	130,000	126,217	125,511
	UBS GROUP AG 144A	N/A	08/10/2027	1.494%	25,000	25,000	23,653
	UNION ELECTRIC CO	N/A	04/01/2052	3.900%	180,000	161,967	138,053
	US BANCORP	N/A	02/01/2034	4.839%	85,000	79,564	81,384
	VERIZON COMMUNICATIONS INC	N/A	11/20/2040	2.650%	135,000	115,520	92,416
	VERIZON COMMUNICATIONS INC	N/A	03/22/2051	3.550%	55,000	43,258	38,930
	VERUS SECURITIZATIO R3 M1 144A	N/A	04/25/2064	2.411%	140,000	139,997	116,934
	VERUS SECURITIZATION 1 A1 144A	N/A	01/25/2066	0.815%	141,434	124,904	124,226
	VERUS SECURITIZATION 1 M1 144A	N/A	01/25/2066	1.968%	100,000	75,656	75,023
	VERUS SECURITIZATION 2 M1 144A	N/A	02/25/2066	2.187%	150,000	149,998	114,486
	VERUS SECURITIZATION 4 M1 144A	N/A	07/25/2066	2.195%	70,000	69,998	47,939
	VERUS SECURITIZATION 5 A2 144A	N/A	09/25/2066	1.218%	123,583	102,380	104,103
	VERUS SECURITIZATION 9 M1 144A	N/A	11/25/2069	6.198%	100,000	99,997	99,997
	VISTRA OPERATIONS CO LLC 144A	N/A	04/15/2034	6.000%	90,000	90,040	91,200
	WARNERMEDIA HOLDINGS INC	N/A	03/15/2027	3.755%	30,000	30,000	28,901
	WELLS FARGO & CO	N/A	10/23/2029	6.303%	35,000	35,000	36,421
	WELLS FARGO COMMERCIAL M C47 C	N/A	09/15/2061	4.919%	100,000	88,576	93,316
	WELLS FARGO COMMERCIAL M C52 C	N/A	08/15/2052	3.561%	55,000	42,662	45,442
	WESTLAKE AUTOMOBILE 1A D 144A	N/A	03/15/2027	3.490%	125,000	124,983	123,919
	WESTLAKE AUTOMOBILE 1A D 144A	N/A	11/15/2028	6.790%	100,000	100,461	102,522
	WESTLAKE AUTOMOBILE 1A D 144A	N/A	10/15/2029	6.020%	125,000	125,056	127,278
	WESTLAKE AUTOMOBILE 2A D 144A	N/A	11/15/2028	7.010%	125,000	124,973	128,246
	WESTLAKE AUTOMOBILE 2A D 144A	N/A	04/15/2030	5.910%	60,000	59,982	60,653
						23,843,818	23,265,713

Investment Manager - Income Research & Management

AERCAP IRELAND CAPITAL DAC / A	N/A	10/29/2028	3.000%	305,000	294,156	282,351
AIMCO CLO 22 LTD 22A A 144A	N/A	04/19/2037	5.793%	168,000	169,478	169,036
AIR CANADA 2015-1 CLASS A 144A	N/A	09/15/2028	3.600%	59,722	59,785	58,104
AIR LEASE CORP	N/A	03/01/2025	3.250%	120,000	114,728	119,657
ALEXANDRIA REAL ESTATE EQUITIE	N/A	05/18/2032	2.000%	280,000	226,248	223,292
AMAZON.COM INC	N/A	04/13/2062	4.100%	183,000	182,144	143,499
AMEREN MISSOURI SECURITIZATION	N/A	10/01/2041	4.850%	235,000	234,973	229,962
AMERICAN HOMES 4 R SFR2 A 144A	N/A	10/17/2052	3.732%	117,656	128,315	116,574
AMERICAN TOWER TRUST #1 144A	N/A	03/15/2053	5.490%	210,000	210,777	212,018
AMSR 2021-SFR1 TRU SFR1 A 144A	N/A	06/17/2038	1.953%	100,000	99,997	90,751
APPLE INC	N/A	08/04/2046	3.850%	150,000	185,387	121,092
APPLOVIN CORP	N/A	12/01/2029	5.125%	232,000	231,912	231,216
APTIV SWISS HOLDINGS LTD	N/A	03/01/2032	3.250%	205,000	172,989	176,897
ASCENSION HEALTH	N/A	11/15/2029	2.532%	42,000	43,691	37,740
ASSTEAD CAPITAL INC 144A	N/A	08/12/2031	2.450%	330,000	277,207	274,547
AVIATION CAPITAL GROUP LL 144A	N/A	10/25/2028	6.750%	94,000	93,176	98,700
AVIS BUDGET RENTAL C 3A A 144A	N/A	12/20/2030	5.230%	100,000	99,954	100,615
BANK 2018-BNK10 BN10 A5	N/A	02/15/2061	3.688%	211,000	202,145	202,971
BANK OF AMERICA CORP	N/A	04/22/2042	3.311%	116,000	85,659	86,827
BANK OF AMERICA CORP	N/A	04/27/2033	4.571%	289,000	276,232	274,790
BANK OF AMERICA CORP	N/A	07/22/2028	4.948%	235,000	222,799	235,454
BANK5 2023-5YR2 5YR2 A3	N/A	07/15/2056	6.656%	194,000	199,812	203,240
BARCLAYS PLC	N/A	09/13/2029	6.490%	200,000	206,170	208,084
BBCMS MORTGAGE TRUST 2 5C25 A3	N/A	03/15/2057	5.946%	220,000	229,737	226,697
BBCMS MORTGAGE TRUST 2 5C27 A3	N/A	07/15/2057	6.014%	134,000	139,585	138,482
BENCHMARK 2020-B20 MORT B20 A2	N/A	10/15/2053	1.750%	99,000	101,970	96,864
BENCHMARK 2020-B22 MOR B22 ASB	N/A	01/15/2054	1.731%	150,000	130,131	136,524
BENCHMARK 2023-V2 MORTGA V2 A3	N/A	05/15/2055	5.812%	154,000	157,327	157,143
BENCHMARK 2024-V12 MORT V12 A3	N/A	12/15/2057	5.738%	384,000	395,520	393,596
BENCHMARK 2024-V6 MORTGA V6 A3	N/A	03/15/2057	5.926%	268,000	276,723	275,394
BERKSHIRE HATHAWAY ENERGY CO	N/A	01/15/2049	4.450%	260,000	221,697	214,791
BERKSHIRE HATHAWAY ENERGY CO	N/A	04/01/2036	6.125%	108,000	120,939	113,675

