

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 07/01/2024 and ending 06/30/2025	
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 UNITED ASSOCIATION NATIONAL PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/23/1968
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND 103 ORONOCO STREET ALEXANDRIA, VA 22314-2015
2b	Employer Identification Number (EIN) 52-6152779
2c	Plan Sponsor's telephone number 703-739-9020
2d	Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/06/2026	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/06/2026	SMITTY G. BELCHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 190666
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) 88454 6a(2) 93165 6b 47884 6c 45174 6d 186223 6e 10614 6f 196837 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 4594

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

1A

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779	

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

(a) Name of insurance carrier BRIGHTHOUSE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-1912740	87726	919453	196837	07/01/2024	06/30/2025

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

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

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

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

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

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

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

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

NA

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	2373963
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	80279
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	80279
d Total of balance and additions (add lines 7b and 7c(6))	7d	2454242
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	2454242

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02083	196837	07/01/2024	06/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

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

1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 7090438944
(2) Actuarial value of assets for funding standard account	1b(2) 7337941445
c (1) Accrued liability for plan using immediate gain methods	1c(1) 9169119101
(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) 9169119101
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) 15476245230
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 350784254
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 702381555
(3) Expected plan disbursements for the plan year	1d(3) 748043686

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	03/30/2026
Signature of actuary KEVIN WOODRICH, FSA, EA	Date 23-07086
Type or print name of actuary CHEIRON, INC	Most recent enrollment number 703-893-1456
Firm name 9115 HARRIS CORNERS PARKWAY CHARLOTTE, NC 28269	Telephone number (including area code)
Address of the firm	

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

a Current value of assets (see instructions)		2a	7090438944
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		56400	7942577931
(2) For terminated vested participants		30961	2074281479
(3) For active participants:			
(a) Non-vested benefits.....			290472417
(b) Vested benefits.....			5168913403
(c) Total active.....		79133	5459385820
(4) Total		166494	15476245230
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	45.81 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
01/01/2025	514619028					
			Totals ►	3(b)	514619028	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	173528

a	Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	80.0 %
b	Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c	Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d	If the plan is in critical status or critical and declining status, 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: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.69 %
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☐ No ☒ N/A		Post-retirement ☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.25 %	7.25 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.9 %	
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)	29929000	
(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	339547842	35311282
1	13131050	1365564

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	182648710

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)	3644216764	458377378
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 46474391**e** Total charges. Add lines 9a through 9d.....**9e** 687500479**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 871061887**g** Employer contributions. Total from column (b) of line 3.....**9g** 514619028**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	941977221	158302846

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 92957490**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

9j(1)	3359489084
9j(2)	7019216323

9j(3)**k** (1) Waived funding deficiency**9k(1)**

(2) Other credits

9k(2)**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 1636941251**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 949440772**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

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

9o(2)(b)

(3) Total as of valuation date

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

AFL CIO BUILDING INVESTMENT TRUST

815 CONNECTICUT AVE, NW
WASHINGTON, DC 20006

52-6328901

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

LANDMARK EQUITY PARTNERS

265 FRANKLIN STREET
BOSTON, MA 02110

81-4187171

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

GERDING EDLEN

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

CHEVY CHASE TRUST COMPANY

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

NATIONAL INVESTMENT SERVICES

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

HARRISON STREET REAL ESTATE

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

BOYD WATTERSON ASSET MGMT

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

BLUEBAY ASSET MGMT

107 ELM STREET
STAMFORD, CT 06902

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

FRONTIER PARTNERS INC

400 SKOKIE BLVD
NORTHBROOK, IL 60062

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

GCM GROSVENOR

767 FIFTH AVENUE
NEW YORK, NY 10153

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

CORBIN PRIVATE CREDIT MANAGER FUND

1095 MORRIS AVENUE
UNION, NJ 07083

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

50 SOUTH CAPITAL ADVISORS LLC

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

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

GLOBAL ALPHA CAPITAL MANAGEMENT

1800 AVENUE MCGILL COLLEGE
MONTREAL CA

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

MC CREDIT PARTNERS LP

2200 ATLANTIC STREET
STAMFORD, CT 06902

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

SIGULER GUFF & COMPANY LP

200 PARK AVENUE
NEW YORK, NY 10166

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

TA REALTY

ONE FEDERAL STREET, 17TH FLOOR
BOSTON, MA 02110

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

ENTRUST CAPITAL

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

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

AMERICAN REALTY ADVISORS

515 S. FLOWER ST
LOS ANGELES, CA 90071

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

BRIGADE CAPITAL MANAGEMENT

151 WEST 42ND STREET
NEW YORK, NY 10036

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

INTERCONTINENTAL REAL ESTATE CORPOR

1270 SOLDIERS FLD RD
BRIGHTON, MA 02135

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

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

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

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

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

CHLIC

PO BOX 644546
PITTSBURGH, PA 15264

06-1059331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	2767060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'DONOGHUE & O'DONOGHUE

5301 WISCONSIN AVE, NW
WASHINGTON, DC 20015

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	1496216	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHRODER INVESTMENT MGMT

875 THIRD AVENUE
NEW YORK, NY 10022

13-4064414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	1491984	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)

JENNISON ASSOCIATES LLC

1000 WINTER STREET
WALTHAM, MA 02351

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	1414565	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

3700 KOPPERS STREET
BALTIMORE, MD 21227

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	1087267	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON MANAGEMENT

75 STATE STREET
BOSTON, MA 02109

04-2683227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	1008916	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)

RIVERBRIDGE

41-1930193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	694043	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T ROWE PRICE

PO BOX 64043
BALTIMORE, MD 21264

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	682548	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SEGAL SELECT INSURANCE

333 WEST 34TH STREET
NEW YORK, NY 10087

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	671818	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)

ARISTOTLE CAPITAL MANAGEMENT

ONE FEDERAL STREET, 36TH FLOOR
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	662368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP LLC

7501 WISCONSIN AVENUE
BETHESDA, MD 20814

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	639640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY PRESS, INC.

1701 CABIN BRANCH RD.
CHEVERLY, MD 20785

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	425830	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)

PC CONNECTION SALES CORP

PO BOX 536472
PITTSBURGH, PA 15253

02-0497006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	387881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEUBERGER BERMAN

190 S LASALLE ST
CHICAGO, IL 60603

02-0654486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	377970	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BRANDYWINE GLOBAL

2929 ARCH STREET
PHILADELPHIA, PA 19104

51-0294065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	357698	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)

PNC BANK

PO BOX 856177
LOUISVILLE, KY 40285

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62 68	NONE	356497	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

INSCOE, TONI C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	339408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

333 WEST 34TH STREET
NEW YORK, NY 10001

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	334716	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)

HEFFERNAN, KEVIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	315290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES & COMPANY

ONE FINANCIAL CENTER
BOSTON, MA 02111

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	285156	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MACQUARIE INVESTMENT MANAGEMENT ADV

610 MARKET STREET
PHILADELPHIA, PA 19106

23-2859590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 51 68	NONE	282206	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON, INC.

PO BOX 37117
BALTIMORE, MD 21297

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	280785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XIOLOGIX, LLC

PO BOX 1880
TUALATIN, OR 97062

93-1297700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	262547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAGHAN MECHANICAL, INC.

5649D GENERAL WASHINGTON DR
ALEXANDRIA, VA 22312

54-1789937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	262228	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IRON MOUNTAIN

PO BOX 27128
NEW YORK, NY 10087

04-3038590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	247893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANKE, BENJAMIN C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	235766	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEAHEY, DONALD M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	222347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAMLOCHAN, NAFEEZA S

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	217960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEUJA, KUMAR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	215920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENEBE, IYOB

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	200311	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUGO, DENNIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	194886	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DUGAN, CHARLOTTE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	180338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KUKKALA, VENKATESWARARAO E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	175627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RECOVERY POINT SYSTEMS

75 W WATKINS MILL RD
GAITHERSBURG, MD 20878

52-2212966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	172549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARDS, PERPETUA E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	171208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FP MAILING SOLUTIONS

140 N MITCHELL CT STE 200
ADDISON, IL 60101

38-1716563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	166000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN, LEWIS & BOCKIUS, LLP

PO BOX 8500 S-6050
PHILADELPHIA, PA 19178

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	160122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEVORE, KAREN A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	157939	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INGE, MAURICE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	156033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEOHAGAN, WAYNE S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	151908	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'REILLY-WALKER, ARLETTE M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	151286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YOUHOUSE, JOSEPH D.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	139348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALBREATH-HALL, KIM M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	137833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XEROX CORPORATION

PO BOX 827181
PHILADELPHIA, PA 19182

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 36	NONE	134336	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YIMER, TSEDAY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	130755	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEKOE, KOFI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	128609	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUERRA, MARY M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	120062	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FENDERSON, MELISSA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119706	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)

RASHEED, SUSAN B.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON, DAVID A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119590	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAYODE, OYEBISI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	115109	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)

WILEY, ALEXANDER

1000 WINTER STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	114676	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOACK, LADONNA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	113583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD, CHANTELE Y.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	111625	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)

FRANKENBERG, MI JUNG

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	110172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOMINION ENERGY VIRGINIA

PO BOX 26543
RICHMOND, VA 23290

54-1836683

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	109702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLIS, ROBIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	108105	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)

WHITE, AYEISHA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	106164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEWIS, WILLIAM

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	105849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH, TORIA S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	104646	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)

ROBINSON, KIVEN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	103888	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROCTOR, CHRISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	102512	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REVEL, DONNA L.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	102363	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KNIGHT, SHENIKA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	102311	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOGGS, SHARON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	100762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOODMAN LAUREN A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	98541	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVIA, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	97418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHIFER, LINDA S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	97386	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELiance STANDARD LIFE INSURANCE

1100 E WOODFIELD ROAD
SCHAUMBURG, IL 60173

36-0883760

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	96885	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JONES, NIKKI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	96203	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VENEY, REGINALD

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	95392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOADI, ROSE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	95392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SINCLAIR, NEICOLE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	95383	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERTSON, BEVERLY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94274	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATON-WALLIS, TRACY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	94170	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETERS, MICHAEL JR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94077	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONLON, DENNIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONGOLD, GARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93872	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MORRISON, RYAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93838	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FULTZ, RUTH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREWS, JUDY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93704	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)

CLAASSEN, GREGORY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMB, DARLENE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSLEY, NAKETA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ST. REMY, CHRIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN CALIFORNIA PIPETRADES

501 SHATTO PL 5TH FL
LOS ANGELES, CA 90020

95-4557526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	90907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POWELL, PENNY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILLIAMS, YURI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERTSON, JAMES A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREEN, TOLEATHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KOPP III, ROBERT

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YOUHOUSE, MARIANELLA A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89456	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLLINS, ZENA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	89146	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SAYSON, MARIBEL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'CONNOR, KRISTINA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89074	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DICKENSON, MARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	88911	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WARD, STACY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87442	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUTCHEE, TONIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86596	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUGO, CURTIS A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86562	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)

MCLEOD, JOANNE

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRAND, GALIT

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86148	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAILLARD, KIANA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNT, JASON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONVERGEONE INC

PO BOX 1450
MINNEAPOLIS, MN 55485

41-1763228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	85277	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORAM, DIVYA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85186	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SPENCER, MARIAH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	84799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATKINS, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	84103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REID, LARRY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLER, BRIANNA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83093	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARITY, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERIZON

PO BOX 660720
DALLAS, TX 75266

23-2259884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	82050	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)

COOPER, KEYONA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81273	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLIVER, CHRIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIELS BARBOUR, JANICE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79921	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)

MERRITT, NICOLE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79866	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACKSON, LILIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELTON, STACEY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	77126	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)

FIELDS, KYANA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FULLER, TAMARA S

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARK-BAXTER, ANTONIE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROMERO, LUZ A

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOODS, BRITTANY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75444	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATSBEHA, NATHNAEL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BASCOPE, CHRISTINA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAWRENCE, DEVIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	70883	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAMS, MONIQUE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70171	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)

ONEAL, ROBERT

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

P & R ENTERPRISE, INC

5681 COLUMBIA PIKE STE 101
FALLS CHURCH, VA 22041

52-0886864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	67144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PERNELL, LACHRISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66237	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXANDER, JOCELINE M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO

1625 I ST, NW
WASHINGTON, DC 20006

13-1423090

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

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

ZAREMBA, SYDNEY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63708	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DALTON WHARF ASSOCIATION INC

2112 GALLOWS RD STE C2
VIENNA, VA 22182

54-1182576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	61375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	60363	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRGINIA & AMBINDER LLP

40 BROAD STREET
NEW YORK, NY 10004

13-4166736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	55049	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)

PENSION BENEFIT INFORMATION

82-2042737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	50481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAMER WARNER ASSOCIATES, INC.