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

(c) Description of investment including maturity date, rate of interest, collateral, shares/par value							
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	BMO 2023-C7 A5	N/A	12/15/2056	6.160%	192,000	\$ 197,759	\$ 203,309
	BMO 2024-5C4 MORTGAGE T 5C4 A3	N/A	05/15/2057	6.526%	214,000	223,814	224,916
	BOSTON PROPERTIES LP	N/A	10/01/2026	2.750%	186,000	184,644	178,993
	BROADCOM INC	N/A	09/15/2028	4.110%	106,000	104,627	103,577
	BROOKFIELD FINANCE INC	N/A	04/15/2031	2.724%	192,000	192,461	166,998
	BX COMMERCIAL MORT SOAR A 144A	N/A	06/15/2038	5.091%	88,551	88,551	88,440
	CALIFORNIA ST	N/A	04/01/2034	7.500%	120,000	174,647	136,903
	CANADIAN NATURAL RESOURCE 144A	N/A	12/15/2029	5.000%	47,000	47,146	46,514
	CANADIAN PACIFIC RAILWAY CO	N/A	09/15/2115	6.125%	112,000	112,000	112,252
	CAPITAL ONE FINANCIAL CORP	N/A	05/10/2028	4.927%	14,000	15,889	15,947
	CAPITAL ONE FINANCIAL CORP	N/A	06/08/2029	6.312%	48,000	48,000	49,574
	CAPITAL ONE FINANCIAL CORP	N/A	10/29/2027	7.149%	20,000	20,000	20,755
	CAPITAL ONE FINANCIAL CORP	N/A	10/30/2031	7.624%	23,000	25,294	25,400
	CAPITAL ONE FINANCIAL CORP	N/A	07/26/2035	5.884%	116,000	116,000	116,706
	CAPITAL ONE MULTI-ASSET A3 A3	N/A	08/15/2028	2.060%	170,000	176,415	163,550
	CAPITAL ONE MULTI-ASSET E A1 A	N/A	05/15/2028	4.420%	199,000	198,954	199,014
	CHARTER COMMUNICATIONS OPERATI	N/A	10/23/2035	6.384%	274,000	291,811	273,611
	CITIGROUP INC	N/A	05/01/2026	3.400%	239,000	231,160	234,861
	CITIGROUP INC	N/A	03/31/2031	4.412%	86,000	86,000	82,664
	CNH EQUIPMENT TRUST 2024- B A3	N/A	09/17/2029	5.190%	223,000	222,980	225,870
	COLUMBIA PIPELINES OPERAT 144A	N/A	11/15/2033	6.036%	210,000	210,134	215,586
	COMCAST CORP	N/A	01/15/2033	4.250%	200,000	190,070	186,738
	COMM 2016-CR28 MORTGAG CR28 A4	N/A	02/10/2049	3.762%	162,000	161,076	160,459
	CONNECTICUT ST	N/A	05/15/2028	4.506%	115,000	115,000	114,695
	CONSTELLATION SOFTWARE IN 144A	N/A	02/16/2029	5.158%	119,000	119,000	119,545
	CONSTELLATION SOFTWARE IN 144A	N/A	02/16/2034	5.461%	42,000	42,000	42,145
	COSTCO WHOLESALE CORP	N/A	06/20/2027	1.375%	165,000	164,629	153,397
	COX COMMUNICATIONS INC 144A	N/A	10/01/2030	1.800%	102,000	101,683	84,048
	CVS PASS-THROUGH TRUST	N/A	01/10/2030	6.943%	132,630	153,312	136,507
	DB MASTER FINANCE 1A A2I 144A	N/A	11/20/2051	2.045%	66,930	66,337	63,347
	DB MASTER FINANCE 1A A2II 144A	N/A	11/20/2047	4.030%	79,263	84,362	76,877
	DELTA AIR LINES 2015-1 CLASS A	N/A	01/30/2029	3.625%	83,853	90,666	81,322
	DEUTSCHE TELEKOM INTERNATIONAL	N/A	06/01/2032	9.250%	155,000	229,622	192,194
	DIAMONDBACK ENERGY INC	N/A	01/30/2030	5.150%	180,000	176,854	180,340
	DISCOVER CARD EXECUTION N A4 A	N/A	10/15/2027	5.030%	101,000	100,987	101,514
	DOMINION ENERGY INC	N/A	08/01/2033	5.250%	172,000	184,592	169,779
	DOMINO'S PIZZA MAS 1A A2I 144A	N/A	04/25/2051	2.662%	257,713	226,243	234,065
	DTE ELECTRIC SECURITIZATION FU	N/A	12/01/2027	2.640%	50,713	50,706	49,421
	DTE ENERGY CO	N/A	06/01/2034	5.850%	215,000	224,090	220,768
	DUKE ENERGY CORP	N/A	09/01/2046	3.750%	122,000	121,932	89,921
	DUKE ENERGY FLORIDA LLC	N/A	07/15/2028	3.800%	100,000	111,608	96,847
	ELEMENT FLEET MANAGEMENT 144A	N/A	03/13/2027	5.643%	174,000	174,029	176,500
	ELEVANCE HEALTH INC	N/A	10/15/2032	5.500%	98,000	97,396	98,972
	EMERSON ELECTRIC CO	N/A	10/15/2026	0.875%	183,000	182,473	172,007
	ENERGY TRANSFER LP	N/A	02/15/2033	5.750%	58,000	57,937	58,795
	ENERGY TRANSFER LP	N/A	09/01/2034	5.600%	167,000	166,567	166,853
	EXELON CORP	N/A	06/15/2045	5.100%	88,000	87,704	79,752
	EXELON CORP	N/A	04/15/2046	4.450%	150,000	128,423	124,986
	FIRSTKEY HOMES 202 SFR3 A 144A	N/A	12/17/2038	2.135%	112,921	103,499	107,465
	FIVE 2023-V1 MORTGAGE TR V1 A3	N/A	02/10/2056	5.668%	170,000	174,814	172,808
	FLORIDA ST BRD OF ADMIN FIN CO	N/A	07/01/2025	1.258%	103,000	103,000	101,282
	FORD MOTOR CREDIT CO LLC	N/A	11/07/2028	6.798%	228,000	228,000	236,358
	FOUNDRY JV HOLDCO LLC 144A	N/A	01/25/2032	6.150%	200,000	206,024	201,834
	FREDDIE MAC SEASONED CRED 1 MA	N/A	05/25/2057	3.000%	114,314	112,786	106,238
	FREDDIE MAC SEASONED CRED 2 MA	N/A	08/26/2058	3.500%	39,248	39,850	37,015
	FREDDIE MAC SEASONED CRED 4 MA	N/A	03/25/2058	3.500%	90,048	93,174	85,533
	GA GLOBAL FUNDING TRUST 144A	N/A	01/08/2029	5.500%	203,000	201,821	205,008
	GENERAL DYNAMICS CORP	N/A	04/01/2050	4.250%	77,000	98,673	63,671
	GENERAL MOTORS FINANCIAL CO IN	N/A	10/15/2028	2.400%	151,000	119,758	136,892
	GENERAL MOTORS FINANCIAL CO IN	N/A	02/08/2031	5.750%	90,000	88,728	91,190
	GENPACT LUXEMBOURG SARL/GENPAC	N/A	06/04/2029	6.000%	109,000	108,925	111,403
	GM FINANCIAL CONSUMER AUT 1 A3	N/A	02/16/2028	4.660%	163,717	163,692	163,874
	GMF FLOORPLAN OWNER R 2 A 144A	N/A	06/15/2030	5.340%	198,000	197,914	201,617
	GOLDMAN SACHS GROUP INC/THE	N/A	03/15/2030	3.800%	338,000	342,783	317,206
	GS MORTGAGE SECURITIES GC24 A5	N/A	09/10/2047	3.931%	4,783	5,190	4,755
	HEALTHPEAK OP LLC	N/A	07/15/2026	3.250%	200,000	187,938	195,468
	HONEYWELL INTERNATIONAL INC	N/A	03/01/2054	5.250%	161,000	160,638	151,039
	HP INC	N/A	01/15/2028	4.750%	71,000	70,887	70,900
	HYUNDAI CAPITAL AMERICA 144A	N/A	09/26/2029	4.550%	94,000	91,643	91,251
	ING GROEP NV	N/A	09/11/2034	6.114%	200,000	210,556	207,110
	ING GROEP NV	N/A	03/19/2030	5.335%	200,000	200,000	200,804
	J.P. MORGAN MORTGA 4 144A 144A	N/A	11/25/2053	5.500%	117,802	116,054	117,244
	JETBLUE 2019-1 CLASS AA PASS T	N/A	11/15/2033	2.750%	41,490	33,296	36,011
	JOHNSON & JOHNSON	N/A	09/01/2040	2.100%	170,000	168,870	113,106
	JP MORGAN MORTGAGE 3 A3A 144A	N/A	08/25/2050	3.000%	45,169	46,292	38,305
	JP MORGAN MORTGAGE T 4 A4 144A	N/A	08/25/2051	2.500%	106,553	109,583	93,965
	JPM88 COMMERCIAL MORTGA C33 A4	N/A	12/15/2048	3.770%	173,000	163,694	171,256
	JPMORGAN CHASE & CO	N/A	07/23/2029	4.203%	367,000	360,869	357,241

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value						
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value	
	KKR GROUP FINANCE CO II L 144A	N/A	02/01/2043	5.500%	98,000	\$ 91,571	\$ 93,995	
	L3HARRIS TECHNOLOGIES INC	N/A	08/15/2054	5.500%	93,000	92,520	89,471	
	LLOYDS BANKING GROUP PLC	N/A	01/05/2035	5.679%	400,000	398,076	398,440	
	LOUISIANA LOCAL GOVERNMENT A1	N/A	02/01/2029	3.615%	61,922	61,922	61,186	
	LOWE'S COS INC	N/A	10/15/2050	3.000%	125,000	115,746	77,790	
	MARSH & MCLENNAN COS INC	N/A	03/15/2029	4.375%	170,000	195,566	167,013	
	MASSACHUSETTS MUTUAL LIFE 144A	N/A	12/01/2052	5.672%	40,000	40,540	38,288	
	MICHIGAN ST UNIV REVENUES	N/A	08/15/2122	4.165%	33,000	33,000	24,308	
	MICROCHIP TECHNOLOGY INC	N/A	02/15/2030	5.050%	235,000	234,817	233,174	
	MICROSOFT CORP	N/A	03/17/2052	2.921%	93,000	89,490	61,650	
	MOODY'S CORP	N/A	11/29/2061	3.100%	153,000	150,924	91,173	
	MORGAN STANLEY	N/A	02/13/2032	1.794%	145,000	145,000	118,298	
	MORGAN STANLEY	N/A	04/20/2028	4.210%	320,000	297,850	315,366	
	NATIONAL SECURITIES CLEAR 144A	N/A	05/30/2028	5.000%	250,000	250,220	250,780	
	NEW YORK AND PRESBYTERIAN HOSP	N/A	08/01/2040	2.256%	135,000	135,000	89,163	
	NEW YORK LIFE INSURANCE C 144A	N/A	05/15/2033	5.875%	143,000	171,232	148,097	
	NEW YORK ST URBAN DEV CORP REV	N/A	03/15/2039	5.770%	120,000	140,643	121,184	
	NEXTGEAR FLOORPLAN 1A A2 144A	N/A	03/15/2027	2.800%	186,000	185,986	185,236	
	NORTHROP GRUMMAN CORP	N/A	05/01/2050	5.250%	100,000	130,242	93,777	
	NSTAR ELECTRIC CO	N/A	11/15/2025	3.250%	199,000	194,907	196,463	
	NXP BV / NXP FUNDING LLC / NXP	N/A	06/18/2029	4.300%	115,000	111,908	111,651	
	NXP BV / NXP FUNDING LLC / NXP	N/A	05/01/2027	3.150%	165,000	148,777	158,646	
	NXP BV / NXP FUNDING LLC / NXP	N/A	06/18/2026	3.875%	51,000	51,011	50,298	
	ORACLE CORP	N/A	03/25/2051	3.950%	112,000	80,463	83,027	
	PENSKE TRUCK LEASING CO L 144A	N/A	11/15/2027	5.875%	133,000	132,594	136,204	
	PENSKE TRUCK LEASING CO L 144A	N/A	05/01/2028	5.550%	165,000	168,178	167,487	
	PG&E WILDFIRE RECOVERY FUNDING	N/A	06/01/2032	3.594%	123,160	123,158	119,237	
	PG&E WILDFIRE RECOVERY FUNDING	N/A	06/01/2038	4.263%	60,000	59,998	56,339	
	PG&E WILDFIRE RECOVERY FUNDING	N/A	06/01/2039	4.722%	114,000	113,993	108,927	
	PNC FINANCIAL SERVICES GROUP I	N/A	08/18/2034	5.939%	273,000	273,000	281,212	
	PPL CAPITAL FUNDING INC	N/A	09/01/2034	5.250%	230,000	232,487	226,527	
	PROCTER & GAMBLE CO/THE	N/A	03/25/2040	3.550%	59,000	58,707	48,901	
	PRUDENTIAL FINANCIAL INC	N/A	03/10/2026	1.500%	209,000	208,105	201,645	
	PSMC 2020-2 TRUST 2 A2 144A	N/A	05/25/2050	3.000%	13,729	14,102	11,993	
	REALTY INCOME CORP	N/A	03/15/2028	2.100%	102,000	101,351	93,736	
	ROGERS COMMUNICATIONS INC	N/A	03/15/2027	3.200%	175,000	169,220	169,020	
	RYDER SYSTEM INC	N/A	06/01/2028	5.250%	160,000	159,794	161,646	
	SABAY DATA CENTER IS 1 A2 144A	N/A	04/20/2045	3.812%	196,000	203,925	195,128	
	SBA TOWER TRUST 144A	N/A	11/15/2052	6.599%	275,000	282,224	282,018	
	SCHLUMBERGER HOLDINGS COR 144A	N/A	05/17/2028	3.900%	99,000	99,126	96,110	
	SEQUOIA MORTGAGE TRUST 201 2 A	N/A	02/25/2043	1.874%	38,305	38,536	31,817	
	SIMON PROPERTY GROUP LP	N/A	02/01/2040	6.750%	150,000	186,531	166,221	
	SOFI PROFESSIONAL L B AFX 144A	N/A	02/15/2047	1.140%	62,296	62,288	53,612	
	SONOCO PRODUCTS CO	N/A	09/01/2034	5.000%	290,000	279,592	274,995	
	SOUTHERN CO GAS CAPITAL CORP	N/A	09/15/2034	4.950%	170,000	167,418	164,531	
	SOUTHERN CO/THE	N/A	06/15/2028	4.850%	200,000	199,696	200,304	
	SOUTHERN CO/THE	N/A	03/15/2034	5.700%	130,000	132,380	132,818	
	STACK INFRASTRUCTURE 1A A2 144A	N/A	03/26/2046	1.877%	169,000	169,000	162,575	
	SUBWAY FUNDING LLC 1A A2I 144A	N/A	07/30/2054	6.028%	90,000	91,287	91,086	
	TACO BELL FUNDING 1A A2II 144A	N/A	08/25/2051	2.294%	191,588	192,755	169,888	
	T-MOBILE USA INC	N/A	04/15/2029	3.375%	45,000	39,489	42,001	
	T-MOBILE USA INC	N/A	07/15/2033	5.050%	116,000	114,166	113,614	
	TRUIST FINANCIAL CORP	N/A	03/02/2027	1.267%	168,000	168,000	161,104	
	TRUIST FINANCIAL CORP	N/A	01/24/2035	5.711%	215,000	221,069	216,690	
	UNITED AIRLINES 2014-1 CLASS A	N/A	10/11/2027	4.000%	55,407	55,407	54,755	
	UNIV OF CALIFORNIA CA REVENUES	N/A	05/15/2025	0.883%	100,000	100,000	98,705	
	US BANCORP	N/A	10/21/2026	5.727%	110,000	109,507	110,737	
	US BANCORP	N/A	01/23/2035	5.678%	89,000	89,000	89,813	
	VANTAGE DATA CENTER 2A A2 144A	N/A	09/15/2045	1.992%	68,000	67,849	62,053	
	VERIZON COMMUNICATIONS INC	N/A	08/10/2033	4.500%	94,000	108,656	88,607	
	VERIZON COMMUNICATIONS INC	N/A	03/22/2027	3.000%	207,000	214,307	199,933	
	WEC ENERGY GROUP INC	N/A	10/15/2027	1.375%	102,000	101,918	93,111	
	WELLS FARGO & CO	N/A	04/22/2026	3.000%	220,000	219,245	215,142	
	WELLS FARGO COMMERCIAL C28 A4	N/A	05/15/2048	3.540%	174,000	169,616	173,010	
	WELLS FARGO COMMERCIAL C29 A4	N/A	06/15/2048	3.637%	106,000	104,878	105,334	
	WELLS FARGO COMMERCIAL C31 A4	N/A	11/15/2048	3.695%	209,000	201,750	206,989	
	WELLS FARGO COMMERCIAL C49 A5	N/A	03/15/2052	4.023%	394,000	380,456	378,733	
	WORLD OMNI AUTO RECEIVABLE D A4	N/A	11/15/2027	1.100%	275,000	274,906	267,483	
						26,884,973	25,895,931	
	Total corporate bonds					50,728,791	49,161,644	

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
<u>Domestic common stock</u>							
<u>Investment Manager - Amalgatrust</u>							
	ULLICO, INCORPORATED CLASS A COM	N/A	N/A	N/A	334,978	\$ 8,374,461	\$ 10,186,694
						8,374,461	10,186,694
<u>Investment Manager - SouthernSun Asset Management</u>							
	AGCO CORP	N/A	N/A	N/A	17,029	1,647,872	1,591,871
	API GROUP CORP	N/A	N/A	N/A	45,121	1,623,134	1,623,002
	ARMSTRONG WORLD INDUSTRIES INC	N/A	N/A	N/A	11,906	857,462	1,682,675
	BELDEN INC	N/A	N/A	N/A	22,132	1,865,605	2,492,285
	BOOT BARN HOLDINGS INC	N/A	N/A	N/A	13,822	1,023,930	2,098,456
	BOSTON BEER CO INC/THE	N/A	N/A	N/A	6,228	2,300,369	1,868,275
	BRINK'S CO/THE	N/A	N/A	N/A	25,029	1,617,800	2,321,940
	BROADRIDGE FINANCIAL SOLUTIONS	N/A	N/A	N/A	11,791	1,247,811	2,665,827
	DARLING INGREDIENTS INC	N/A	N/A	N/A	77,043	3,463,389	2,595,579
	DYCOM INDUSTRIES INC	N/A	N/A	N/A	10,265	722,580	1,786,726
	FLOOR & DECOR HOLDINGS INC	N/A	N/A	N/A	10,325	924,313	1,029,403
	GENERAC HOLDINGS INC	N/A	N/A	N/A	10,819	1,660,618	1,677,486
	INGEVITY CORP	N/A	N/A	N/A	33,958	2,163,302	1,383,789
	LOUISIANA-PACIFIC CORP	N/A	N/A	N/A	23,404	1,425,862	2,423,484
	MURPHY USA INC	N/A	N/A	N/A	3,513	410,669	1,762,648
	POLARIS INC	N/A	N/A	N/A	15,084	1,359,599	869,140
	SEI INVESTMENTS CO	N/A	N/A	N/A	22,979	1,224,192	1,895,308
	THOR INDUSTRIES INC	N/A	N/A	N/A	8,561	748,890	819,373
	TIMKEN CO/THE	N/A	N/A	N/A	24,811	1,335,385	1,770,761
	TREX CO INC	N/A	N/A	N/A	14,054	664,770	970,148
	US PHYSICAL THERAPY INC	N/A	N/A	N/A	26,164	2,406,900	2,321,008
	VALMONT INDUSTRIES INC	N/A	N/A	N/A	5,132	1,163,387	1,573,830
	WATSCO INC	N/A	N/A	N/A	4,040	747,485	1,914,515
						32,605,324	41,137,529
<u>Investment Manager - LSV Asset Management</u>							
	AFLAC INC	N/A	N/A	N/A	6,800	330,517	703,392
	ALLISON TRANSMISSION HOLDINGS	N/A	N/A	N/A	12,500	576,411	1,350,750
	ALTRIA GROUP INC	N/A	N/A	N/A	16,700	808,488	873,243
	AMDOCS LTD	N/A	N/A	N/A	20,500	1,119,339	1,745,370
	AMERICAN ELECTRIC POWER CO INC	N/A	N/A	N/A	4,800	393,511	442,704
	ARCHER-DANIELS-MIDLAND CO	N/A	N/A	N/A	9,800	690,411	495,096
	ARROW ELECTRONICS INC	N/A	N/A	N/A	5,000	591,360	565,600
	AT&T INC	N/A	N/A	N/A	74,200	1,570,994	1,689,534
	ATCO LTD	N/A	N/A	N/A	8,700	288,294	287,822
	AUTOZONE INC	N/A	N/A	N/A	170	224,761	544,340
	AVNET INC	N/A	N/A	N/A	13,000	569,049	680,160
	AXIS CAPITAL HOLDINGS LTD	N/A	N/A	N/A	5,600	407,424	496,272
	BANK OF NEW YORK MELLON CORP/T	N/A	N/A	N/A	16,100	688,420	1,236,963
	BERKSHIRE HATHAWAY INC	N/A	N/A	N/A	800	125,944	362,624
	BERRY GLOBAL GROUP INC	N/A	N/A	N/A	6,500	352,119	420,355
	BORGWARNER INC	N/A	N/A	N/A	14,300	468,466	454,597
	BRINK'S CO/THE	N/A	N/A	N/A	3,900	371,264	361,803
	BRISTOL-MYERS SQUIBB CO	N/A	N/A	N/A	21,000	1,225,205	1,187,760
	BUNGE GLOBAL SA	N/A	N/A	N/A	6,200	654,407	482,112
	CANADIAN IMPERIAL BK OF COMM	N/A	N/A	N/A	8,800	316,261	556,379
	CANON INC	N/A	N/A	N/A	33,500	905,465	1,100,110
	CARDINAL HEALTH INC	N/A	N/A	N/A	8,300	647,642	981,641
	CHEVRON CORP	N/A	N/A	N/A	3,900	529,586	564,876
	CI FINANCIAL INC	N/A	N/A	N/A	9,726	136,986	209,235
	CIGNA GROUP/THE	N/A	N/A	N/A	1,900	628,378	524,666
	CISCO SYSTEMS INC	N/A	N/A	N/A	31,400	1,057,561	1,858,880
	COGECO COMMUNICATIONS INC	N/A	N/A	N/A	5,300	296,016	248,196
	COGNIZANT TECHNOLOGY SOLUTIONS	N/A	N/A	N/A	8,000	530,687	615,200
	COMCAST CORP	N/A	N/A	N/A	26,900	1,077,069	1,009,557
	CONAGRA BRANDS INC	N/A	N/A	N/A	19,600	708,852	543,900
	CONSENSUS CLOUD SOLUTIONS INC	N/A	N/A	N/A	833	32,050	19,875
	CSG SYSTEMS INTERNATIONAL INC	N/A	N/A	N/A	8,400	496,826	429,324
	CUMMINS INC	N/A	N/A	N/A	2,800	562,741	976,080
	CVS HEALTH CORP	N/A	N/A	N/A	12,600	1,014,925	565,614
	DOLE PLC	N/A	N/A	N/A	23,300	347,674	315,482
	DROPBOX INC	N/A	N/A	N/A	41,920	1,070,029	1,259,277
	DT MIDSTREAM INC	N/A	N/A	N/A	4,000	199,155	397,720
	EBAY INC	N/A	N/A	N/A	12,800	635,409	792,960
	ELECTRONIC ARTS INC	N/A	N/A	N/A	2,400	398,606	351,120
	ENI SPA	N/A	N/A	N/A	9,700	272,220	265,392