3545 RHODES AVENUE
NEWTOWN SQUARE, PA 19073

23-1742926

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	49449	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

AFLAC

1932 WYNNTON RD
COLUMBUS, GA 31999

58-0663085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	48392	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)

WHITE, ASHLEY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45906	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

AVAYA COMMUNICATIONS, INC.

PO BOX 5332
NEW YORK, NY 10087

22-3713430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	43740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRUMLEY, JOHN M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43231	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)

NORTHERN VIRGINIA STAFFING, INC.

7115 LEESBURG PIKE 314
FALLS CHURCH, VA 22043

54-1549320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	40892	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHULTHEIS & PANETTIERI, LLP

450 WIRELESS BLVD
HAUPAUGUE, NY 11788

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	40435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALL STATE COURIER INC

801 N PITT STREET
ALEXANDRIA, VA 22314

27-0742550

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	39132	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)

SWEENEY JR, WILLIAM

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROMOLO & ASSOCIATES

1700 W LUTHY DRIVE
PEORIA, IL 61615

37-1077733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	38840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEAN, ANN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROBERT HALF

12400 COLLECTIONS CENTER DR
CHICAGO, IL 60693

94-1648752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	34680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TK ELEVATOR

PO BOX 3796
CAROL STREAM, IL 60132

62-1211267

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	33646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AT&T

PO BOX 5094
CAROL STREAM, IL 60197

13-4924710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	32781	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY SVC, INC.

PO BOX 4058
NEW YORK, NY 10001

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	32428	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MURPHY, KAREN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER KAPLAN ARASE, LLP

4123 LANKERSHIM BLVD
NORTH HOLLYWOOD, CA 91602

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27839	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)

DELL MARKETING LLP

PO BOX 643561
PITTSBURGH, PA 15264

74-2616805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	26291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPEN TEXT, INC.

951 MARINERS ISLAND BLVD
SAN MATEO, CA 94404

46-0525483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	26253	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY & COMPANY LLC

1585 BROADWAY
NEW YORK, NY 10036

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	25670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CIUNI & PANICHI

25201 CHAGRIN BLVD - STE 200
CLEVELAND, OH 44122-5683

34-1322309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	23789	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRYOR LEARNING, LLC

5700 BROADMOOR ST., SUITE 300
MISSION, KS 66202

92-2053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	23214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPEIU

8555 16TH STREET
SILVER SPRING, MD 20910

53-9120575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	23140	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPEN SYSTEMS - APTEAN

4301 DEAN LAKES BLVD
SHAKOPEE, MN 55379-2994

41-1688659

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	21171	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NCCMP

815 16TH STREET
WASHINGTON, DC 20006

52-1041104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT

52-2288019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	16745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANK PARSONS PAPER CO INC.

PO BOX 791416
BALTIMORE, MD 21279

53-0179108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	16186	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METRO MAIL SERVICES, INC.

7942 P CLUNY COURT
SPRINGFIELD, VA 22153

54-1988261

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	15489	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSIGHT DIRECT USA INC

PO BOX 731069
DALLAS, TX 75373

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	15134	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)

SHUMAKER, LOOP & KENDRICK LLP

PO BOX 714625
CINCINNATI, OH 45271-4625

34-4439491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	14919	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPECTRUM FINANCIAL SVCS, LLC

PO BOX 3526
RESTON, VA 20195

54-1851893

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14674	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXANDRIA RENEW ENTERPRISES

1800 LIMERICK STREET
ALEXANDRIA, VA 22314

54-6002976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	13997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WASHINGTON GAS

PO BOX 37747
PHILADELPHIA, PA 19101

53-0162882

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORD CREDIT

PO BOX 220564
PITTSBURGH, PA 15220

38-1612444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12723	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOODBIDGE GLASS CO., INC

14312 JEFFERSON DAVIS HWY
WOODBIDGE, VA 22191

54-0753543

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12500	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)

NATIONAL VISION ADMINISTRATORS

PO BOX 28144
NEW YORK, NY 10087

74-3033381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	12011	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AIR CONDITIONING & REFRIDGERATION

3500 ORANGEWOOD AVE
ORANGE, CA 92868

95-6035386

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

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

ANASTASI MOORE & MARTIN PLLC

9 S WASHINGTON ST
SPOKANE, WA 99202

20-8149084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	11821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NOVAK FRANCELLA, LLC

40 MONUMENT RD 5TH FLR
BALA CYNWYD, PA 19004

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	11123	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAULKNER HOFFMAN & PHILLIPS LLC

20445 EMERALD PKWY DR STE 210
CLEVELAND, OH 44135-6029

45-1540483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMG-OPS - FEE GROUP

500 1ST AVENUE
PITTSBURGH, PA 15219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10183	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)

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60062

76-0702630

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

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

ROLLING GREENS, INC

7155 OLD ALEXANDRIA FERRY RD
CLINTON, MD 20735

54-1087867

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

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

ADVANCED SECURITY SYSTEMS

PO BOX 3568
ALEXANDRIA, VA 22302

54-1707052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9591	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)

DIGICERT, INC

2801 NORTH
LEHI, UT 84043

41-2089542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	9108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTOMATIC DATA PROCESSING

11411 RED RUN BLVD
OWINGS MILLS, MD 21117

13-3036741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEEDLES & ASSOCIATES

350 INTERLOCKEN BLVD
BROOMFIELD, CO 80021

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	8971	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)

POWER SOLUTIONS LLC

17201 MELFORD BLVD
BOWIE, MD 20715

52-2100793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	7915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMCAST COMMUNICATIONS

PO BOX 70219
PHILADELPHIA, PA 19176

23-1709202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7223	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSET PANDA, LLC

PO BOX 679157
DALLAS, TX 75267-9157

46-1272016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50		7200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BARLOW COUGHRAN MORALES

1325 4TH AVENUE
SEATTLE, WA 98101

91-0889948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6823	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLANK ROME, LLP

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

23-1311874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6778	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLACK TECHNOLOGIES, INC.

500 HOWARD ST
SAN FRANCISCO, CA 94105

26-4400325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6637	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)

EASTERN FIRE PROTECTION

2135 ESPEY COURT STE 6
CROFTON, MD 21114

52-1796004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRGINIA AMERICAN WATER

PO BOX 371880
PITTSBURGH, PA 15250

54-0119650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	6259	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USINFOSEARCH.COM

735 TAYLOR RD STE 220
GAHANNA, OH 43230-6499

82-2555421

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	6000	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)

RUBINBROWN, LLP

10801 W CHARLESTON BLVD
LAS VEGAS, NV 89135

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5364	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SECURITAS TECHNOLOGY CORP.

8350 SUNLIGHT DRIVE
FISHERS, IN 46037

20-1044950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5363	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COUNCIL OF INSTITUTIONAL INVESTORS

1717 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20006

52-1380217

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

Part I Service Provider Information (continued)

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

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

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	1884

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	58298

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	10666

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	8655

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	27618

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND		D Employer Identification Number (EIN) 52-6152779
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 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) 117896935
a Name of MTIA, CCT, PSA, or 103-12 IE: NEWTOWER TRUST COMPANY MULTI-EMPLOY		
b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168145528
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO SL STOCK INDEX FUND		
b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1281179988
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND (EMER		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA		
c EIN-PN 13-4179575-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117772993
a Name of MTIA, CCT, PSA, or 103-12 IE: MESIROW COLLECTIVE INVESTMENT MASTE		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 82-0633167-105	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92480514
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE BOND INDEX FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 347340703
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 VALUE IN		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-098	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245524238
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: NT COLLECTIVE RUSSELL 2000 GROWTH I		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94863854
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SENIOR LOAN TRUST FUND		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148388270
a Name of MTIA, CCT, PSA, or 103-12 IE: BELL INTERNATIONAL EQUITIES CIT		
b Name of sponsor of entity listed in (a): BELL ASSET MANAGEMENT LTD.		
c EIN-PN 93-3873553-173	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112000000
a Name of MTIA, CCT, PSA, or 103-12 IE: BELL AUSTRALIA TRUST		
b Name of sponsor of entity listed in (a): BELL ASSET MANAGEMENT LTD.		
c EIN-PN 04-3412674-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135542520
a Name of MTIA, CCT, PSA, or 103-12 IE: BELL GLOBAL TRUST		
b Name of sponsor of entity listed in (a): BELL ASSET MANAGEMENT LTD.		
c EIN-PN 26-0733642-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130767413
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY SERIES		
b Name of sponsor of entity listed in (a): RBC GLOBAL ASSET MANAGEMENT (U.S.) INC.		
c EIN-PN 47-4883422-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147308881
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT J		
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-201	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130262323
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT WORLD BOND TRUST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 20-8080381-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67362712
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II, LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 16-1626084-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64989756
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	81114617	73844110
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	27317882	29831255
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	26411994	9427071
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	110806527	84096496
(2) U.S. Government securities	1c(2)	157209233	358020820
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	200802264	312677821
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1782494388	1635982691
(5) Partnership/joint venture interests	1c(5)	1277888767	1256262147
(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)	2559356121	2857945491
(10) Value of interest in pooled separate accounts	1c(10)	123211834	130262323
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	366874940	413618814
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	410799887	557019924
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2293684	2373963
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	4044515	4738727
f Total assets (add all amounts in lines 1a through 1e).....	1f	7130626653	7726101653
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	39599371	25381511
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	39599371	25381511
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7091027282	7700720142

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)	514338857	
(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)		514338857
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8617196	
(B) U.S. Government securities	2b(1)(B)	13848107	
(C) Corporate debt instruments	2b(1)(C)	17378803	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	105319324	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		145163430
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	27038576	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	9530014	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		36568590
(3) Rents	2b(3)		34107
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3793361739	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3599298300	
(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)	12546013	
(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)		269231845
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		7667941
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		48895762
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8659185
c Other income	2c		387163
d Total income. Add all income amounts in column (b) and enter total	2d		1237556332

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	717902565	
(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)		717902565
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)	17606012	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	547367	
(4) IQPA audit fees	2i(4)	175667	
(5) Investment advisory and investment management fees	2i(5)	10435912	
(6) Bank or trust company trustee/custodial fees	2i(6)	557678	
(7) Actuarial fees	2i(7)	324205	
(8) Legal fees	2i(8)	1623527	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	10333	
(11) Other expenses	2i(11)	13364958	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		44645659
j Total expenses. Add all expense amounts in column (b) and enter total	2j		762548224

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		475008108
l Transfers of assets:			
(1) To this plan	2l(1)		134684752
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 569159.

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 07/01/2024 and ending 06/30/2025					
A Name of plan UNITED ASSOCIATION NATIONAL PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T UNITED ASSOCIATION NATIONAL PENSION FUND				D Employer Identification Number (EIN) 52-6152779	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	863
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 **JOHNSON CONTROLS, INC.**

b EIN **39-0380010**

c Dollar amount contributed by employer **8474957**

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

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

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

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

a Name of contributing employer **BMW CONSTRUCTORS, INC.**

b EIN **35-0831804**

c Dollar amount contributed by employer **6766959**

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

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

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

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

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

b EIN **91-1178943**

c Dollar amount contributed by employer **6863378**

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

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

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

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

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

b EIN **74-2519426**

c Dollar amount contributed by employer **6475186**

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

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

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

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

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

b EIN **95-1625123**

c Dollar amount contributed by employer **6330099**

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

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

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

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

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

b EIN **37-1652957**

c Dollar amount contributed by employer **6715981**

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **MURPHY COMPANY**

b EIN **43-0705361**

c Dollar amount contributed by employer **4135759**

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

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

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

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

a Name of contributing employer **SOUTHLAND INDUSTRIES**

b EIN **95-1596533**

c Dollar amount contributed by employer **5211242**

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 **BATCHELOR & KIMBALL INC**

b EIN **58-1370689**

c Dollar amount contributed by employer **4207844**

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 **C R MEYER AND SONS CO.**

b EIN **39-0467980**

c Dollar amount contributed by employer **4899756**

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	777
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	784
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	799
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.01
b The corresponding number for the second preceding plan year.....	15b	1.03
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year.....	16a	11
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	532645
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: 5.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.0 %

High-Yield Debt: 7.0 % Real Assets: 12.0 % Cash or Cash Equivalents: 1.0 % Other: 4.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



UNITED ASSOCIATION NATIONAL PENSION FUND

FINANCIAL STATEMENTS

JUNE 30, 2025





UNITED ASSOCIATION NATIONAL PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the accompanying financial statements of United Association National Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of June 30, 2025 and 2024, 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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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