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value				(d) Cost	(e) Current Value
		Collateral	Maturity Date	Interest Rate	Shares/Par Value		
	ENTERGY CORP	N/A	N/A	N/A	4,600	\$ 178,949	\$ 348,772
	EVEREST GROUP LTD	N/A	N/A	N/A	1,000	387,380	362,460
	EVERGY INC	N/A	N/A	N/A	15,400	891,966	947,870
	EXELIXIS INC	N/A	N/A	N/A	24,800	561,292	825,840
	EXXON MOBIL CORP	N/A	N/A	N/A	8,000	794,241	860,560
	F5 INC	N/A	N/A	N/A	2,000	334,096	502,940
	FEDERATED HERMES INC	N/A	N/A	N/A	12,000	421,097	493,320
	FOX CORP	N/A	N/A	N/A	10,500	365,236	510,090
	FRESH DEL MONTE PRODUCE INC	N/A	N/A	N/A	10,400	354,562	345,384
	GEN DIGITAL INC	N/A	N/A	N/A	25,300	722,571	692,714
	GENERAL MILLS INC	N/A	N/A	N/A	14,400	872,578	918,288
	GILEAD SCIENCES INC	N/A	N/A	N/A	17,500	1,309,154	1,616,475
	GRAPHIC PACKAGING HOLDING CO	N/A	N/A	N/A	14,900	374,864	404,684
	GSK PLC	N/A	N/A	N/A	8,900	359,769	300,998
	H&R BLOCK INC	N/A	N/A	N/A	16,400	754,940	866,576
	HARTFORD INSURANCE GROUP INC/T	N/A	N/A	N/A	12,700	844,348	1,389,380
	HEWLETT PACKARD ENTERPRISE CO	N/A	N/A	N/A	58,700	918,853	1,253,245
	HONDA MOTOR CO LTD	N/A	N/A	N/A	28,200	735,280	805,110
	HP INC	N/A	N/A	N/A	27,400	818,943	894,062
	INCYTE CORP	N/A	N/A	N/A	10,400	606,266	718,328
	INGREDION INC	N/A	N/A	N/A	4,000	461,797	550,240
	INTERNATIONAL BUSINESS MACHINE	N/A	N/A	N/A	8,400	1,386,084	1,846,572
	JAZZ PHARMACEUTICALS PLC	N/A	N/A	N/A	3,000	466,583	369,450
	JOHNSON & JOHNSON	N/A	N/A	N/A	6,000	480,776	867,720
	JUNIPER NETWORKS INC	N/A	N/A	N/A	21,200	598,928	793,940
	KELLANOVA	N/A	N/A	N/A	8,100	498,541	655,857
	KRAFT HEINZ CO/THE	N/A	N/A	N/A	21,300	641,647	654,123
	KROGER CO/THE	N/A	N/A	N/A	23,100	555,588	1,412,565
	LEAR CORP	N/A	N/A	N/A	2,400	344,177	227,280
	LOCKHEED MARTIN CORP	N/A	N/A	N/A	1,600	628,016	777,504
	LYONDELLBASELL INDUSTRIES NV	N/A	N/A	N/A	3,500	335,379	259,945
	MAGNERA CORP	N/A	N/A	N/A	1,795	31,109	32,615
	MATTEL INC	N/A	N/A	N/A	32,700	616,068	579,771
	MCKESSON CORP	N/A	N/A	N/A	1,200	279,476	683,892
	MERCK & CO INC	N/A	N/A	N/A	12,100	658,483	1,203,708
	METLIFE INC	N/A	N/A	N/A	2,800	176,265	229,264
	MGIC INVESTMENT CORP	N/A	N/A	N/A	14,800	378,482	350,908
	MOLSON COORS BEVERAGE CO	N/A	N/A	N/A	20,400	1,093,639	1,169,328
	MURPHY USA INC	N/A	N/A	N/A	600	133,953	301,050
	NATIONAL FUEL GAS CO	N/A	N/A	N/A	8,200	469,029	497,576
	NETAPP INC	N/A	N/A	N/A	5,400	411,045	626,832
	NEWMARKET CORP	N/A	N/A	N/A	2,100	750,399	1,109,535
	NRG ENERGY INC	N/A	N/A	N/A	3,600	303,007	324,792
	OCEANFIRST FINANCIAL CORP	N/A	N/A	N/A	9,822	211,688	177,778
	OLD REPUBLIC INTERNATIONAL COR	N/A	N/A	N/A	19,500	563,401	705,705
	OMNICOM GROUP INC	N/A	N/A	N/A	4,100	413,362	352,764
	OPEN TEXT CORPORATION	N/A	N/A	N/A	24,849	788,789	702,863
	ORGANON & CO	N/A	N/A	N/A	2,240	51,552	33,421
	PACCAR INC	N/A	N/A	N/A	4,000	310,861	416,080
	PFIZER INC	N/A	N/A	N/A	11,900	386,535	315,707
	PINNACLE WEST CAPITAL CORP	N/A	N/A	N/A	5,400	497,415	457,758
	PORTLAND GENERAL ELECTRIC CO	N/A	N/A	N/A	8,100	377,577	353,322
	PPL CORP	N/A	N/A	N/A	17,000	472,991	551,820
	QUEST DIAGNOSTICS INC	N/A	N/A	N/A	2,100	296,760	316,806
	SANOFI SA	N/A	N/A	N/A	6,700	328,249	323,141
	SHELL PLC	N/A	N/A	N/A	6,000	389,644	375,900
	SILGAN HOLDINGS INC	N/A	N/A	N/A	7,400	414,974	385,170
	SIXTH STREET SPECIALTY LENDING	N/A	N/A	N/A	15,400	330,993	328,020
	SK TELECOM CO LTD	N/A	N/A	N/A	13,200	322,137	277,728
	SNAP-ON INC	N/A	N/A	N/A	2,500	483,860	848,700
	SONOCO PRODUCTS CO	N/A	N/A	N/A	8,100	469,906	395,685
	TD SYNEX CORP	N/A	N/A	N/A	6,450	820,918	756,456
	TEXTRON INC	N/A	N/A	N/A	5,800	460,346	443,642
	THE CAMPBELL'S COMPANY	N/A	N/A	N/A	10,400	533,730	435,552
	T-MOBILE US INC	N/A	N/A	N/A	2,100	326,402	463,533
	TOTALENERGIES SE	N/A	N/A	N/A	5,600	386,179	305,200
	TOYOTA MOTOR CORP	N/A	N/A	N/A	2,900	385,129	564,369
	UNITED THERAPEUTICS CORP	N/A	N/A	N/A	1,500	424,244	529,260
	UNUM GROUP	N/A	N/A	N/A	8,300	480,601	606,149
	VERIZON COMMUNICATIONS INC	N/A	N/A	N/A	40,600	1,878,955	1,623,594
	VISTRA CORP	N/A	N/A	N/A	2,900	100,382	399,823
	VOYA FINANCIAL INC	N/A	N/A	N/A	7,500	597,200	516,225
	WESTERN UNION CO/THE	N/A	N/A	N/A	46,300	868,991	490,780
	WK KELLOGG CO	N/A	N/A	N/A	2,625	40,028	47,224
						62,039,177	73,047,719

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	<u>Janus Capital Management, LLC</u>						
	89BIO INC	N/A	N/A	N/A	21,309	\$ 214,518	\$ 166,636
	AGIUTI INC	N/A	N/A	N/A	158,153	1,440,618	1,094,419
	ALIGHT INC	N/A	N/A	N/A	19,614	712,658	705,516
	ALTAIR ENGINEERING INC	N/A	N/A	N/A	35,012	1,036,939	1,306,298
	AMPRIUS TECHNOLOGIES INC	N/A	N/A	N/A	28,854	129,018	146,290
	ARAMARK	N/A	N/A	N/A	4,055	473,643	558,252
	ARDELYX INC	N/A	N/A	N/A	1,854	349,535	462,814
	ASCENDIS PHARMA A/S	N/A	N/A	N/A	11,016	86,905	232,438
	ASPEN TECHNOLOGY INC	N/A	N/A	N/A	7,461	304,144	216,966
	AST SPACEMOBILE INC	N/A	N/A	N/A	10,424	612,129	923,775
	AXCELIS TECHNOLOGIES INC	N/A	N/A	N/A	4,236	397,072	430,293
	AXIS CAPITAL HOLDINGS LTD	N/A	N/A	N/A	15,137	414,059	1,140,422
	AXON ENTERPRISE INC	N/A	N/A	N/A	11,917	347,359	445,100
	AZENTA INC	N/A	N/A	N/A	8,867	308,526	638,690
	BELLRING BRANDS INC	N/A	N/A	N/A	24,451	1,509,372	1,807,418
	BIOHAVEN LTD	N/A	N/A	N/A	6,681	309,142	493,392
	BIO-TECHNE CORP	N/A	N/A	N/A	8,097	273,300	222,182
	BLACKBAUD INC	N/A	N/A	N/A	6,808	510,421	1,539,221
	BRADY CORP	N/A	N/A	N/A	9,268	379,822	543,290
	BROADRIDGE FINANCIAL SOLUTIONS	N/A	N/A	N/A	878	722,975	317,941
	BRUKER CORP	N/A	N/A	N/A	1,346	484,702	543,865
	CABLE ONE INC	N/A	N/A	N/A	1,833	253,842	676,084
	CARLISLE COS INC	N/A	N/A	N/A	2,338	332,505	926,386
	CASEY'S GENERAL STORES INC	N/A	N/A	N/A	773	398,387	344,936
	CATALENT INC	N/A	N/A	N/A	6,548	659,039	1,279,479
	CBOE GLOBAL MARKETS INC	N/A	N/A	N/A	13,491	229,709	225,974
	CHAMPIONX CORP	N/A	N/A	N/A	8,846	243,405	240,523
	CHART INDUSTRIES INC	N/A	N/A	N/A	5,613	979,249	1,071,185
	CHURCHILL DOWNS INC	N/A	N/A	N/A	5,697	589,669	760,777
	CLARIVATE PLC	N/A	N/A	N/A	104,995	1,184,559	533,375
	CLEAN HARBORS INC	N/A	N/A	N/A	4,069	582,016	936,440
	CLEARWATER ANALYTICS HOLDINGS	N/A	N/A	N/A	21,080	384,756	580,122
	CONSENSUS CLOUD SOLUTIONS INC	N/A	N/A	N/A	8,149	324,365	292,223
	CROWN HOLDINGS INC	N/A	N/A	N/A	3,644	464,468	495,475
	CYMBAY THERAPEUTICS INC	N/A	N/A	N/A	17,726	564,428	422,942
	DAYFORCE INC	N/A	N/A	N/A	6,511	320,648	332,907
	DONALDSON CO INC	N/A	N/A	N/A	13,962	865,901	1,154,518
	DOXIMITY INC	N/A	N/A	N/A	7,998	595,023	580,975
	DRIVEN BRANDS HOLDINGS INC	N/A	N/A	N/A	2,746	180,730	174,096
	DYNATRACE INC	N/A	N/A	N/A	12,904	698,693	869,084
	EAGLE PHARMACEUTICALS INC/DE	N/A	N/A	N/A	14,850	353,678	792,842
	ENERSYS	N/A	N/A	N/A	16,044	525,076	373,344
	ENTEGRIS INC	N/A	N/A	N/A	40,172	688,721	648,376
	ENVESTNET INC	N/A	N/A	N/A	21,526	810,293	1,169,938
	ETSY INC	N/A	N/A	N/A	7,095	265,373	167,158
	EURONET WORLDWIDE INC	N/A	N/A	N/A	5,057	93,352	135,022
	FLEX LTD	N/A	N/A	N/A	9,320	706,584	861,448
	GATES INDUSTRIAL CORP PLC	N/A	N/A	N/A	4,667	202,761	462,313
	GLAUKOS CORP	N/A	N/A	N/A	4,207	135,509	222,508
	GLOBUS MEDICAL INC	N/A	N/A	N/A	11,037	824,622	1,135,045
	GROCERY OUTLET HOLDING CORP	N/A	N/A	N/A	38,343	548,271	1,471,988
	GS ACQUISITION HOLDINGS CORP	N/A	N/A	N/A	48,004	659,833	987,442
	HEALTHQUITY INC	N/A	N/A	N/A	5,730	304,393	859,156
	ICU MEDICAL INC	N/A	N/A	N/A	20,404	1,040,433	1,687,615
	IDEAYA BIOSCIENCES INC	N/A	N/A	N/A	37,172	371,720	371,720
	IMMUNOGEN INC	N/A	N/A	N/A	5,468	286,921	524,655
	ITRON INC	N/A	N/A	N/A	3,933	294,061	255,960
	ITT INC	N/A	N/A	N/A	426	37,488	27,724
	LAMAR ADVERTISING CO	N/A	N/A	N/A	5,794	948,096	899,055
	LANTHEUS HOLDINGS INC	N/A	N/A	N/A	11,014	377,914	283,060
	LEGEND BIOTECH CORP	N/A	N/A	N/A	5,594	169,340	386,210
	LESLIE'S INC	N/A	N/A	N/A	3,017	610,095	559,291
	LIGAND PHARMACEUTICALS INC	N/A	N/A	N/A	4,286	301,103	465,374
	LIVERAMP HOLDINGS INC	N/A	N/A	N/A	7,503	443,142	1,072,029
	LPL FINANCIAL HOLDINGS INC	N/A	N/A	N/A	4,289	224,145	229,633
	MACOM TECHNOLOGY SOLUTIONS HOL	N/A	N/A	N/A	1,177	347,130	406,053
	MADRIGAL PHARMACEUTICALS INC	N/A	N/A	N/A	1,250	530,997	581,413
	MAGNOLIA OIL & GAS CORP	N/A	N/A	N/A	5,670	370,141	690,266
	MAXIMUS INC	N/A	N/A	N/A	13,384	946,752	1,197,333
	MIRION TECHNOLOGIES INC	N/A	N/A	N/A	3,040	139,717	98,922
	NCR VOYIX CORP	N/A	N/A	N/A	6,199	522,600	664,223
	NEOGEN CORP	N/A	N/A	N/A	22,278	828,937	676,583

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	NEOGENOMICS INC	N/A	N/A	N/A	4,082	\$ 227,534	\$ 1,332,814
	NEUROCRINE BIOSCIENCES INC	N/A	N/A	N/A	3,366	254,943	437,277
	NICE LTD	N/A	N/A	N/A	2,598	564,634	801,665
	NORDSON CORP	N/A	N/A	N/A	41,228	1,091,160	963,911
	NRG ENERGY INC	N/A	N/A	N/A	11,839	798,519	883,781
	OMNIAB INC	N/A	N/A	N/A	99,657	959,640	1,739,015
	OMNIAB INC	N/A	N/A	N/A	9,268	300,178	383,232
	OMNIAB INC/OLD	N/A	N/A	N/A	2,770	477,080	459,183
	OMNIAB INC/OLD	N/A	N/A	N/A	27,434	477,267	333,049
	ON HOLDING AG	N/A	N/A	N/A	28,397	477,591	467,983
	ON SEMICONDUCTOR CORP	N/A	N/A	N/A	4,278	334,706	583,947
	OSI SYSTEMS INC	N/A	N/A	N/A	2,859	464,942	485,573
	P3 HEALTH PARTNERS INC	N/A	N/A	N/A	1,584	239,936	331,436
	PAGERDUTY INC	N/A	N/A	N/A	8,088	241,471	729,699
	PROTHENA CORP PLC	N/A	N/A	N/A	42,121	153,128	149,108
	QUANTUMSCAPE CORP	N/A	N/A	N/A	11,107	26,934	39,319
	REGAL REXNORD CORP	N/A	N/A	N/A	1,642	2,366	3,374
	RENTOKIL INITIAL PLC	N/A	N/A	N/A	1,641	2,365	2,950
	REVVITY INC	N/A	N/A	N/A	12,195	337,106	667,920
	SAIA INC	N/A	N/A	N/A	16,328	355,129	1,029,480
	SAREPTA THERAPEUTICS INC	N/A	N/A	N/A	9,232	741,893	1,545,714
	SENSIENT TECHNOLOGIES CORP	N/A	N/A	N/A	31,771	795,795	580,138
	SHIFT4 PAYMENTS INC	N/A	N/A	N/A	2,254	446,712	535,280
	SHOCKWAVE MEDICAL INC	N/A	N/A	N/A	59,218	1,385,226	1,499,400
	SILGAN HOLDINGS INC	N/A	N/A	N/A	10,708	310,066	468,368
	SIMPLY GOOD FOODS CO/THE	N/A	N/A	N/A	4,328	304,691	483,048
	SOLENO THERAPEUTICS INC	N/A	N/A	N/A	5,882	165,114	73,937
	SOTERA HEALTH CO	N/A	N/A	N/A	2,193	287,686	999,416
	SPX TECHNOLOGIES INC	N/A	N/A	N/A	3,988	446,515	484,901
	SS&C TECHNOLOGIES HOLDINGS INC	N/A	N/A	N/A	17,048	1,090,019	1,214,840
	STERIS PLC	N/A	N/A	N/A	9,447	625,855	980,410
	STRIDE INC	N/A	N/A	N/A	20,882	997,956	1,086,908
	STRUCTURE THERAPEUTICS INC	N/A	N/A	N/A	5,466	157,880	245,697
	STRUCTURE THERAPEUTICS PIPE	N/A	N/A	N/A	5,983	503,329	870,646
	SUMMIT MATERIALS INC	N/A	N/A	N/A	31,794	1,501,313	2,409,349
	TANDEM DIABETES CARE INC	N/A	N/A	N/A	7,063	205,319	174,880
	TELEDYNE TECHNOLOGIES INC	N/A	N/A	N/A	16,029	393,403	396,878
	TELEFLEX INC	N/A	N/A	N/A	1,710	186,774	351,508
	THOR INDUSTRIES INC	N/A	N/A	N/A	14,261	589,983	1,482,146
	TRINET GROUP INC	N/A	N/A	N/A	3,694	121,139	100,181
	VAXCYTE INC	N/A	N/A	N/A	4,566	57,029	57,029
	VESTIS CORP	N/A	N/A	N/A	25,975	627,231	1,314,335
	WALKER & DUNLOP INC	N/A	N/A	N/A	3,770	1,105,493	1,749,770
	WALLBOX BY CLASS A CW26	N/A	N/A	N/A	4,954	1,161,439	881,713
	WENDY'S CO/THE	N/A	N/A	N/A	3,060	238,732	292,873
	WEX INC	N/A	N/A	N/A	9,151	157,394	159,410
	WILLIAMS-SONOMA INC	N/A	N/A	N/A	12,141	407,528	605,593
	WOLFSPED INC	N/A	N/A	N/A	10,447	304,884	855,191
	ZIFF DAVIS INC	N/A	N/A	N/A	3,455	138,575	160,450
	ZIFF DAVIS INC	N/A	N/A	N/A	6,085	421,126	591,523
	ZIFF DAVIS INC	N/A	N/A	N/A	5,069	6,582	117
	ZIFF DAVIS INC	N/A	N/A	N/A	6,332	648,924	453,561
	ZIFF DAVIS INC	N/A	N/A	N/A	33,154	501,452	540,410
	ZIFF DAVIS INC	N/A	N/A	N/A	4,457	689,762	781,401
	ZIFF DAVIS INC	N/A	N/A	N/A	2,624	97,126	485,912
	ZIFF DAVIS INC	N/A	N/A	N/A	6,995	304,169	274,204
	ZIFF DAVIS INC	N/A	N/A	N/A	11,784	956,538	640,343
	ZURN ELKAY WATER SOLUTIONS COR	N/A	N/A	N/A	28,205	564,709	1,052,041
						<u>63,209,437</u>	<u>84,900,655</u>
	<u>Investment Manager - Alliance Bernstein</u>						
	ABM INDUSTRIES INC	N/A	N/A	N/A	9,416	425,453	481,911
	ACI WORLDWIDE INC	N/A	N/A	N/A	7,120	210,891	369,599
	ADIENT PLC	N/A	N/A	N/A	22,227	686,424	382,971
	ADT INC	N/A	N/A	N/A	72,991	557,116	504,368
	AMERICAN FINANCIAL GROUP INC/O	N/A	N/A	N/A	4,366	524,713	597,836
	AMKOR TECHNOLOGY INC	N/A	N/A	N/A	16,553	449,511	425,247
	AMN HEALTHCARE SERVICES INC	N/A	N/A	N/A	5,490	531,693	131,321
	ARCBEST CORP	N/A	N/A	N/A	5,290	569,765	493,663
	AUTONATION INC	N/A	N/A	N/A	3,295	527,316	559,623
	AVANTOR INC	N/A	N/A	N/A	20,978	439,142	442,006
	AVIENT CORP	N/A	N/A	N/A	10,558	451,425	431,400
	AVNET INC	N/A	N/A	N/A	7,945	335,113	415,682
	BANKUNITED INC	N/A	N/A	N/A	11,796	410,391	450,253
	BATH & BODY WORKS INC	N/A	N/A	N/A	18,404	690,217	713,523
	BELDEN INC	N/A	N/A	N/A	3,092	178,247	348,190
	BJ'S WHOLESALE CLUB HOLDINGS I	N/A	N/A	N/A	7,050	683,110	629,918
	BORGWARNER INC	N/A	N/A	N/A	18,175	590,682	577,783