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

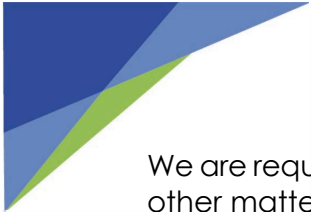
Plan management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

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

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



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

Supplemental Schedule Required by ERISA

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

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

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

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

Other Supplementary Information

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

Calibre CPA Group, PLLC

Bethesda, MD
March 6, 2026



UNITED ASSOCIATION NATIONAL PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2025 AND 2024

	2025	2024
Assets		
Investments		
Investments, at fair value	\$ 7,605,886,527	\$ 6,989,443,961
Investments, at contract value	2,373,963	2,293,684
Investments on loan	-	(16,330,075)
Investments on hand	<u>7,608,260,490</u>	<u>6,975,407,570</u>
Securities lending		
Investments on loan	-	16,330,075
Cash collateral held for securities on loan	-	16,699,669
Obligations to refund collateral	-	(16,699,669)
Net securities lending	<u>-</u>	<u>16,330,075</u>
Receivables		
Employer contributions and reciprocals	29,529,696	26,729,544
Withdrawal liability (net)	301,559	588,338
Interest and dividends	8,313,134	6,026,134
Due from broker for securities sold	37,813	19,773,053
Other	<u>1,076,124</u>	<u>612,807</u>
Total receivables	<u>39,258,326</u>	<u>53,729,876</u>
Prepaid expenses and deposits	<u>102,794</u>	<u>135,607</u>
Property and equipment (net of depreciation and amortization)	<u>4,635,933</u>	<u>3,908,908</u>
Cash, noninterest bearing	<u>73,844,110</u>	<u>81,114,617</u>
Total assets	<u>7,726,101,653</u>	<u>7,130,626,653</u>
Liabilities		
Due to broker for securities purchased	5,261,770	21,097,645
Trade creditors	3,130,385	2,893,629
Others	<u>16,989,356</u>	<u>15,608,097</u>
Total liabilities	<u>25,381,511</u>	<u>39,599,371</u>
Net assets available for benefits	<u>\$ 7,700,720,142</u>	<u>\$ 7,091,027,282</u>

See accompanying notes to financial statements.



UNITED ASSOCIATION NATIONAL PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments and foreign currency translation	\$ 541,064,185	\$ 579,820,091
Interest and dividends	181,732,020	85,697,610
Commissions recovered	5,601	10,988
Rental income (net of expenses)	34,107	76,420
	<u>722,835,913</u>	<u>665,605,109</u>
Less: investment expenses	<u>(10,993,590)</u>	<u>(14,953,370)</u>
Net investment income	<u>711,842,323</u>	<u>650,651,739</u>
Contributions		
Employer contributions and reciprocals (net)	514,445,500	467,622,346
Withdrawal liability income (loss)	<u>(106,643)</u>	<u>613,245</u>
Total contributions	<u>514,338,857</u>	<u>468,235,591</u>
Merger income	<u>134,684,752</u>	<u>31,424,901</u>
Other income	<u>381,562</u>	<u>380,949</u>
Total additions	<u>1,361,247,494</u>	<u>1,150,693,180</u>
Deductions		
Benefits paid directly to participants	717,902,565	699,531,376
Administrative expenses	<u>33,652,069</u>	<u>31,228,143</u>
Total deductions	<u>751,554,634</u>	<u>730,759,519</u>
Net change	609,692,860	419,933,661
Net assets available for benefits		
Beginning of year	<u>7,091,027,282</u>	<u>6,671,093,621</u>
End of year	<u>\$ 7,700,720,142</u>	<u>\$ 7,091,027,282</u>

See accompanying notes to financial statements.



UNITED ASSOCIATION NATIONAL PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

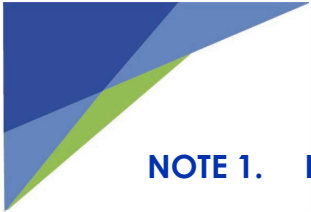
Pension Benefits - Benefit payments to participants are based upon type of pension, age, and pension credits earned. The Plan provides normal, reduced, early retirement, disability, deferred, vesting, severance, disability severance benefit, spouse's pre-retirement, and pre-retirement lump sum death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

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

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

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

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



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

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

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

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

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

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

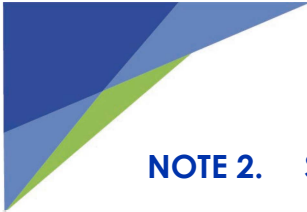
Pre-Retirement Lump Sum Death Benefit - Participants qualify for a pre-retirement lump sum death benefit at any age if not eligible for a pre-retirement spouse pension.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition - Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). The fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are reported on a trade-date basis. Interest income is reported on the accrual basis. Dividends are reported on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Contributions Receivable - Contributions receivable consist of amounts due from employers and are stated at the amount management expects to collect from balances outstanding at year end. Management assumes that current conditions as of the statement of net assets available for benefits date do not change for the remaining life of the asset. When estimating expected credit losses, management considers subsequent collection activity after the statement of net assets available for benefits date but before the Plan's financial statements are available to be issued. An allowance for credit losses is estimated on any uncollected balances using an adjusted historical loss rate and known customer facts. The Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial to the financial statements as a whole.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Withdrawal Liability Receivable and Income - The Plan assesses withdrawal liability to employers who have withdrawn from the Plan in accordance with Plan provisions and related regulations. Withdrawal liability contributions receivable are stated at the amount management expects to collect from balances outstanding at year end. Management assumes that current conditions as of the statement of net assets available for benefits date do not change for the remaining life of the asset. When estimating expected credit losses, management considers subsequent collection activity after the statement of net assets available for benefits date but before the Plan's financial statements are available to be issued. An allowance for credit losses is estimated on any uncollected balances using an adjusted historical loss rate and known customer facts. The Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial to the financial statements as a whole.

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

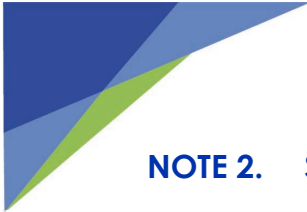
The following is a summary of net property and equipment:

	2025	2024
Land, building and improvements	\$ 12,966,333	\$ 12,197,525
Office furniture and furnishings	118,340	1,298,332
Data processing equipment	<u>9,805,723</u>	<u>9,495,631</u>
	22,890,396	22,991,488
Less: accumulated depreciation and amortization	<u>(18,254,463)</u>	<u>(19,082,580)</u>
Net property and equipment	<u>\$ 4,635,933</u>	<u>\$ 3,908,908</u>

Depreciation and amortization expense totaled \$431,977 and \$391,665 for the years ended June 30, 2025 and 2024, respectively.

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

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



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Employer Contributions and Reciprocals (Net) - Contributions paid from employers under union agreements and reciprocals received, less reciprocals paid (net) for the fiscal years ended June 30, 2025 and 2024, is comprised of the following:

	2025	2024
Contributions from employers	\$ 509,517,967	\$ 454,983,841
Reciprocal receipts	<u>23,692,080</u>	<u>32,440,887</u>
	533,210,047	487,424,728
Deduct: reciprocal payments	<u>18,764,547</u>	<u>19,802,382</u>
Employer contributions and reciprocals (net)	<u>\$ 514,445,500</u>	<u>\$ 467,622,346</u>

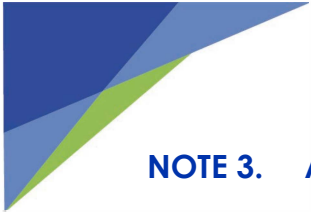
Payment of Benefits - Benefit payments to participants are recorded upon distribution.

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

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

New Accounting Pronouncement Adopted - During the year ended June 30, 2025, the Plan adopted the provisions of Accounting Standards Update 2025-05, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets* (the Update). The Update provides (1) all entities with a practical expedient and (2) entities other than public business entities (PBEs) with an accounting policy election when estimating expected credit losses for current accounts receivable and current contract assets arising from transactions accounted for under Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 606, *Revenue from Contracts with Customers*. The Plan adopted the new standard effective July 1, 2024, using the prospective approach.

The Plan has elected to use the practical expedient to assume that current conditions as of the statement of net assets available for benefits date do not change for the remaining life of the asset and the accounting policy election to consider subsequent collection activity after the statement of net assets available for benefits date but before the Plan's financial statements are available to be issued.



NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

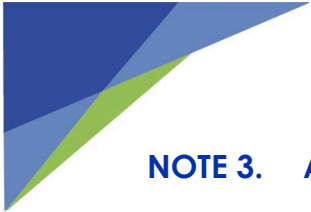
The actuarial present value of accumulated plan benefits is determined by an actuary from Cheiron and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments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

The actuarial present value of accumulated plan benefits as of July 1, 2024 (most recent valuation date) is as follows:

Vested benefits	
Participants currently receiving benefits	\$ 5,329,921,629
Terminated vested	1,089,181,988
Active participants	<u>2,572,579,922</u>
	8,991,683,539
Non-vested benefits	<u>177,435,562</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 9,169,119,101</u>

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

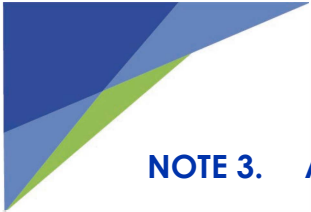
Actuarial present value of accumulated plan benefits at July 1, 2023	<u>\$ 8,990,498,015</u>
Change during the year attributed to	
Benefit accruals	151,727,283
Benefits paid	(699,531,376)
Interest	639,467,804
Experience (gains)/losses	42,853,013
Plan merger	<u>44,104,362</u>
Net change	<u>178,621,086</u>
Actuarial present value of accumulated plan benefits at July 1, 2024	<u>\$ 9,169,119,101</u>



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

The significant actuarial assumptions used in the valuations as of July 1, 2024 were:

Healthy life mortality rates:	RP-2000 Combined Mortality (Blue Collar) with ages set forward two years and generational mortality improvements using 75% of Scale AA.
Disabled life mortality rates:	RP-2000 Disabled Mortality with ages set forward two years and generational mortality improvements using 75% of Scale AA.
Disability rates:	Starting at age 25 with a 0.026% disability probability moving in increments up to age 65 which has a 0.00% disability probability.
Rate of turnover:	Starting at 1 year of service with a 15% rate of turnover moving in increments up to 39 & greater years of service at a 2.5% rate of turnover.
Rate of retirement:	Starting at age 55 with a 10% retirement probability moving in increments up to age 70 which has a 100% retirement probability.
Percent married:	Determined by Social Security awards in 1972.
Spouse's age:	Assumed that husbands are three years older than their spouses.
Net investment return:	7.25%
Interest assumption for current liability:	3.69% for current valuation; 2.85% for prior valuation.
Annual service credits:	Assumed actives will earn 1.02 years of service per year based on the average annual hours of service.
Administrative expenses:	\$29,929,000 for current valuation; \$29,033,000 for prior valuation.



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

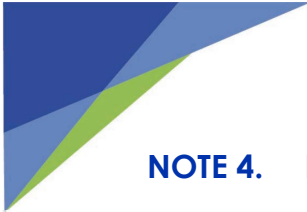
Actuarial value of assets: The actuarial asset value was reset to the market value concurrent with the July 1, 2021 actuarial valuation. Starting with the plan year ending June 30, 2022, the actuarial asset value will be based on the market value of assets less a phased in portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. The 25% differences will be phased in over the next four years. The actuarial value is further adjusted to be within 20% of the market value. If such an adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

Actuarial cost method: Unit Credit Method.

PRA 2010 Funding Relief: The Plan's Trustees elected funding relief under 431(b)(8) of the Internal Revenue Code (IRC) and 304(b)(8) of ERISA, specifically the "special amortization rule," which allowed the Plan's investment losses for the Plan's year ended June 30, 2009 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years.

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

Since information on the accumulated plan benefits at June 30, 2025, and the changes therein for the year then ended are not included, the financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2025, and the changes therein for the year then ended, but a presentation of only the net assets available for benefits and the changes therein as of and for the year ended June 30, 2025. The complete financial status of the Plan is presented as of June 30, 2024.



NOTE 4. RETIREMENT PLANS

The Plan has a non-contributory defined benefit pension plan for employees. Actuarial valuations prepared by an actuary from Cheiron as of June 30, 2025 and 2024 are presented as follows:

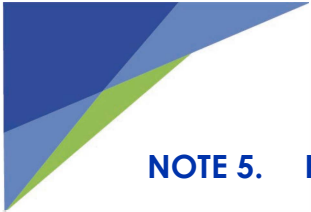
	<u>2025</u>	<u>2024</u>
Actuarial present value of accumulated plan benefits		
Vested	\$ 53,247,440	\$ 49,656,800
Non-vested	<u>1,286,861</u>	<u>1,203,976</u>
	<u>\$ 54,534,301</u>	<u>\$ 50,860,776</u>

Pension expense totaled \$3,919,303 and \$1,865,434 for the years ended June 30, 2025 and 2024, respectively.