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	BROADSTONE NET LEASE INC	N/A	N/A	N/A	14,584	\$ 354,288	\$ 231,302
	BRUNSWICK CORP/DE	N/A	N/A	N/A	6,650	519,293	430,122
	BUILDERS FIRSTSOURCE INC	N/A	N/A	N/A	1,545	183,567	220,827
	CALIX INC	N/A	N/A	N/A	9,021	364,682	314,562
	CAMECO CORP	N/A	N/A	N/A	12,061	326,602	619,815
	CBOE GLOBAL MARKETS INC	N/A	N/A	N/A	2,565	351,614	501,201
	CH ROBINSON WORLDWIDE INC	N/A	N/A	N/A	6,826	617,021	705,262
	COMERICA INC	N/A	N/A	N/A	8,362	510,430	517,190
	COMMVAULT SYSTEMS INC	N/A	N/A	N/A	1,557	95,020	234,967
	COPT DEFENSE PROPERTIES	N/A	N/A	N/A	17,264	559,525	534,321
	CORE & MAIN INC	N/A	N/A	N/A	9,840	415,013	500,954
	CRITEO SA	N/A	N/A	N/A	11,157	341,489	441,371
	CROCS INC	N/A	N/A	N/A	4,651	616,670	509,424
	CUBESMART	N/A	N/A	N/A	5,935	245,709	254,315
	DINE BRANDS GLOBAL INC	N/A	N/A	N/A	6,116	490,680	184,092
	ELEMENT SOLUTIONS INC	N/A	N/A	N/A	12,455	258,552	316,731
	ENCOMPASS HEALTH CORP	N/A	N/A	N/A	6,752	620,045	623,547
	F5 INC	N/A	N/A	N/A	2,980	616,387	749,381
	FIRST BANCORP/PUERTO RICO	N/A	N/A	N/A	23,552	318,547	437,832
	FIRST CITIZENS BANCSHARES INC/	N/A	N/A	N/A	287	200,565	606,437
	FIRST HAWAIIAN INC	N/A	N/A	N/A	21,827	584,998	566,411
	FIRST INDUSTRIAL REALTY TRUST	N/A	N/A	N/A	7,302	382,729	366,049
	FLUOR CORP	N/A	N/A	N/A	10,574	300,246	521,510
	FORMFACTOR INC	N/A	N/A	N/A	11,953	423,323	525,932
	GATES INDUSTRIAL CORP PLC	N/A	N/A	N/A	25,295	347,071	520,318
	GEN DIGITAL INC	N/A	N/A	N/A	12,586	278,566	344,605
	GRAPHIC PACKAGING HOLDING CO	N/A	N/A	N/A	20,150	597,930	547,274
	GROUP 1 AUTOMOTIVE INC	N/A	N/A	N/A	1,436	526,375	605,245
	HANOVER INSURANCE GROUP INC/TH	N/A	N/A	N/A	3,227	426,547	499,088
	HERC HOLDINGS INC	N/A	N/A	N/A	1,123	124,405	212,618
	HF SINCLAIR CORP	N/A	N/A	N/A	4,174	149,474	146,299
	ICON PLC	N/A	N/A	N/A	2,830	620,003	593,479
	IDACORP INC	N/A	N/A	N/A	5,250	516,085	573,720
	INDEPENDENCE REALTY TRUST INC	N/A	N/A	N/A	29,360	527,737	582,502
	INTEGRA LIFESCIENCES HOLDINGS	N/A	N/A	N/A	11,247	702,350	255,082
	INVESCO LTD	N/A	N/A	N/A	31,756	521,611	555,095
	JBT MAREL CORP	N/A	N/A	N/A	4,492	435,880	570,933
	JONES LANG LASALLE INC	N/A	N/A	N/A	2,512	400,018	635,888
	KEMPER CORP	N/A	N/A	N/A	3,590	208,888	238,520
	LUMENTUM HOLDINGS INC	N/A	N/A	N/A	6,494	452,247	545,171
	MAGNOLIA OIL & GAS CORP	N/A	N/A	N/A	20,343	457,406	475,619
	MASTEC INC	N/A	N/A	N/A	3,867	332,959	526,453
	MATADOR RESOURCES CO	N/A	N/A	N/A	9,730	596,880	547,410
	MIDDLEBY CORP/THE	N/A	N/A	N/A	4,295	597,022	581,758
	MILLERKNOLL INC	N/A	N/A	N/A	19,807	574,772	447,440
	NCR ATLEOS CORP	N/A	N/A	N/A	18,218	529,138	617,955
	NEXSTAR MEDIA GROUP INC	N/A	N/A	N/A	2,542	429,937	401,560
	NOMAD FOODS LTD	N/A	N/A	N/A	28,772	649,341	482,794
	NORTHERN OIL & GAS INC	N/A	N/A	N/A	12,595	511,401	468,030
	OSHKOSH CORP	N/A	N/A	N/A	4,853	452,372	461,375
	PEDIATRIX MEDICAL GROUP INC	N/A	N/A	N/A	23,811	517,391	312,400
	PENTAIR PLC	N/A	N/A	N/A	6,490	503,429	653,154
	PORTLAND GENERAL ELECTRIC CO	N/A	N/A	N/A	3,294	166,676	143,684
	PVH CORP	N/A	N/A	N/A	3,950	344,119	417,713
	REGAL REYNOLD CORP	N/A	N/A	N/A	3,353	410,650	520,151
	ROBERT HALF INC	N/A	N/A	N/A	7,588	531,846	534,650
	RYMAN HOSPITALITY PROPERTIES I	N/A	N/A	N/A	3,567	304,493	372,181
	STAG INDUSTRIAL INC	N/A	N/A	N/A	12,153	403,822	411,014
	STIFEL FINANCIAL CORP	N/A	N/A	N/A	4,938	268,130	523,823
	SYNAPTICS INC	N/A	N/A	N/A	2,480	246,775	189,274
	TAPESTRY INC	N/A	N/A	N/A	12,428	456,230	811,921
	TAYLOR MORRISON HOME CORP	N/A	N/A	N/A	5,991	153,742	366,709
	TD SYNEX CORP	N/A	N/A	N/A	4,948	632,449	580,301
	TELEFLEX INC	N/A	N/A	N/A	2,390	515,553	425,372
	TEXAS CAPITAL BANCSHARES INC	N/A	N/A	N/A	5,383	326,032	420,951
	TXNM ENERGY INC	N/A	N/A	N/A	9,185	446,358	451,626
	VIKING HOLDINGS LTD	N/A	N/A	N/A	8	238	352
	VIKING HOLDINGS LTD	N/A	N/A	N/A	9,049	226,965	398,699
	WALKER & DUNLOP INC	N/A	N/A	N/A	4,198	393,265	408,088
	WEBSTER FINANCIAL CORP	N/A	N/A	N/A	8,793	425,480	485,549
	WILLSCOT HOLDINGS CORP	N/A	N/A	N/A	14,224	655,372	475,793
	WINTRUST FINANCIAL CORP	N/A	N/A	N/A	4,887	368,878	609,458
	WNS HOLDINGS LTD	N/A	N/A	N/A	6,710	410,682	317,987
	ZIONS BANCORP NA	N/A	N/A	N/A	9,361	484,953	507,833
						39,118,147	41,643,763

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

		(c) Description of investment including maturity date, rate of interest, collateral, shares/par value					
(a)	(b) Identity of issuer, borrower, lessor, or similar party	Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
<u>Investment Manager - Raymond James & Associates</u>							
	INVESTRUST PROPERTIES CORP	N/A	N/A	N/A	15,000	\$ 114,619	\$ 49,350
	NHB HOLDINGS INC	N/A	N/A	N/A	25,000	250,000	250,000
	XENIA HOTELS & RESORTS INC	N/A	N/A	N/A	1,875	35,381	40,481
	RAYMOND JAMES	N/A	N/A	N/A	15,000	-	5,400
						400,000	345,231
	Total domestic common stock					205,746,546	251,261,591
<u>Global common stock</u>							
<u>Investment Manager - HGK (GLG) Investment Management</u>							
	AIA GROUP LTD	N/A	N/A	N/A	69,926	720,775	506,805
	ALIMENTATION COUCHE-TARD INC	N/A	N/A	N/A	37,400	2,106,643	2,073,097
	BAE SYSTEMS PLC	N/A	N/A	N/A	187,097	1,343,113	2,691,168
	CELLNEX TELECOM SA	N/A	N/A	N/A	63,397	2,247,889	2,002,908
	DAIKIN INDUSTRIES LTD	N/A	N/A	N/A	9,900	1,950,515	1,175,452
	DAVIDE CAMPARI-MILANO NV	N/A	N/A	N/A	254,908	2,524,015	1,588,495
	DBS GROUP HOLDINGS LTD	N/A	N/A	N/A	60,010	1,344,386	1,923,206
	DR ING HC F PORSCHKE AG	N/A	N/A	N/A	30,900	2,712,567	1,869,262
	EISAI CO LTD	N/A	N/A	N/A	50,800	2,864,410	1,399,295
	ESSITY AB	N/A	N/A	N/A	75,257	2,265,803	2,014,028
	FRANCO-NEVADA CORP	N/A	N/A	N/A	17,700	2,268,139	2,078,907
	GETLINK SE	N/A	N/A	N/A	88,303	1,135,310	1,408,599
	HARBOUR ENERGY PLC	N/A	N/A	N/A	427,226	2,331,987	1,366,538
	HDFC BANK LTD	N/A	N/A	N/A	40,600	2,238,175	2,592,716
	ICON PLC	N/A	N/A	N/A	8,546	1,825,332	1,792,182
	KB FINANCIAL GROUP INC	N/A	N/A	N/A	31,486	1,449,416	1,773,047
	KOMATSU LTD	N/A	N/A	N/A	80,200	1,963,671	2,219,840
	LONDON STOCK EXCHANGE GROUP PL	N/A	N/A	N/A	15,412	1,629,348	2,178,229
	NEXT PLC	N/A	N/A	N/A	16,767	1,219,015	1,994,484
	RENTOKIL INITIAL PLC	N/A	N/A	N/A	436,382	2,518,592	2,190,471
	RHEINMETALL AG	N/A	N/A	N/A	5,447	397,832	3,466,570
	RYANAIR HOLDINGS PLC	N/A	N/A	N/A	45,550	1,725,080	1,985,525
	SAMSUNG ELECTRONICS CO LTD	N/A	N/A	N/A	61,084	2,988,410	2,207,432
	SMURFIT WESTROCK PLC	N/A	N/A	N/A	52,466	2,058,892	2,835,975
	SONY GROUP CORP	N/A	N/A	N/A	140,000	2,232,621	3,001,145
	STMICROELECTRONICS NV	N/A	N/A	N/A	77,658	2,906,055	1,952,071
	SUZUKI MOTOR CORP	N/A	N/A	N/A	194,400	2,144,745	2,214,151
	SVENSKA HANDELSBANKEN AB	N/A	N/A	N/A	174,489	1,956,027	1,803,439
	TAIWAN SEMICONDUCTOR MANUFACTU	N/A	N/A	N/A	10,328	1,008,010	2,039,677
	THALES SA	N/A	N/A	N/A	13,208	1,444,597	1,896,300
	TREASURY WINE ESTATES LTD	N/A	N/A	N/A	305,080	2,270,032	2,140,127
	UNIVERSAL MUSIC GROUP NV	N/A	N/A	N/A	103,389	2,449,479	2,646,506
	VESTAS WIND SYSTEMS A/S	N/A	N/A	N/A	105,376	2,647,762	1,435,133
	Total global common stock					64,888,643	66,462,780
	Total common stock					270,635,189	317,724,371
<u>Registered investment companies</u>							
	AFL-CIO HOUSING INVESTMENT TRUST	N/A	N/A	N/A	37,912	60,725,462	55,105,267
	WALTER SCOTT LIMITED GROUP TRUST GLOBAL FUND	N/A	N/A	N/A	1,167,050	22,128,569	66,199,409
	Total registered investment companies					82,854,031	121,304,676
<u>Pooled fixed income funds</u>							
	UBS CANADIAN BOND FUND SERIES A	N/A	N/A	N/A	355,963	1,865,791	1,659,589
<u>Common collective trust funds</u>							
	AFL-CIO BUILDING INVESTMENT TRUST	N/A	N/A	N/A	2,468	2,947,636	13,495,573
	BRIGADE OPP CR CIT	N/A	N/A	N/A	3,345,218	42,000,000	48,426,985
	JP MORGAN STRATEGIC PROPERTY FUND	N/A	N/A	N/A	3,385,603	31,936,551	37,096,908
	LOOMIS SAYLES LARGE CAP GROWTH TRUST	N/A	N/A	N/A	1,884,496	62,068,512	108,893,124
	LOOMIS WRLD CRD TRST	N/A	N/A	N/A	2,430,032	41,815,101	46,394,772
	SSGA ACWI EX USA NL FUND	N/A	N/A	N/A	13,998,606	119,363,167	208,156,902
	SSGA MSCI UNITED STATES INDEX NL FUND	N/A	N/A	N/A	305,164	-	305,164

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value				(d) Cost	(e) Current Value
		Collateral	Maturity Date	Interest Rate	Shares/Par Value		
	SSGA RUSSELL 1000 INDEX FUND	N/A	N/A	N/A	602,947	\$ 66,493,695	\$ 88,691,370
	SSGA RUSSELL 3000 INDEX FUND	N/A	N/A	N/A	114,496	24,890,359	28,508,298
	SSGA WORLD GOVERNMENT BOND INDEX FUND	N/A	N/A	N/A	5,612,999	87,804,800	99,704,709
	Total common collective trust funds					<u>479,319,821</u>	<u>679,673,805</u>
<u>Limited partnerships and other investments</u>							
	50 SOUTH PRIVATE EQUITY CORE FUND X (OFFSHORE), LP	N/A	N/A	N/A	N/A	11,548,500	11,707,951
	57 STARS GLOBAL OPPORTUNITY FUND 3, LP	N/A	N/A	N/A	N/A	4,374,590	7,551,616
	AG REALTY FUND IX, LP	N/A	N/A	N/A	N/A	333,531	2,204,482
	APOLLO INVESTMENT FUND VIII, LP	N/A	N/A	N/A	N/A	366,003	2,976,528
	CARLYLE GLOBAL INFRASTRUCTURE FUND LP	N/A	N/A	N/A	N/A	11,498,347	16,570,263
	CENTERBRIDGE SPECIAL CREDIT PARTNERS IV, LP	N/A	N/A	N/A	N/A	19,838,782	23,462,270
	ENTRUST CAPITAL DIVERSIFIED FUND QP LTD	N/A	N/A	N/A	N/A	1,116,278	129,949
	GCM GROSVENOR SECONDARY OPPORTUNITIES FUND III, LP	N/A	N/A	N/A	N/A	18,825,284	22,286,231
	GERDING EDLEN GREEN CITIES III, LP	N/A	N/A	N/A	N/A	10,278,835	3,349,601
	GLOBEFLEX INT'L ALL CAP COMMINGLED TRUST	N/A	N/A	N/A	N/A	47,552,591	77,522,278
	GROSVENOR CIS II ONSHORE FUND, LP	N/A	N/A	N/A	N/A	1,292,201	9,667,137
	HAMILTON LANE PRIVATE EQUITY FUND IX, LP	N/A	N/A	N/A	N/A	314,585	4,846,935
	HAMILTON LANE PRIVATE EQUITY FUND X, LP	N/A	N/A	N/A	N/A	12,153,338	22,829,059
	HAMILTON LANE STRATEGIC OPPS VII, LP	N/A	N/A	N/A	N/A	18,547,610	24,388,358
	IFM GLOBAL INFRASTRUCTURE FUND, LP	N/A	N/A	N/A	N/A	17,022,301	65,501,429
	INTERCONTINENTAL U.S. REAL ESTATE INV. FUND, LLC	N/A	N/A	N/A	N/A	15,000,000	17,069,039
	LANDMARK EQUITY PARTNERS XVI, LP	N/A	N/A	N/A	N/A	10,825,323	15,933,569
	LANDMARK EQUITY PARTNERS XVII, LP	N/A	N/A	N/A	N/A	16,013,920	18,788,881
	MCMORGAN INFRASTRUCTURE FUND I, LP	N/A	N/A	N/A	N/A	3,476,055	8,397,053
	MESIROW FINANCIAL PRIVATE EQUITY FUND VIII A, LP	N/A	N/A	N/A	N/A	12,952,143	13,876,584
	MESIROW FINANCIAL PRIVATE EQUITY FUND VIII B, LP	N/A	N/A	N/A	N/A	9,318,247	9,796,284
	NB CROSSROADS FUND XXI, LP	N/A	N/A	N/A	N/A	33,297	6,790,975
	NB PRIVATE DEBT FUND IV (A) LP	N/A	N/A	N/A	N/A	22,112,372	29,435,580
	POMONA CAPITAL IX (OFFSHORE), LP	N/A	N/A	N/A	N/A	783,973	6,420,846
	POMONA CAPITAL VIII (OFFSHORE) LP	N/A	N/A	N/A	N/A	45,501	44,869
	POMONA CAPITAL X	N/A	N/A	N/A	N/A	16,552,038	20,394,814
	RCTS EMERGING MARKETS EQUITY	N/A	N/A	N/A	N/A	93,141,391	129,500,253
	STONEPEAK INFRASTRUCTURE FUND II, LP	N/A	N/A	N/A	N/A	1,017,968	625,047
	TA REALTY LOGISTICS FUND, LP	N/A	N/A	N/A	N/A	20,000,000	17,333,791
	ULLICO INFRASTRUCTURE FUND, LP	N/A	N/A	N/A	N/A	30,000,000	41,497,640
	WCP SPECIAL CORE PLUS FUND, LP	N/A	N/A	N/A	N/A	4,036,106	1,652,555
	FORWARD CURRENCY DERIVATIVES	N/A	N/A	N/A	N/A	(3,826,535)	(3,826,535)
	Total limited partnerships and other investments					<u>426,544,575</u>	<u>628,725,332</u>
	Total assets (held at end of year)					<u>\$ 1,392,263,107</u>	<u>\$ 1,875,196,451</u>

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023. Table shows count and average salary as limited by IRC section 401(a)(17).

Years of Service										
Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	59	53	6	—	—	—	—	—	—	—
	\$40,955	\$40,598	—	—	—	—	—	—	—	—
25 - 29	173	124	47	2	—	—	—	—	—	—
	63,135	59,060	\$72,478	—	—	—	—	—	—	—
30 - 34	257	131	96	28	2	—	—	—	—	—
	80,773	70,407	88,578	\$101,940	—	—	—	—	—	—
35 - 39	361	140	113	69	38	1	—	—	—	—
	88,864	67,194	97,765	100,144	\$121,561	—	—	—	—	—
40 - 44	451	140	153	76	65	14	3	—	—	—
	100,058	77,651	101,792	117,589	120,697	—	—	—	—	—
45 - 49	540	160	153	77	82	48	20	—	—	—
	97,315	64,785	97,916	120,627	111,466	\$130,290	\$126,053	—	—	—
50 - 54	675	151	158	106	120	84	42	12	2	—
	110,868	68,037	93,780	124,708	115,652	160,570	169,643	—	—	—
55 - 59	552	84	107	111	96	83	49	15	7	—
	119,542	61,331	91,924	114,226	129,105	147,717	183,690	—	—	—
60 - 64	378	54	83	73	72	54	27	7	6	2
	117,547	72,242	98,462	107,752	122,915	135,922	197,676	—	—	—
65 - 69	123	15	20	21	16	25	16	2	4	4
	133,216	—	85,225	136,179	—	156,368	—	—	—	—
70 & over	23	5	2	3	2	3	1	1	2	4
	166,062	—	—	—	—	—	—	—	—	—
Unknown	8	4	2	—	—	—	1	1	—	—
	—	—	—	—	—	—	—	—	—	—
Totals	3,600	1,061	940	566	493	312	159	38	21	10
	\$102,747	\$65,693	\$94,392	\$115,031	\$120,329	\$145,082	\$173,135	\$184,459	\$205,685	—

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

The participant data is for the year ended December 31, 2023 and shows count and average accrued monthly benefit at Normal Retirement Age.

Age	Total	Years of Service								
		1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	59	53	6	-	-	-	-	-	-	-
	\$225	\$190	-	-	-	-	-	-	-	-
25 - 29	173	124	47	2	-	-	-	-	-	-
	492	304	\$931	-	-	-	-	-	-	-
30 - 34	257	131	96	28	2	-	-	-	-	-
	925	369	1,233	\$2,356	-	-	-	-	-	-
35 - 39	361	140	113	69	38	1	-	-	-	-
	1,418	349	1,303	2,388	\$3,876	-	-	-	-	-
40 - 44	451	140	153	76	65	14	3	-	-	-
	1,829	393	1,362	2,793	4,124	-	-	-	-	-
45 - 49	540	160	153	77	82	48	20	-	-	-
	2,198	336	1,301	2,960	3,685	\$5,656	\$6,621	-	-	-
50 - 54	675	151	158	106	120	84	42	12	2	-
	3,156	357	1,279	2,931	3,942	7,043	8,863	-	-	-
55 - 59	552	84	107	111	96	83	49	15	7	-
	3,991	329	1,287	2,703	4,337	6,545	9,731	-	-	-
60 - 64	378	54	83	73	72	54	27	7	6	2
	3,757	400	1,430	2,495	4,147	6,009	10,439	-	-	-
65 - 69	123	15	20	21	16	25	16	2	4	4
	5,564	-	1,215	3,242	-	6,751	-	-	-	-
70 & over	23	5	2	3	2	3	1	1	2	4
	9,136	-	-	-	-	-	-	-	-	-
Unknown	8	4	2	-	-	-	1	1	-	-
	-	-	-	-	-	-	-	-	-	-
Total	3,600	1,061	940	566	493	312	159	38	21	10
	\$2,645	\$343	\$1,286	\$2,726	\$4,045	\$6,362	\$9,200	\$11,610	\$14,155	-

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Investment loss subject to relief	01/01/2009	\$130,172,794	14	\$14,087,211
Plan amendment	01/01/2012	485,104	3	173,142
Actuarial loss	01/01/2012	16,089,709	3	5,742,689
Plan amendment	01/01/2013	653,682	4	180,956
Actuarial loss	01/01/2013	2,948,819	4	816,310
Plan amendment	01/01/2014	783,868	5	179,449
Actuarial loss	01/01/2014	11,681,338	5	2,674,188
Plan amendment	01/01/2015	575,141	6	113,375
Actuarial loss	01/01/2015	12,430,171	6	2,450,310
Assumption change	01/01/2015	26,304,429	6	5,185,287
Actuarial loss	01/01/2016	35,562,540	7	6,206,405
Plan amendment	01/01/2017	1,281,494	8	202,044
Actuarial loss	01/01/2017	23,005,922	8	3,627,188
Plan amendment	01/01/2018	1,482,415	9	214,412
Actuarial loss	01/01/2018	21,110,607	9	3,053,367
Plan amendment	01/01/2019	1,567,495	10	210,501
Actuarial loss	01/01/2019	32,809,165	10	4,405,982
Plan amendment	01/01/2020	1,746,243	11	219,843
Actuarial loss	01/01/2020	18,880,613	11	2,376,974
Plan amendment	01/01/2021	1,432,973	12	170,467
Assumption change	01/01/2021	46,272,690	12	5,504,603
Plan amendment	01/01/2022	6,716,107	13	759,919
Plan amendment	01/01/2023	9,745,282	14	1,054,628
Actuarial loss	01/01/2023	86,985,520	14	9,413,513

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/2024	5,732,582	15	596,160
Actuarial loss	01/01/2024	99,299,232	15	10,326,625
Total		\$595,755,935		\$79,945,548

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Combined base	01/01/2022	\$119,970,275	5.82	\$24,231,781
Total		\$119,970,275		\$24,231,781

Section 3: Certificate of Actuarial Valuation

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:
Annual administrative expenses, previously \$4,400,000.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

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

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

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

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

Section 3: Certificate of Actuarial Valuation

Termination rates

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

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

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

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

³ Withdrawal rates cut out at the early retirement age.