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

NOTE 5. PLAN TERMINATION

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



NOTE 5. PLAN TERMINATION (CONTINUED)

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

NOTE 6. FUNDING POLICY

The Plan is financed by employer contributions in accordance with the formulas set forth in the collective bargaining agreements. The Plan met the minimum funding requirements of ERISA as of June 30, 2025 and 2024.

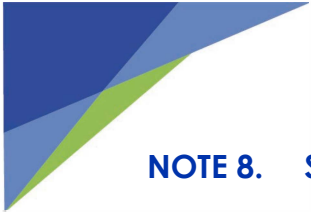
NOTE 7. INCOME TAX STATUS

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

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

NOTE 8. SECURITIES LENDING PROGRAM

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



NOTE 8. SECURITIES LENDING PROGRAM (CONTINUED)

The Plan receives 80% of the net revenue derived from all securities lending activities, and the bank receives the remainder of the net revenue. Interest income reported in the statements of changes in net assets available for benefits includes \$-0- and \$17,557 earned by the Plan during the years ended June 30, 2025 and 2024, respectively, in connection with the securities lending program. During the year ended June 30, 2025, no securities lending income was earned as underlying asset-backed securities generated yields that were insufficient to fund lending activity, resulting in no securities being on loan during the year.

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

At June 30, 2025 and 2024, the fair value of securities loaned was \$-0- and \$16,330,075, respectively, while the cash collateral held was \$-0- and \$16,699,669, respectively. In accordance with ASC 860, *Transfers and Servicing*, the value of the cash collateral held and a corresponding liability to return the collateral have been reported on the accompanying statements of net assets available for benefits.

NOTE 9. OTHER RISKS AND UNCERTAINTIES

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

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



NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2025 and 2024.

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

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

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

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

Description	Assets at Fair Value as of June 30, 2025			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 84,096,496	\$ 84,096,496	\$ -	\$ -
U.S. Government and agency obligations	358,020,820	186,196,495	171,824,325	-
Corporate bonds and notes	288,057,954	-	288,056,998	956
Foreign bonds	24,619,867	-	24,619,867	-
Common and preferred stocks	1,635,982,691	1,550,252,373	-	85,730,318
Mutual funds	72,870,585	72,870,585	-	-
Total assets in the fair value hierarchy	2,463,648,413	\$ 1,893,415,949	\$ 484,501,190	\$ 85,731,274
Investment measured at NAV*	5,142,238,114			
Total investments at fair value	<u>\$ 7,605,886,527</u>			

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

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

There were no purchases, sales or transfers in or out of Level 3 for the years ended June 30, 2025 and 2024.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on NAV per share as of June 30, 2025 and 2024.

Description	Fair Value		Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
	2025	2024			
Mutual funds	\$ 484,149,339	\$ 202,355,134	\$ -	Daily, monthly	30 Days
Common collective trusts	3,271,564,305	2,926,231,061	-	Daily, monthly	30 Days
Pooled separate account	130,262,323	123,211,834	-	Monthly	30 Days
Limited partnerships	1,256,262,147	1,277,888,767	222,154,000	N/A	N/A
	<u>\$ 5,142,238,114</u>	<u>\$ 4,529,686,796</u>	<u>\$ 222,154,000</u>		

The Plan's investment in mutual funds consists of the following:

	2025	2024
ASB Allegiance Real Estate Fund	\$ 3,289,497	\$ -
Bluebay EM Select Bond Fund	127,017,391	112,238,812
Brigade Loan Offshore Fund LTD	98,106,613	90,116,322
JPMCB Special Situation Property Fund	3,344,843	-
Loomis Sayles Core Plus Fixed Income Fund CIT CL B	252,390,995	-
	<u>\$ 484,149,339</u>	<u>\$ 202,355,134</u>

ASB Allegiance Real Estate Fund focuses on investments in commercial real estate assets to generate income and long-term capital appreciation.

BlueBay EM Select Bond Fund invests primarily in emerging market debt securities with the objective of generating income and capital appreciation.

Brigade Loan Offshore Fund Ltd pursues income and capital appreciation through investments in leveraged loans and other credit instruments.

JPMCB Special Situation Property Fund focuses on special situation real estate investments intended to generate income and capital appreciation.

Loomis Sayles Core Plus Fixed Income Fund CIT CL B invests primarily in a diversified portfolio of fixed income securities, including core and non-core strategies, to generate income and total return.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investment in common collective trusts consists of the following, three of which report as DFEs:

	2025	2024
AFL-CIO Building Investment Trust	\$ 117,896,935	\$ 113,499,099
AFL-CIO SL Stock Index Fund	1,281,179,988	1,012,882,879
Bell Australia Trust	135,542,520	122,225,079
Bell International Equities CIT	112,000,000	99,200,000
Bell International Trust	130,767,413	116,131,551
JP Morgan Emerging Markets Equity Focused Fund	117,772,993	101,940,261
Loomis Sayles Bond NHIT	67,362,712	61,616,263
Mesirow High Yield Fund	92,480,514	86,673,162
Multi Employer Property Trust	168,145,528	171,815,257
NIS Preferred Stock Fund II (Titanium)	64,989,756	62,245,274
Northern Trust Collective Bond Index Fund	347,340,703	515,717,463
Northern Trust Collective Russell 1000 Value Index Fund	245,524,238	109,059,411
Northern Trust Collective Russell 2000 Growth Index Fund	94,863,854	86,381,618
RBC Emerging Markets Equity Series	147,308,881	128,518,310
Voya Senior Loan Trust Fund	148,388,270	138,325,434
	<u>\$ 3,271,564,305</u>	<u>\$ 2,926,231,061</u>

AFL-CIO SL Stock Index Fund tracks a diversified portfolio of U.S. equity securities designed to replicate the performance of a broad stock market index.

Bell Australia Trust invests in equity securities of companies based in Australia to achieve long-term capital appreciation.

Bell International Equities CIT focuses on international equity investments outside the United States to generate long-term capital appreciation.

Bell International Trust pursues capital appreciation through investments in non-U.S. equity securities across developed and emerging markets.

JP Morgan Emerging Markets Equity Focused Fund invests primarily in equity securities of companies located in emerging market countries to achieve long-term capital appreciation.

Loomis Sayles Bond NHIT invests in a diversified portfolio of fixed income securities with the objective of generating income and total return.

Mesirow High Yield Fund focuses on below-investment-grade debt securities to generate current income and capital appreciation.

NIS Preferred Stock Fund II (Titanium) invests primarily in preferred equity securities to generate current income and potential capital appreciation.



NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Northern Trust Collective Bond Index Fund seeks to replicate the performance of a broad investment-grade U.S. bond index through diversified fixed income investments.

Northern Trust Collective Russell 1000 Value Index Fund tracks the performance of large-capitalization U.S. value equity securities by replicating a recognized market index.

Northern Trust Collective Russell 2000 Growth Index Fund seeks to match the performance of small-capitalization U.S. growth equity securities through index-based investing.

RBC Emerging Markets Equity Series invests in equity securities of emerging market issuers to pursue long-term capital appreciation.

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

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The Plan's investment in the limited partnerships category consists of the following:

	2025	2024
1849 Liquidating Trust F/K/A GESD Investors, LP	\$ 2,211	\$ 2,211
50 South Capital Private Equity Core Fund VIII, LP	60,161,831	58,355,582
American Core Realty, LP	1,965,062	-
American Strategic Value Realty Fund	21,707,140	21,598,841
Boyd Watterson GSA Fund LP (Titanium)	91,742,484	92,783,524
Corbin Private Credit Manager Fund, LP	34,130,095	38,369,392
Corbin Private Credit Manager Fund II, LP	38,436,967	32,374,200
Entrust Capital Diversified Fund, Ltd – Class X	94,701	74,619
GCM Grosvenor CIS II Onshore Feeder Fund, LP	39,912,390	51,365,855
GCM Grosvenor Secondary Opportunities Feeder Fund II, LP	30,582,500	33,844,908
GCM Grosvenor Opportunistic Credit Fund, Ltd	3,841,781	3,590,462
GCM Labor Impact Feeder Fund, LP	50,303,452	49,335,298
Global Alpha International Small Cap Fund, LP	124,909,835	109,827,037
Gerding Edlen Green Cities III, LP	5,622,182	6,553,769
Gerding Edlen Green Cities IV, L.P.	14,054,028	18,950,895
Hamilton Lane Secondary Feeder Fund IV, LP	17,678,816	23,390,875
Harrison Street Real Estate Partners IV, LP	264,425	275,599
Harrison Street Real Estate Partners VII, LP	25,200,163	24,384,871
Harrison Street Real Estate Partners VIII, LP	22,246,450	24,255,587
JP Morgan Infrastructure Investment Fund	155,713,799	141,469,957
Landmark Equity Partners XVI LP	24,938,762	23,717,217
MC Credit Fund III SM LP	45,596,845	38,928,154
MC Credit Fund IV LP	29,810,663	24,403,660
Mesirow Financial Private Equity Partnership Fund VI, LP	84,504,690	99,047,246
Mesirow Financial Real Estate Value Fund II, LP	77,760	6,374,854
Mesirow Financial Real Estate Value Fund III, LP	46,833,819	52,633,508
Mesirow Financial Real Estate Value Fund IV, LP	31,831,989	31,850,974
Mesirow Private Equity Fund IX, LP	5,800,559	-
NB Crossroads Fund 23 Plan LP	2,364,478	2,131,487
NB Private Debt Fund IV	29,800,242	27,044,506
Siguler Guff Small Buyout Opportunities Fund IV, LP	106,034,304	110,184,883
TA Realty Value-Add Fund XIII	21,998,918	15,647,657
The Realty Associates Fund XII UTP, L.P.	40,986,441	75,156,819
Ullico Infrastructure Fund LP	44,263,638	36,813,131
U.S. Real Estate Investment Fund	2,848,727	3,151,189
	<u>\$ 1,256,262,147</u>	<u>\$ 1,277,888,767</u>

1849 Liquidating Trust f/k/a GESD Investors, LP seeks to liquidate and distribute the remaining assets of the former partnership and wind down operations in an orderly manner.

50 South Capital Private Equity Core Fund VIII, LP seeks long-term capital appreciation through investments in a diversified portfolio of private equity funds and related co-investments across various industries and strategies.

American Core Realty, LP primarily invests in core, stable, institutional-quality industrial, residential, office, and retail properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.



NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

American Strategic Value Realty Fund focuses on value-add and opportunistic real estate assets intended to generate capital appreciation and income, including properties requiring repositioning, redevelopment, or operational improvements.

Boyd Watterson GSA Fund LP (Titanium) invests primarily in government-leased commercial real estate properties to generate stable income and long-term capital appreciation.

Corbin Private Credit Manager Fund, LP primarily invests in private credit instruments, including loans and other debt securities, to generate current income and capital appreciation.

Corbin Private Credit Manager Fund II, LP pursues income and capital appreciation through a diversified portfolio of private credit investments.

Entrust Capital Diversified Fund, Ltd – Class X seeks capital appreciation with controlled risk through investments in a diversified portfolio of alternative investment strategies, including hedge funds and other pooled investment vehicles.

GCM Grosvenor CIS II Onshore Feeder Fund, LP invests in a diversified portfolio of alternative investment managers and strategies, with a focus on long-term capital appreciation.

GCM Grosvenor Secondary Opportunities Feeder Fund II, LP focuses on secondary interests in private equity and other alternative investment funds to provide capital appreciation and liquidity opportunities.

GCM Grosvenor Opportunistic Credit Fund, Ltd pursues income and capital appreciation through investments in opportunistic credit strategies, including stressed, distressed, and special situation debt instruments.

GCM Labor Impact Feeder Fund, LP invests in alternative investment strategies designed to generate competitive financial returns while supporting labor-related and workforce-focused initiatives.

Global Alpha International Small Cap Fund, LP invests primarily in equity securities of small-capitalization companies located outside the United States to achieve long-term capital appreciation.

Gerding Edlen Green Cities III, LP focuses on sustainable real estate projects emphasizing energy-efficient and environmentally responsible development to generate income and long-term capital appreciation.

Gerding Edlen Green Cities IV, L.P. focuses on investments in sustainable real estate assets emphasizing environmental performance, energy efficiency, and long-term value creation.

Hamilton Lane Secondary Feeder Fund IV, LP invests primarily in secondary interests in private equity funds and related vehicles to generate long-term capital appreciation.



NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Harrison Street Real Estate Partners IV, LP focuses on real estate investments in alternative property types, including healthcare, education, and other needs-based sectors, to generate income and capital appreciation.

Harrison Street Real Estate Partners VII, LP invests in a diversified portfolio of needs-based real estate assets with the objective of generating stable income and long-term capital appreciation.

Harrison Street Real Estate Partners VIII, LP pursues income and capital appreciation through investments in needs-based real estate properties across healthcare, education, and related sectors.

JP Morgan Infrastructure Investment Fund focuses on infrastructure assets across various sectors to generate long-term capital appreciation and stable cash flows.

Landmark Equity Partners XVI LP invests primarily in secondary interests in private equity funds and related vehicles to achieve long-term capital appreciation and enhanced liquidity.

MC Credit Fund III SM LP primarily invests in private credit opportunities, including senior secured loans, to generate current income and capital appreciation.

MC Credit Fund IV LP pursues income and capital appreciation through a diversified portfolio of private credit investments.

Mesirow Financial Private Equity Partnership Fund VI, LP invests in a diversified portfolio of private equity funds and co-investments to achieve long-term capital appreciation.

Mesirow Financial Real Estate Value Fund II, LP focuses on value-oriented real estate assets to generate income and capital appreciation.

Mesirow Financial Real Estate Value Fund III, LP primarily invests in value-add real estate properties to generate income and long-term capital appreciation.

Mesirow Financial Real Estate Value Fund IV, LP pursues income and capital appreciation through value-add and opportunistic real estate investments.

Mesirow Private Equity Fund IX, LP invests in private equity funds and related investments across various industries to achieve long-term capital appreciation.

NB Crossroads Fund 23 Plan LP focuses on private equity investments, including buyout and growth-oriented strategies, to generate long-term capital appreciation.

NB Private Debt Fund IV invests in private debt instruments, including loans and other credit investments, to generate current income and capital appreciation.



NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Siguler Guff Small Buyout Opportunities Fund IV, LP pursues long-term capital appreciation through small buyout private equity investments.

TA Realty Value-Add Fund XIII focuses on value-add commercial real estate properties to generate income and capital appreciation through active asset management.

The Realty Associates Fund XII UTP, L.P. invests in real estate assets and real estate-related investments to generate income and long-term capital appreciation.

Ullico Infrastructure Fund LP seeks stable cash flows and long-term capital appreciation through investments in infrastructure assets across multiple sectors.

U.S. Real Estate Investment Fund primarily invests in real estate properties and real estate-related investments to generate income and capital appreciation.

NOTE 11. GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a fully benefit-responsive guaranteed investment contract with Brighthouse Financial Life Insurance Company (the Company) totaling \$2,373,963 and \$2,293,684 for the years ended June 30, 2025 and 2024, respectively. The Company maintains the contributions in an unallocated general account fund to which it adds interest at a rate of 3.50% per annum.

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

The contracts are credited an interest rate, which generally varies with each deposit. There is no specific formula used to credit interest rates, and the interest rates are not tied to the performance of a set of assets. The interest rates are credited based upon a number of factors, including, but not limited to, the level of net investment income that the company can earn on its newly purchased general account assets, the absolute level of interest rates, the shape of the yield curve, how interest rates have moved since the inception of the contract, the minimum guaranteed interest rate, and interest rates on alternative investments. The contract has a minimum guaranteed interest rate of 3.50%. The interest received by the Plan was \$80,279 and \$77,773 for the years ended June 30, 2025 and 2024, respectively.



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

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

NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation for additions and deductions per the financial statements to income and expenses per Form 5500 for the year ended June 30, 2025:

	2025	2024
Additions per financial statements	\$ 1,361,247,494	\$ 1,150,693,180
Add: investment expenses	<u>10,993,590</u>	<u>14,953,370</u>
Income per Form 5500	<u>\$ 1,372,241,084</u>	<u>\$ 1,165,646,550</u>
Deductions per financial statements	\$ 751,554,634	\$ 730,759,519
Add: investment expenses	<u>10,993,590</u>	<u>14,953,370</u>
Expenses per Form 5500	<u>\$ 762,548,224</u>	<u>\$ 745,712,889</u>

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

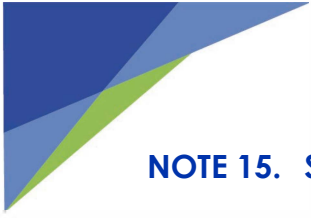
NOTE 14. MERGER INCOME

Effective September 1, 2024, the Plumbers Local Union No. 55 Pension Plan and Trust merged into the United Association National Pension Fund. Accordingly, on that date, the United Association National Pension Fund assumed all assets, liabilities, rights and obligations of the Plumbers Local Union No. 55 Pension Plan and Trust.

Effective November 1, 2024, the Plumbers and Steamfitters Local No. 131 Pension Fund merged into the United Association National Pension Fund. Accordingly, on that date, the United Association National Pension Fund assumed all assets, liabilities, rights and obligations of the Plumbers and Steamfitters Local No. 131 Pension Fund.

NOTE 15. SUBSEQUENT EVENTS

Effective July 1, 2025, the United Association of Plumbers and Pipefitters National Pension Fund Staff Retirement Plan merged into the United Association National Pension Fund. Accordingly, on that date, the United Association National Pension Fund assumed all assets, liabilities, rights and obligations of the United Association of Plumbers and Pipefitters National Pension Fund Staff Retirement Plan.



NOTE 15. SUBSEQUENT EVENTS (CONTINUED)

Subsequent events have been evaluated through March 6, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no other material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION





UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
Audit fees and expenses	\$ 175,667	\$ 164,697
Actuarial services and expenses	324,205	325,235
Contribution-staff retirement plan	3,919,303	1,865,434
Depreciation and amortization	431,977	391,665
Dues and subscriptions	48,821	39,068
Employees' benefits	2,692,132	2,897,067
Equipment, rent, maintenance and repairs	432,005	371,108
Insurance expense	715,823	714,148
Legal fees and expenses	1,623,527	1,962,258
Other expenses	32,318	38,654
Outside services	636,250	738,894
Payroll expenses	10,994,577	10,782,671
Payroll compliance reviews	547,367	720,520
Pension Benefit Guaranty Corporation premiums	6,639,048	6,211,308
Postage, freight and express	349,384	349,234
Printing, stationery, and office supplies	398,965	367,563
Records storage expenses	302,226	212,671
Software expenses	1,614,301	1,336,120
Taxes		
Payroll	811,735	797,127
Other	206,181	183,858
Telephone and communications	122,182	143,691
Travel	139,912	122,299
Virginia property expense	494,163	492,853
Total administrative expenses	<u>\$ 33,652,069</u>	<u>\$ 31,228,143</u>

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

1. Normal Pension

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

Schedule A – benefit rates prior to January 1, 2005

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Reduced Pension

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

3. Early Pension

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

4. Disability Pension

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

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

5. Deferred Pension

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

6. Vesting

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

7. Severance Benefit

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

8. Disability Severance Benefit

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

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

9. Spouse's Pre-Retirement Death Benefit

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

10. Pre-Retirement Lump Sum Death Benefit

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

11. Post-Retirement Death Benefit(s)

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

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

12. Past Service Credit

Years of Service after the Contribution Date:

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

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

13. Future Service Credit

Years of Service after the Contribution Date:

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

14. Pension Credit

Sum of Past Service Credit and Future Service Credit.

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

15. Contribution Date

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

16. Changes in Benefits Since Last Year

None.

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

A. Actuarial Assumptions

Rationale for Economic and Demographic Assumptions

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

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

1. Rate of Investment Return

Funding and disclosure purposes: 7.25% compounded annually

Current Liability under RPA 1994: Minimum funding 3.69%

All investment returns are net of investment expenses.

2. Rate of Mortality

(a) Funding:

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

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

(b) RPA '94 Current Liability:

2024 Current Liability Mortality Table pursuant to Internal Revenue Service



UNITED ASSOCIATION NATIONAL PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	<u>Short-term investments</u>						
	FEDERATED HERMES GOVERNMENT	MONEY MARKET	N/A	N/A	84,096,496	\$ 84,096,496	\$ 84,096,496
	<u>U.S. Government and agency obligations</u>						
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	07/25/2050	4.50%	156,755	24,346	23,937
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/25/2050	4.00%	597,802	74,725	125,467
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/25/2051	4.00%	526,053	77,182	107,446
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2050	2.00%	6,154,103	4,813,663	4,912,267
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2051	2.50%	2,024,298	1,792,363	1,685,694
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	03/01/2052	2.00%	2,909,154	2,314,141	2,308,909
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/01/2052	3.50%	1,452,025	1,388,245	1,309,727
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/01/2052	4.00%	903,450	894,839	841,853
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	08/01/2052	5.00%	2,646,975	2,611,035	2,602,850
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	4.50%	932,764	910,980	893,905
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	09/01/2052	5.00%	447,369	448,068	440,618
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	925,506	918,999	911,448
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	01/01/2053	5.50%	867,988	879,926	870,496
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	10/25/2054	VAR	817,091	816,835	819,052
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	02/25/2055	VAR	2,131,668	2,132,334	2,133,118
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	05/25/2055	VAR	2,470,960	2,470,960	2,481,017
	FEDERAL HOME LOAN MTG CORP	U.S. GOV/AGENCY OBL.	06/25/2055	VAR	2,519,666	2,519,666	2,529,644
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	01/01/2050	4.50%	112,750	122,545	109,198
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	02/01/2051	2.00%	839,237	651,064	665,204
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	08/01/2051	2.50%	83,790	71,182	70,034
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	11/01/2051	4.00%	119,274	128,033	111,155
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	12/01/2051	3.00%	279,167	292,689	244,377
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	12/01/2051	4.00%	129,600	121,864	120,905
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	01/01/2052	3.00%	123,201	127,821	107,580
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	206,932	196,198	179,412
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	03/01/2052	3.00%	81,113	71,327	70,421
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	06/01/2052	5.00%	309,312	307,669	304,422
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	06/01/2052	4.00%	408,949	387,352	380,867
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	439,756	428,006	431,801
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	293,835	285,985	289,449
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	05/01/2053	6.50%	379,376	391,439	394,703
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	06/01/2053	6.00%	133,651	136,324	136,597
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	06/01/2053	6.50%	205,500	210,060	214,571
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	12/01/2053	6.00%	285,287	286,825	291,401
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	12/01/2053	6.00%	291,408	290,360	296,662
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	03/01/2054	6.50%	171,438	174,465	177,905
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	07/01/2054	5.50%	427,657	435,509	428,795
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	09/01/2054	6.00%	550,436	560,498	559,881
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	08/01/2054	6.00%	525,952	539,430	534,978
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	03/01/2046	2.00%	48,413	39,555	39,362
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	07/01/2052	4.50%	108,554	100,472	104,028
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	07/01/2052	4.00%	1,082,803	1,015,636	1,009,151
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	11/01/2050	2.50%	423,386	351,741	369,099
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	05/01/2051	2.00%	112,606	85,053	90,810
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	09/01/2051	2.00%	369,672	287,694	291,556
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	09/01/2051	2.00%	102,636	77,522	82,595
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	11/01/2053	6.00%	101,726	100,582	103,551
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	06/01/2037	2.50%	163,877	151,894	153,789
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	09/01/2052	4.50%	118,518	109,694	113,844
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	05/01/2053	5.00%	233,902	226,812	230,424
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	06/01/2053	6.00%	564,388	581,408	578,233
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	11/01/2053	6.00%	523,097	526,366	535,306
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	08/01/2053	5.50%	798,879	793,886	799,030
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	01/01/2054	6.00%	1,102,782	1,131,385	1,130,925
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	08/01/2053	4.50%	43,497	40,282	41,648
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	05/01/2054	6.00%	917,401	945,353	941,271
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	12/01/2054	5.00%	195,081	189,411	191,731
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	09/01/2052	3.00%	654,496	565,117	567,245
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	06/01/2053	3.50%	932,965	837,847	840,387
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	02/01/2055	6.50%	411,795	425,629	427,270
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	02/01/2055	6.00%	1,206,637	1,243,779	1,241,714
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	04/01/2055	6.00%	415,153	421,056	423,988
	FEDERAL HOME LOAN MTG CORP POOL	U.S. GOV/AGENCY OBL.	05/01/2055	5.50%	778,061	767,241	779,049
	FEDERAL HOME LOAN MTG CORPGOLD POOL	U.S. GOV/AGENCY OBL.	07/01/2032	7.00%	5,014	5,190	5,291
	FEDERAL HOME LOAN MTG CORPGOLD POOL	U.S. GOV/AGENCY OBL.	11/01/2032	7.00%	11,498	11,902	12,135
	FEDERAL HOME LOAN MTG CORPGOLD POOL	U.S. GOV/AGENCY OBL.	09/01/2032	7.00%	10,946	11,331	11,552
	FEDERAL HOME LOAN MTG CORPGOLD POOL	U.S. GOV/AGENCY OBL.	10/01/2032	7.00%	12,702	13,149	13,406
	FEDERAL HOME LOAN MTG CORPGOLD POOL	U.S. GOV/AGENCY OBL.	05/01/2049	4.50%	30,815	32,467	29,869



UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/25/2047	3.50%	138,853	\$ 17,660	\$	23,327
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/25/2050	4.00%	197,362	27,353		39,431
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/25/2050	4.00%	225,986	35,699		45,941
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/25/2050	4.00%	333,165	50,391		65,520
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	05/01/2052	VAR	2,839,157	2,408,810		2,375,324
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2051	2.00%	1,680,632	1,388,257		1,331,985
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2051	2.50%	1,192,486	1,224,406		989,847
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/01/2052	2.50%	5,262,982	4,385,544		4,377,643
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2052	2.00%	1,973,924	1,633,248		1,564,886
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2052	3.50%	1,600,730	1,633,247		1,443,858
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	06/01/2052	4.00%	894,035	885,514		833,080
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2052	3.00%	2,085,163	1,809,667		1,805,981
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2052	3.50%	1,705,640	1,530,278		1,538,317
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2052	4.50%	2,590,087	2,495,845		2,482,107
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2052	4.00%	681,054	631,291		634,585
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	08/01/2052	5.00%	1,499,597	1,499,241		1,477,058
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2052	5.00%	415,910	394,530		409,613
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	01/01/2053	5.50%	852,167	863,809		854,630
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	03/01/2053	5.00%	4,595,418	4,379,780		4,520,604
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/01/2053	5.50%	500,488	498,314		501,164
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	11/01/2053	6.00%	2,326,171	2,346,888		2,367,460
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	04/01/2054	6.50%	1,383,273	1,409,299		1,428,713
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	09/01/2054	6.00%	1,123,433	1,137,949		1,141,924
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	10/01/2054	5.50%	2,371,468	2,381,658		2,371,917
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	12/25/2054	VAR	2,284,193	2,283,122		2,281,680
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	02/25/2055	VAR	1,743,160	1,743,977		1,746,122
	FEDERAL NATL MTG ASSN	U.S. GOV/AGENCY OBL.	07/25/2055	VAR	2,500,000	2,500,000		2,500,000
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	12/01/2029	7.00%	83	99		87
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	08/01/2023	7.00%	10,759	11,178		11,344
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	11/01/2029	7.00%	3,457	3,592		3,645
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	04/01/2037	VAR	118	119		119
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	10/01/2049	3.00%	55,130	57,809		48,323
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	09/01/2062	4.00%	627,940	557,395		572,481
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	05/01/2033	3.50%	5,804	5,999		5,712
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	07/01/2048	4.50%	8,444	8,910		8,194
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	01/01/2029	4.20%	200,000	225,031		199,892
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	05/01/2048	4.00%	487,278	462,686		467,797
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	03/01/2049	4.00%	9,020	9,386		8,472
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	07/01/2050	3.50%	67,986	71,173		61,844
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	03/01/2050	3.50%	26,582	28,314		24,220
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	10/01/2050	3.50%	74,499	77,991		67,302
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	04/01/2051	3.00%	189,779	200,276		165,721
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	02/01/2052	3.50%	37,076	38,043		33,670
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	05/01/2052	4.00%	167,019	157,233		155,693
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	06/01/2052	5.00%	88,103	90,629		86,760
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	513,304	497,183		505,589
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	05/01/2053	6.00%	262,081	266,135		267,839
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	11/01/2049	3.50%	528,435	474,436		470,867
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	07/01/2050	2.00%	26,707	21,821		21,421
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	09/01/2051	4.00%	135,765	148,207		126,713
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	02/01/2052	3.00%	202,406	178,876		176,704
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	04/01/2052	3.00%	2,392,098	2,068,418		2,073,208
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	08/01/2052	4.50%	275,205	255,038		264,192
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	11/01/2052	5.00%	492,753	491,521		485,382
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	12/01/2052	5.00%	382,312	382,551		376,168
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	10/01/2053	6.00%	185,331	179,887		188,559
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	02/01/2054	6.00%	703,856	718,153		716,103
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	09/01/2054	6.00%	268,954	274,249		273,572
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	07/01/2054	5.50%	63,534	63,107		63,546
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	10/01/2054	5.50%	777,772	773,762		779,646
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	11/01/2054	6.00%	340,605	345,076		347,291
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	12/01/2054	5.00%	400,879	390,795		393,828
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	07/01/2050	4.00%	925,879	870,760		877,641
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	04/01/2053	4.50%	715,133	681,276		687,822
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	04/01/2052	4.00%	414,382	393,210		392,391
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	11/01/2054	6.00%	368,860	374,335		376,946
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	02/01/2046	4.00%	820,000	789,698		795,326
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	10/01/2050	4.50%	78,900	86,099		76,311
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	02/01/2052	3.50%	351,808	360,713		319,167
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	06/01/2052	2.50%	418,979	356,329		350,116
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	12/01/2051	4.00%	704,285	648,052		660,126
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	05/01/2053	6.50%	594,870	612,251		616,838



UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	07/01/2053	4.50%	69,918	\$ 64,784	\$	67,099
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	11/01/2053	6.00%	1,657,017	1,705,692		1,702,634
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	08/01/2053	4.50%	324,134	309,978		311,353
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	05/01/2054	6.50%	979,043	1,007,955		1,020,309
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	07/01/2054	6.50%	725,012	752,144		750,917
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	09/01/2054	6.00%	733,560	752,358		751,731
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	09/01/2054	6.50%	414,497	424,859		429,133
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	08/01/2050	4.00%	4,162,487	3,891,925		3,938,296
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	06/01/2051	4.00%	32,694	35,075		30,516
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	09/01/2051	4.00%	195,389	211,142		182,534
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	10/01/2051	4.00%	63,449	68,545		59,245
	FEDERAL NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	07/15/2051	2.00%	820,000	635,980		648,940
	GOVERNMENT NATIONAL MORTGAGE A	U.S. GOV/AGENCY OBL.	01/20/2055	VAR	370,679	370,621		371,680
	GOVERNMENT NATIONAL MORTGAGE A	U.S. GOV/AGENCY OBL.	01/20/2055	VAR	1,667,449	1,667,449		1,671,851
	GOVT NATL MTG ASSN I POOL	U.S. GOV/AGENCY OBL.	10/15/2029	7.50%	99	111		102
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	12/20/2052	3.50%	817,658	737,745		746,367
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	05/20/2053	5.50%	1,828,141	1,824,263		1,839,567
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	06/20/2053	5.50%	885,416	884,777		890,950
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	07/20/2053	5.50%	887,001	876,950		892,723
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	09/20/2053	5.00%	1,054,682	1,040,952		1,037,522
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	12/20/2053	6.00%	1,788,081	1,803,446		1,823,610
	GOVT NATL MTG ASSN II	U.S. GOV/AGENCY OBL.	01/20/2055	5.50%	2,531,751	2,524,234		2,537,016
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	10/20/2053	6.00%	1,393,350	1,412,726		1,421,356
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	11/20/2053	6.00%	445,379	451,643		454,229
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	12/20/2053	6.00%	1,006,623	1,013,544		1,026,625
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	04/20/2054	6.00%	316,615	319,089		322,279
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	05/20/2054	6.00%	539,778	544,922		549,440
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	06/20/2054	6.00%	1,002,283	1,010,760		1,019,943
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	07/20/2054	6.00%	1,881,287	1,896,733		1,912,967
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	08/20/2054	6.00%	2,514,777	2,534,659		2,555,441
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	09/20/2054	6.00%	2,161,172	2,181,637		2,194,757
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	10/20/2054	6.00%	1,278,088	1,287,756		1,298,167
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	11/20/2054	6.00%	2,258,238	2,270,895		2,293,037
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	12/20/2054	6.00%	313,831	316,161		318,661
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	02/20/2055	6.00%	2,466,500	2,491,776		2,504,533
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	11/20/2050	4.00%	39,730	42,976		36,863
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	07/20/2051	3.00%	167,014	144,388		147,919
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	10/20/2051	2.50%	4,652,557	3,915,418		3,879,954
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	12/20/2051	2.50%	838,139	707,220		699,997
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	06/20/2052	3.00%	2,446,334	2,143,600		2,167,721
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	05/20/2051	2.50%	198,701	164,767		165,468
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	02/20/2052	2.50%	459,229	381,447		385,739
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	03/20/2052	2.50%	387,565	325,071		325,086
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	09/20/2053	3.50%	1,513,879	1,372,663		1,380,809
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	07/20/2048	5.00%	3,064	3,227		3,041
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	08/20/2049	3.50%	35,903	37,485		32,303
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	02/20/2050	3.00%	269,538	241,321		234,509
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	09/20/2045	3.50%	234,184	212,942		217,936
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	04/20/2047	3.50%	1,299,380	1,180,126		1,202,525
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	10/20/2047	3.50%	271,631	246,718		250,933
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	11/20/2047	3.50%	2,058,709	1,862,488		1,901,630
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	03/20/2048	3.50%	962,245	876,386		888,633
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	04/20/2049	4.00%	355,031	329,608		336,960
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	05/20/2050	2.50%	176,406	145,094		147,551
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	09/20/2050	2.00%	472,506	370,917		376,100
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	12/20/2050	2.00%	519,042	408,340		413,142
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	04/20/2051	2.00%	1,027,832	816,559		815,564
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	10/20/2051	2.00%	2,412,544	1,913,979		1,914,257
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	03/20/2052	3.50%	2,363,244	2,142,151		2,156,460
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	03/20/2053	3.50%	902,392	816,665		825,220
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	08/20/2053	3.50%	765,542	693,414		698,374
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	09/20/2046	3.00%	15,413	15,945		13,887
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	01/20/2052	2.50%	259,813	212,174		216,357
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	08/20/2051	2.50%	559,553	472,429		478,765
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	03/20/2052	2.50%	958,591	812,406		809,961
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	04/20/2052	4.00%	723,417	676,395		686,356
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	12/20/2051	4.00%	1,077,010	1,016,260		1,003,514
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	07/20/2048	5.00%	7,171	7,561		7,116
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	09/20/2050	2.00%	214,391	174,226		171,309
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	10/20/2046	3.00%	2,232,328	1,967,065		2,003,157
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	11/20/2046	3.00%	2,768,607	2,454,976		2,482,582
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	12/20/2047	3.50%	982,609	894,865		911,380
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	08/20/2048	3.50%	341,191	310,350		315,018