Section 3: Certificate of Actuarial Valuation

Retirement rates

Age	Annual Retirement Rates
40 – 54	0% ¹
55 – 59	10% ¹
60 – 69	20%
70 and over	100%

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

Description of weighted average retirement age

Age 61, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Retirement age for inactive vested participants

Age 60, or immediately if 25 or more years of service credit.

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

¹ 15% if eligible for the Service Pension

Section 3: Certificate of Actuarial Valuation

Future benefit accruals

One pension credit per year.

The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the last several years.

Salary Scale

5% per year, including 3% annual inflation component.

The salary scale assumption was based on historical and current demographic data, estimated future experience, and professional judgment. As part of the analysis, the increases in salaries were reviewed over the last several years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Active participants are defined as those who have earned a year of service credit in the most recent plan year, excluding those who have retired as of the valuation date.

Percent married

75%

Age of spouse

Spouses of male participants are three years younger and spouses of female participants are three years older.

Section 3: Certificate of Actuarial Valuation

Benefit election

Married participants are assumed to elect the more valuable option between the 100% Survivor's Option with Pop-up form of payment and Single Life Annuity with 60 months guaranteed. Non-married participants are assumed to elect the Single Life Annuity with 60 months guaranteed.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over recent years.

Delayed retirement factors

Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, but not beyond their required beginning date.

Net investment return

7.25%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$5,200,000 for the year beginning January 1, 2024 (equivalent to \$5,007,560 payable at the beginning of the year).

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Section 3: Certificate of Actuarial Valuation

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years beginning with the year January 1, 2022.

Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Projected Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

Canadian Assets and Liabilities

All Canadian assets and liabilities included in the valuation were converted to their U.S. dollar equivalent. The conversion factor as of the valuation date is 0.7551 U.S. dollars for each Canadian dollar.

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): Pri-2012 employee and annuitant mortality tables, projected generationally using 2024 Adjusted Scale MP-2021. (previously, RP-2006 employee and annuitant mortality tables, projected forward generationally using Scale MP-2021 was used)

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 3.2%, for the Plan Year ending December 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 10.8%, for the Plan Year ending December 31, 2023

Section 3: Certificate of Actuarial Valuation

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:
Annual administrative expenses, previously \$4,400,000.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$11,693,258	\$3,765,654	\$120,087,374	\$135,546,286
2025	20,724,924	4,474,144	118,046,576	143,245,644
2026	29,032,982	4,960,331	115,687,282	149,680,595
2027	36,866,539	5,340,348	113,195,724	155,402,611
2028	44,090,649	6,009,386	110,580,541	160,680,576
2029	49,932,858	6,723,490	107,946,953	164,603,301
2030	55,320,698	7,282,484	105,221,009	167,824,191
2031	59,921,268	8,020,862	102,385,324	170,327,454
2032	63,908,367	8,625,321	99,436,074	171,969,762
2033	67,307,663	9,303,770	96,365,877	172,977,310
2034	70,382,072	9,815,603	93,177,604	173,375,279
2035	72,963,125	10,275,310	89,875,194	173,113,629
2036	75,249,757	10,688,886	86,464,107	172,402,750
2037	77,274,663	11,061,281	82,951,076	171,287,020
2038	78,871,244	11,382,926	79,344,835	169,599,005
2039	80,232,041	11,604,401	75,656,187	167,492,629
2040	81,374,599	11,953,337	71,898,290	165,226,226
2041	82,172,335	12,110,360	68,086,254	162,368,949

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

Page 1 of 3

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$82,792,622	\$12,201,333	\$64,236,770	\$159,230,725
2043	83,220,194	12,425,243	60,367,713	156,013,150
2044	83,337,470	12,446,995	56,497,804	152,282,269
2045	83,436,482	12,388,643	52,646,829	148,471,954
2046	82,885,830	12,356,601	48,835,092	144,077,523
2047	82,170,086	12,247,466	45,083,064	139,500,616
2048	81,189,776	12,110,486	41,411,020	134,711,282
2049	80,073,147	11,957,981	37,838,779	129,869,907
2050	78,469,326	11,776,853	34,384,800	124,630,979
2051	76,817,132	11,519,735	31,066,910	119,403,777
2052	74,794,583	11,247,272	27,900,791	113,942,646
2053	72,552,276	10,971,571	24,900,802	108,424,649
2054	70,146,206	10,666,308	22,079,047	102,891,561
2055	67,661,841	10,345,404	19,445,496	97,452,741
2056	64,933,934	9,994,514	17,007,243	91,935,691
2057	62,101,361	9,620,786	14,768,308	86,490,455
2058	59,129,768	9,234,785	12,730,133	81,094,686
2059	56,106,158	8,834,651	10,890,994	75,831,803

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$52,977,811	\$8,424,397	\$9,246,863	\$70,649,071
2061	49,886,027	8,004,582	7,790,886	65,681,495
2062	46,746,312	7,576,649	6,513,795	60,836,756
2063	43,640,292	7,142,523	5,404,362	56,187,177
2064	40,575,119	6,705,294	4,450,179	51,730,592
2065	37,587,134	6,267,254	3,637,583	47,491,971
2066	34,680,293	5,831,025	2,952,455	43,463,773
2067	31,880,062	5,399,243	2,380,386	39,659,691
2068	29,197,516	4,974,593	1,906,881	36,078,990
2069	26,644,308	4,559,728	1,518,421	32,722,457
2070	24,227,794	4,157,009	1,202,241	29,587,044
2071	21,953,184	3,768,761	946,959	26,668,904
2072	19,822,575	3,397,122	742,260	23,961,957
2073	17,836,149	3,043,930	579,229	21,459,308

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$110,572,364	\$0	\$110,572,364
2025	\$113,951,440	\$0	\$113,951,440
2026	\$117,431,690	\$0	\$117,431,690
2027	\$121,015,939	\$0	\$121,015,939
2028	\$124,707,065	\$0	\$124,707,065
2029	\$128,507,991	\$0	\$128,507,991
2030	\$132,421,686	\$0	\$132,421,686
2031	\$136,451,210	\$0	\$136,451,210
2032	\$140,599,713	\$0	\$140,599,713
2033	\$144,870,441	\$0	\$144,870,441

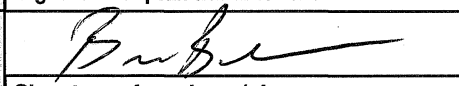
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
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 LIUNA STAFF AND AFFILIATES PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PEN 905 - 16TH STREET, NW WASHINGTON DC 200061703	2b Employer Identification Number (EIN) 52-0743575 2c Plan Sponsor's telephone number 202-737-1664 2d Business code (see instructions) 813930

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

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

SIGN HERE		7/29/2025	Michael F. Sabitoni
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/29/2025	Brent Booker
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 11,231
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) (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) 3,559 6a(2) 3,600 6b 4,233 6c 2,739 6d 10,572 6e 800 6f 11,372 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 491
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I	

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) - Number Attached ____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) - Number Attached ____ (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

LIUNA STAFF AND AFFILIATES PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Line j

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

(a) Identity of Party Involved	(b) Description of Assets (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	BNY Mellon Cash (Reserve)	\$ 49,111,045	\$ -	\$ -	\$ -	\$ 49,111,045	\$ 49,111,045	\$ -
N/A	BNY Mellon Cash (Reserve)	-	49,111,045	-	-	49,111,045	49,111,045	-
N/A	EB Temporary Investment Fund Deposit Account	193,249,202	-	-	-	193,249,202	193,249,202	-
N/A	EB Temporary Investment Fund Deposit Account	-	205,989,990	-	-	205,989,990	205,989,990	-

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning	and ending
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	

A Name of plan LIUNA STAFF AND AFFILIATES PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF B.O.T. OF THE LIUNA STAFF & AFFILIATES PENSION FD	D Employer Identification Number (EIN) 52-0743575

E Type of plan:	(1) ☒ Multiemployer Defined Benefit	(2) ☐ Money Purchase (see instructions)
1a Enter the valuation date: Month 01 Day 01 Year 2024		
b Assets		
(1) Current value of assets	1b(1)	1,811,439,990
(2) Actuarial value of assets for funding standard account	1b(2)	1,972,285,904
c (1) Accrued liability for plan using immediate gain methods	1c(1)	2,267,464,042
(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)	2,066,063,843
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	3,329,657,646
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	150,244,870
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	135,137,939
(3) Expected plan disbursements for the plan year	1d(3)	140,337,939

Statement by Enrolled Actuary

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

SIGN HERE JOSHUA KAPLAN JK Signature of actuary JOSHUA KAPLAN, FSA, FCA, MAAA Type or print name of actuary SEGAL Firm name 66 HUDSON BOULEVARD EAST NEW YORK NY 10001-2192 Address of the firm	07/10/2025 Date 2305487 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1,811,439,990
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5,033	1,634,093,030
(2) For terminated vested participants	2,739	219,386,641
(3) For active participants:		
(a) Non-vested benefits		82,926,047
(b) Vested benefits		1,393,251,928
(c) Total active	3,600	1,476,177,975
(4) Total	11,372	3,329,657,646
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	54.40 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	117,246,949				
Totals ▶			3(b)	117,246,949	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	95.4 %
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	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	5.00 % ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	3.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.8 %
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)	5,007,560
(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	99,299,232	10,326,625
3	5,732,582	596,160

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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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	55,499,771

c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	595,755,935
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	9,819,786
e Total charges. Add lines 9a through 9d.....	9e	145,265,105

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	180,607,522
g Employer contributions. Total from column (b) of line 3.....	9g	117,246,949

h Amortization credits as of valuation date.....	Outstanding balance	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9h	119,970,275
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	742,310,868
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	1,141,699,484
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	340,833,120
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	195,568,015
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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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