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	03/20/2051	3.50%	508,781	\$ 461,004	\$	466,262
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	06/20/2051	2.00%	580,415	455,445		460,542
	GOVT NATL MTG ASSN II POOL	U.S. GOV/AGENCY OBL.	11/20/2053	3.50%	355,068	320,893		323,396
	GOVT NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	09/15/2028	7.50%	54	137		54
	GOVT NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	03/15/2043	3.00%	33,786	34,997		30,631
	GOVT NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	04/15/2046	3.00%	28,104	29,127		25,060
	GOVT NATL MTG ASSN POOL	U.S. GOV/AGENCY OBL.	06/15/2046	3.00%	29,336	30,404		26,159
	RESOLUTION FUNDING STRIP BONDS	U.S. GOV/AGENCY OBL.	01/15/2030	0.00%	240,000	210,842		200,273
	RFCSF STRIP PRINCIPAL BNDS	U.S. GOV/AGENCY OBL.	04/15/2030	0.00%	2,400,000	1,936,820		1,978,992
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2035	4.63%	8,730,000	9,073,556		9,006,916
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2055	4.75%	7,230,000	7,008,823		7,189,367
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	01/31/2027	VAR	5,380,000	5,414,079		5,377,471
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	04/30/2027	VAR	3,810,000	3,817,660		3,810,076
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	10/31/2026	VAR	2,540,000	2,557,473		2,543,048
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/31/2026	0.75%	1,325,000	1,280,437		1,285,979
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/31/2026	0.75%	2,180,000	2,064,467		2,101,062
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/28/2027	1.88%	990,000	939,654		959,567
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2041	2.00%	14,000,000	11,320,383		9,628,220
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2046	2.25%	7,865,000	5,264,634		5,152,519
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	03/31/2029	2.38%	11,485,000	10,728,124		10,943,023
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2027	2.38%	11,570,000	11,096,045		11,283,874
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2046	2.50%	7,555,000	5,112,020		5,217,936
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	07/31/2029	2.63%	8,920,000	8,322,941		8,544,022
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2052	2.88%	6,365,000	4,871,868		4,479,369
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2043	3.13%	1,205,000	970,788		969,037
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2048	3.38%	9,335,000	7,980,400		7,384,545
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2028	3.75%	1,080,000	1,073,403		1,081,598
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/31/2026	3.75%	2,300,000	2,290,439		2,294,526
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	04/30/2030	3.88%	280,000	279,610		281,095
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	06/30/2030	3.88%	2,495,000	2,498,801		2,504,556
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2027	4.50%	7,405,000	7,468,128		7,502,450
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2055	4.63%	40,000	37,806		38,938
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/31/2026	0.75%	3,524,000	3,402,037		3,420,878
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2050	1.25%	83,000	48,500		39,866
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2052	2.88%	1,630,300	1,407,787		1,147,324
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2052	3.00%	2,050,400	1,832,164		1,480,061
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2053	3.63%	80,000	79,720		65,306
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/31/2028	3.63%	1,879,000	1,874,376		1,874,376
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	04/15/2028	3.75%	1,740,000	1,736,873		1,742,175
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2043	3.88%	83,000	83,412		74,298
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	03/31/2030	4.00%	555,000	561,244		560,162
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	04/30/2032	4.00%	4,338,000	4,281,983		4,343,423
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/31/2030	4.00%	587,000	592,526		592,688
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2052	4.00%	1,014,000	1,054,117		886,814
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	12/15/2027	4.00%	922,000	913,860		928,555
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/28/2027	4.13%	830,000	833,696		834,316
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2044	4.13%	502,400	486,810		460,264
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	10/31/2029	4.13%	211,000	210,287		214,017
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2028	4.25%	3,720,000	3,756,067		3,770,294
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2054	4.25%	137,000	134,099		124,970
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2035	4.25%	2,312,000	2,293,688		2,315,607
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	06/30/2029	4.25%	6,329,000	6,376,202		6,446,656
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	08/15/2054	4.25%	2,087,000	2,070,923		1,905,848
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	12/31/2029	4.38%	1,016,900	1,018,189		1,042,129
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/31/2029	4.50%	313,000	316,264		321,536
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2054	4.50%	907,600	926,024		864,916
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2035	4.63%	2,616,800	2,681,379		2,699,805
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2055	4.63%	818,000	824,237		796,274
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	04/30/2029	4.63%	718,000	725,275		740,438
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2044	4.63%	9,898,000	10,071,689		9,706,573
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2054	4.63%	11,991,000	12,449,490		11,646,259
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	06/15/2027	4.63%	9,292,000	9,405,942		9,445,876
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2044	4.63%	950,000	923,214		929,965
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	02/15/2045	4.75%	4,636,000	4,735,992		4,611,383
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	05/15/2055	4.75%	170,000	169,030		169,045
	USA TREASURY NOTES	U.S. GOV/AGENCY OBL.	11/15/2053	4.75%	419,000	452,542		415,204
Total U.S. Government and agency obligations						362,211,738		358,020,820

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	<u>Corporate bonds and notes</u>						
	AAR ESCROW ISSUER LLC	CORPORATE DEBT	03/15/2029	6.75%	121,000	\$ 123,305	\$ 125,395
	ABBVIE INC	CORPORATE DEBT	11/21/2029	3.20%	125,000	120,182	119,563
	ABBVIE INC	CORPORATE DEBT	03/15/2054	5.40%	90,000	89,691	87,512
	ABBVIE INC	CORPORATE DEBT	03/15/2064	5.50%	70,000	69,738	67,879
	ABBVIE INC	CORPORATE DEBT	11/21/2049	4.25%	260,000	259,744	214,191
	ABBVIE INC	CORPORATE DEBT	05/14/2035	4.50%	1,085,000	1,052,975	1,048,273
	ACRISURE LLC / FIN INC	CORPORATE DEBT	07/01/2032	6.75%	80,000	80,000	81,134
	ACRISURE LLC / FIN INC	CORPORATE DEBT	11/06/2030	7.50%	235,000	235,000	242,762
	ACRISURE LLC / FIN INC	CORPORATE DEBT	02/01/2029	8.25%	165,000	164,698	170,750
	ACRISURE LLC / FIN INC	CORPORATE DEBT	06/15/2029	8.50%	85,000	85,000	88,640
	ADAPTHEALTH LLC	CORPORATE DEBT	08/01/2028	6.13%	70,000	68,888	69,911
	ADAPTHEALTH LLC	CORPORATE DEBT	08/01/2029	4.63%	35,000	32,106	32,992
	ADIENT GLOBAL HOLDINGS	CORPORATE DEBT	02/15/2033	7.50%	25,000	25,299	25,565
	ADIENT GLOBAL HOLDINGS	CORPORATE DEBT	04/15/2031	8.25%	65,000	68,297	68,299
	ADVANCED DRAINAGE SYSTEM	CORPORATE DEBT	06/15/2030	6.38%	80,000	80,017	81,821
	ADVENTIST HEALTH SYS/W	CORPORATE DEBT	12/01/2034	5.76%	677,000	686,914	677,819
	AERCAP IRELAND CAP/GLOBAL	CORPORATE DEBT	10/29/2028	3.00%	1,860,000	1,691,236	1,771,985
	AERCAP IRELAND CAP/GLOBAL	CORPORATE DEBT	09/10/2034	4.95%	665,000	654,606	650,483
	HEAD DB HOLDINGS LLC	CORPORATE DEBT	05/01/2028	6.63%	295,000	282,877	285,903
	AIB GROUP PLC	CORPORATE DEBT	03/28/2035	VAR	570,000	579,715	587,801
	AIRCASLE / IRELAND DAC	CORPORATE DEBT	10/01/2031	5.75%	500,000	497,738	513,745
	ALABAMA POWER CO	CORPORATE DEBT	12/01/2047	3.70%	630,000	525,485	479,858
	ALBERTSONS COS LLC/SAFEW	CORPORATE DEBT	02/15/2028	5.88%	45,000	43,594	44,955
	ALBERTSONS COS/SAFEWAY	CORPORATE DEBT	03/15/2033	6.25%	195,000	195,000	201,012
	ALBERTSONS COS/SAFEWAY	CORPORATE DEBT	02/15/2028	6.50%	65,000	65,086	66,549
	ALBION FINANCING	CORPORATE DEBT	05/21/2030	7.00%	310,000	310,100	316,364
	ALLEGHENY TECHNOLOGIES	CORPORATE DEBT	10/01/2029	4.88%	60,000	59,788	58,768
	ALLIANT HOLD / CO-ISSUER	CORPORATE DEBT	11/01/2029	5.88%	60,000	60,000	59,146
	ALLIANT HOLD / CO-ISSUER	CORPORATE DEBT	10/01/2031	6.50%	100,000	100,000	101,860
	ALLIANT HOLD / CO-ISSUER	CORPORATE DEBT	04/15/2028	6.75%	130,000	130,000	132,159
	ALLIANT HOLD / CO-ISSUER	CORPORATE DEBT	10/15/2027	6.75%	160,000	165,158	159,906
	ALLIANT HOLD / CO-ISSUER	CORPORATE DEBT	01/15/2031	7.00%	136,000	136,275	140,680
	ALLIANT HOLD / CO-ISSUER	CORPORATE DEBT	10/01/2032	7.38%	220,000	224,631	226,778
	ALLIED UNIVERSAL	CORPORATE DEBT	06/01/2029	6.00%	290,000	290,000	282,045
	ALLIED UNIVERSAL HOLDCO	CORPORATE DEBT	02/15/2031	7.88%	285,000	284,800	287,737
	ALLWYN ENTERTAINMENT FIN	CORPORATE DEBT	04/30/2029	7.88%	185,000	186,636	192,552
	ALLY FINANCIAL INC	CORPORATE DEBT	02/14/2033	6.70%	115,000	115,850	119,823
	ALPHA GENERATION LLC	CORPORATE DEBT	10/15/2032	6.75%	326,000	327,910	336,057
	ALTICE FINANCING SA	CORPORATE DEBT	01/15/2028	5.00%	50,000	42,246	37,615
	ALTICE FINANCING SA	CORPORATE DEBT	08/15/2029	5.75%	85,000	70,530	62,065
	ALTICE FRANCE SA EXCH	CORPORATE DEBT	09/01/2041	VAR	350,000	267,575	290,122
	ALTICE FRANCE SA EXCH	CORPORATE DEBT	04/01/2035	VAR	200,000	193,351	168,318
	ALTRIA GROUP INC	CORPORATE DEBT	02/04/2028	4.88%	280,000	279,616	283,822
	AMAZON.COM INC	CORPORATE DEBT	08/22/2037	3.88%	540,000	553,924	488,457
	AMENTUM ESCROW CORP	CORPORATE DEBT	08/01/2032	7.25%	85,000	85,956	87,478
	AMEREN MISSOURI SEC FU I	CORPORATE DEBT	10/01/2041	4.85%	1,674,000	1,673,807	1,658,951
	AMERICAN AIRLINES/AADVAN	CORPORATE DEBT	04/20/2029	5.75%	610,000	591,178	594,463
	AMERICAN EXPRESS CO	CORPORATE DEBT	07/28/2027	VAR	2,580,000	2,598,351	2,605,671
	AMERICAN EXPRESS CREDIT ACCOUNT	CORPORATE DEBT	04/15/2030	4.28%	1,800,000	1,799,966	1,810,998
	AMERICAN FIN TR/FINAN OP	CORPORATE DEBT	09/30/2028	4.50%	255,000	241,999	247,080
	AMERICAN HERITAGE AUTO RECEIVABLE	CORPORATE DEBT	09/17/2029	4.90%	135,000	134,986	135,028
	AMERICAN HERITAGE AUTO RECEIVABLE	CORPORATE DEBT	03/15/2028	4.83%	164,450	164,450	164,568
	AMERICAN INTERNATIONAL	CORPORATE DEBT	05/07/2035	5.45%	35,000	34,986	35,893
	AMERICAN TOWER CORP	CORPORATE DEBT	10/15/2030	1.88%	560,000	508,195	486,769
	AMERIGAS PART/FIN CORP	CORPORATE DEBT	06/01/2030	9.50%	190,000	190,000	197,121
	AMGEN INC	CORPORATE DEBT	01/15/2032	2.00%	1,290,000	1,153,624	1,100,060
	AMGEN INC	CORPORATE DEBT	02/21/2040	3.15%	105,000	108,904	80,879
	AMGEN INC	CORPORATE DEBT	03/02/2053	5.65%	305,000	306,482	297,802
	AMGEN INC SR UNSEC	CORPORATE DEBT	11/15/2041	5.15%	53,000	52,833	49,945
	AMSTED INDUSTRIES	CORPORATE DEBT	03/15/2033	6.38%	366,000	366,987	372,028
	AMWINS GROUP INC	CORPORATE DEBT	06/30/2029	4.88%	110,000	97,636	106,900
	ANHEUSER-BUSCH CO/INBEV	CORPORATE DEBT	02/01/2036	4.70%	875,000	850,540	853,781
	ANTERO MIDSTREAM PART/FI	CORPORATE DEBT	03/01/2027	5.75%	40,000	39,950	39,951
	ANTERO MIDSTREAM PART/FI	CORPORATE DEBT	02/01/2032	6.63%	201,000	202,159	207,603
	ANTERO RESOURCES MIDSTREAM	CORPORATE DEBT	06/15/2029	5.38%	55,000	53,186	54,587
	APA CORP	CORPORATE DEBT	02/15/2035	6.10%	1,322,000	1,248,867	1,296,525
	ARCHROCK PARTNERS LP/FIN	CORPORATE DEBT	04/01/2028	6.25%	120,000	119,069	120,397
	ARCHROCK PARTNERS LP/FIN	CORPORATE DEBT	09/01/2032	6.63%	161,000	160,910	164,033
	ARCOSA INC	CORPORATE DEBT	08/15/2032	6.88%	105,000	105,000	108,971
	ARDONAGH FINCO LTD	CORPORATE DEBT	02/15/2031	7.75%	170,000	174,713	177,730
	ARDONAGH GROUP FINANCE	CORPORATE DEBT	02/15/2032	8.88%	120,000	124,500	126,270

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	ARIS WATER HOLDINGS LLC	CORPORATE DEBT	04/01/2030	7.25%	320,000	\$ 316,669	\$	330,154
	ARTERA	CORPORATE DEBT	02/15/2031	8.50%	90,000	90,286		74,945
	ASBURY AUTOMOTIVE GROUP	CORPORATE DEBT	02/15/2032	5.00%	125,000	117,344		118,934
	ASBURY AUTOMOTIVE GROUP	CORPORATE DEBT	03/01/2028	4.50%	170,000	163,379		167,676
	ASBURY AUTOMOTIVE GROUP	CORPORATE DEBT	03/01/2030	4.75%	65,000	61,888		62,935
	ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	06/30/2029	5.88%	45,000	44,152		45,077
	ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	07/15/2033	6.63%	170,000	170,000		172,465
	ASCENT RESOURCES/ARU FIN	CORPORATE DEBT	10/15/2032	6.63%	180,000	179,592		183,193
	ASHLAND INC	CORPORATE DEBT	09/01/2031	3.38%	185,000	149,138		164,848
	ASHLAND INC	CORPORATE DEBT	05/15/2043	6.88%	75,000	76,713		77,750
	AT&T INC	CORPORATE DEBT	09/15/2053	3.50%	1,336,000	971,637		904,285
	AT&T INC	CORPORATE DEBT	09/15/2055	3.55%	50,000	34,646		33,738
	AT&T INC	CORPORATE DEBT	03/01/2029	4.35%	772,000	880,844		773,621
	ATI INC	CORPORATE DEBT	08/15/2030	7.25%	120,000	120,000		125,748
	ATLAS LUXCO	CORPORATE DEBT	06/01/2028	4.63%	70,000	66,763		67,882
	AUTOMATION TOOLING SYSTE	CORPORATE DEBT	12/15/2028	4.13%	185,000	168,965		176,897
	AUTOZONE INC	CORPORATE DEBT	06/15/2030	5.13%	405,000	404,741		415,226
	AVALONBAY COMMUNITIES	CORPORATE DEBT	01/15/2031	2.45%	800,000	738,198		718,232
	AVANTOR FUNDING INC	CORPORATE DEBT	07/15/2028	4.63%	125,000	121,819		122,745
	AVEANNA HEALTHCARE (	CORPORATE DEBT	03/15/2028	VAR	123,083	117,514		120,380
	AVIENT CORP	CORPORATE DEBT	11/01/2031	6.25%	75,000	73,397		75,701
	AVIENT CORP	CORPORATE DEBT	08/01/2030	7.13%	235,000	232,821		242,381
	AVOLON HOLDINGS FNDG LTD	CORPORATE DEBT	05/30/2030	5.38%	1,254,000	1,253,960		1,277,400
	AVOLON HOLDINGS FNDG LTD	CORPORATE DEBT	11/15/2029	5.75%	1,480,000	1,497,798		1,523,482
	AXA EQUITABLE HOLDINGS I	CORPORATE DEBT	04/20/2028	4.35%	1,031,000	1,032,377		1,029,041
	AXALTA COATING SYSTEMS	CORPORATE DEBT	02/15/2031	7.25%	245,000	252,268		258,301
	AZORRA FINANCE	CORPORATE DEBT	01/15/2031	7.25%	125,000	125,000		127,804
	AZORRA FINANCE	CORPORATE DEBT	04/15/2030	7.75%	160,000	160,000		166,840
	BACARDI LTD / MARTINI BV	CORPORATE DEBT	06/15/2033	5.40%	1,666,000	1,667,219		1,660,402
	BACARDI-MARTINI BV	CORPORATE DEBT	02/01/2035	6.00%	610,000	608,274		629,758
	BALDWIN INSUR GRP/FIN	CORPORATE DEBT	05/15/2031	7.13%	245,000	248,919		254,700
	BANK	CORPORATE DEBT	06/15/2055	VAR	145,000	149,349		141,040
	BANK OF AMERICA	CORPORATE DEBT	07/23/2030	VAR	60,000	56,255		57,113
	BANK OF AMERICA AUTO TRUST	CORPORATE DEBT	11/20/2029	4.35%	140,000	139,990		140,641
	BANK OF AMERICA AUTO TRUST	CORPORATE DEBT	11/22/2027	4.52%	170,000	169,988		170,102
	BANK OF AMERICA CORP	CORPORATE DEBT	02/04/2033	VAR	445,000	389,570		398,493
	BANK OF AMERICA CORP	CORPORATE DEBT	06/14/2029	VAR	1,705,000	1,595,550		1,598,148
	BANK OF AMERICA CORP	CORPORATE DEBT	08/01/2025	3.88%	310,000	320,440		309,833
	BANK OF AMERICA CORP	CORPORATE DEBT	03/08/2037	VAR	870,000	822,045		796,128
	BANK OF AMERICA CORP	CORPORATE DEBT	10/25/2035	VAR	3,365,000	3,246,124		3,365,034
	BANK OF AMERICA CORP SR UNSEC	CORPORATE DEBT	12/20/2028	VAR	35,000	33,219		34,212
	BANK OF AMERICA CORP SR UNSEC	CORPORATE DEBT	04/24/2028	VAR	414,000	410,063		409,086
	BANK OF AMERICA CORPORATION SR UNSEC	CORPORATE DEBT	04/22/2032	VAR	1,210,000	1,032,885		1,085,890
	BANK OF AMERICA CREDIT CARD TR	CORPORATE DEBT	11/15/2028	4.98%	4,945,000	4,967,549		4,997,269
	BANK OF NY MELLON CORP	CORPORATE DEBT	02/01/2029	VAR	230,000	230,000		231,760
	BARCLAYS COMMERCIAL MORTGAGE	CORPORATE DEBT	12/15/2055	5.71%	195,000	200,847		203,751
	BARCLAYS PLC	CORPORATE DEBT	11/02/2026	VAR	396,000	396,000		399,286
	BAT CAPITAL CORP	CORPORATE DEBT	08/02/2030	6.34%	496,000	514,939		534,480
	BATH & BODY WORKS INC COGT	CORPORATE DEBT	07/01/2036	6.75%	80,000	80,647		81,326
	BATH & BODY WORKS INC UNSC	CORPORATE DEBT	03/01/2033	6.95%	40,000	40,580		41,121
	BAUSCH & LOMB ESCROW COR	CORPORATE DEBT	10/01/2028	8.38%	291,000	301,371		303,731
	BAUSCH HEALTH AMERICAS	CORPORATE DEBT	01/31/2027	8.50%	20,000	15,600		19,050
	BAUSCH HEALTH AMERICAS	CORPORATE DEBT	04/01/2026	9.25%	25,000	23,250		24,844
	BAUSCH HEALTH COS INC	CORPORATE DEBT	01/30/2028	5.00%	140,000	89,950		100,300
	BAUSCH HEALTH COS INC	CORPORATE DEBT	02/15/2031	5.25%	50,000	27,250		29,500
	BAUSCH HEALTH COS INC	CORPORATE DEBT	06/01/2028	4.88%	265,000	204,436		208,541
	BC LTD	CORPORATE DEBT	04/15/2032	10.00%	395,000	396,231		398,464
	BEAZER HOMES USA	CORPORATE DEBT	10/15/2027	5.88%	205,000	204,478		205,400
	BEAZER HOMES USA	CORPORATE DEBT	10/15/2029	7.25%	20,000	20,650		20,189
	BEAZER HOMES USA	CORPORATE DEBT	03/15/2031	7.50%	150,000	150,966		152,067
	BELL CANADA	CORPORATE DEBT	09/15/2055	VAR	55,000	55,000		56,376
	BELL CANADA	CORPORATE DEBT	09/15/2055	VAR	75,000	75,000		76,073
	BELROSE FUNDING TRUST II	CORPORATE DEBT	05/15/2055	6.79%	1,645,000	1,645,000		1,681,503
	BERKSHIRE HATHAWAY ENERG	CORPORATE DEBT	05/15/2031	1.65%	1,475,000	1,292,706		1,256,316
	BERKSHIRE HATHAWAY ENERG	CORPORATE DEBT	05/15/2051	2.85%	670,000	440,396		410,308
	BLACKROCK FUNDING INC	CORPORATE DEBT	03/14/2054	5.25%	40,000	39,518		38,360
	BLACKSTONE MORTGAGE TR	CORPORATE DEBT	01/15/2027	3.75%	70,000	60,984		68,069
	BLACKSTONE MORTGAGE TR	CORPORATE DEBT	12/01/2029	7.75%	271,000	279,009		288,265
	BLOCK INC SR NT	CORPORATE DEBT	05/15/2032	6.50%	315,000	315,461		324,992
	BMW US CAPITAL LLC	CORPORATE DEBT	03/21/2030	5.05%	475,000	474,877		483,693
	BMW VEHICLE LEASE TRUST	CORPORATE DEBT	06/26/2028	4.43%	480,000	479,989		482,746
	BMW VEHICLE OWNER TRUST	CORPORATE DEBT	02/25/2028	5.47%	71,480	71,467		71,904

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	BOEING CO/THE	CORPORATE DEBT	05/01/2031	6.39%	755,000	\$ 769,560	\$	811,391
	BOEING CO/THE	CORPORATE DEBT	05/01/2034	6.53%	292,000	313,675		317,267
	BOMBARDIER INC	CORPORATE DEBT	02/15/2028	6.00%	60,000	58,350		60,361
	BOMBARDIER INC	CORPORATE DEBT	06/15/2033	6.75%	110,000	110,000		113,982
	BOMBARDIER INC	CORPORATE DEBT	06/01/2032	7.00%	80,000	80,000		83,311
	BOMBARDIER INC	CORPORATE DEBT	07/01/2031	7.25%	105,000	105,988		110,219
	BOMBARDIER INC	CORPORATE DEBT	02/01/2029	7.50%	25,000	26,510		26,249
	BOMBARDIER INC	CORPORATE DEBT	11/15/2030	8.75%	70,000	74,400		75,781
	BOSTON PROPERTIES INC	CORPORATE DEBT	06/21/2029	3.40%	1,358,000	1,298,161		1,287,506
	BP CAP MARKETS AMERICA	CORPORATE DEBT	09/11/2033	4.89%	225,000	224,996		225,536
	BP CAP MARKETS AMERICA	CORPORATE DEBT	02/13/2033	4.81%	1,060,000	1,060,365		1,058,580
	BPR TRUST	CORPORATE DEBT	08/15/2039	VAR	490,000	487,395		490,083
	BRANDYWINE OPER PARTNERS	CORPORATE DEBT	04/12/2029	8.88%	175,000	185,800		189,467
	BRISTOL-MYERS SQUIBB CO	CORPORATE DEBT	02/01/2031	5.75%	615,000	632,761		655,190
	BROADSTREET PARTNERS INC	CORPORATE DEBT	04/15/2029	5.88%	260,000	244,411		256,948
	BUCKEYE PARTNERS LP	CORPORATE DEBT	02/01/2030	6.75%	290,000	292,669		301,032
	BUILDERS FIRTSOURCE INC	CORPORATE DEBT	03/01/2030	5.00%	100,000	92,991		98,162
	BUILDERS FIRTSOURCE INC	CORPORATE DEBT	06/15/2032	6.38%	110,000	110,000		113,055
	BUILDERS FIRTSOURCE INC	CORPORATE DEBT	05/15/2035	6.75%	225,000	225,000		231,665
	BURLINGTON NORTH SANTA FE	CORPORATE DEBT	04/01/2044	4.90%	55,000	58,585		51,369
	BX TRUST	CORPORATE DEBT	11/13/2046	VAR	475,000	482,125		480,125
	CABLE ONE INC	CORPORATE DEBT	11/15/2030	4.00%	135,000	105,195		106,361
	CABLEVISION LIGHTPATH	CORPORATE DEBT	09/15/2028	5.63%	100,000	90,250		96,606
	CACI INTERNATIONAL INC	CORPORATE DEBT	06/15/2033	6.38%	160,000	160,338		165,112
	CAESARS ENTERTAIN INC	CORPORATE DEBT	02/15/2032	6.50%	85,000	85,531		87,220
	CAESARS ENTERTAIN INC	CORPORATE DEBT	10/15/2029	4.63%	6,000	5,447		5,727
	CALDERYS FINANCING LLC	CORPORATE DEBT	06/01/2028	11.25%	150,000	159,053		159,021
	CALDERYS FINANCING LLC	CORPORATE DEBT	06/01/2028	11.75%	150,000	150,063		155,705
	CAMDEN PROPERTY TRUST	CORPORATE DEBT	05/15/2030	2.80%	70,000	69,950		65,085
	CAPITAL ONE PRIME AUTO RECEIVA	CORPORATE DEBT	05/17/2027	4.14%	115,756	115,748		115,375
	CAPSTONE BORROWER INC EXCH	CORPORATE DEBT	06/20/2035	VAR	240,000	245,738		249,751
	CAPSTONE COPPER CORP	CORPORATE DEBT	03/31/2033	6.75%	285,000	285,063		291,829
	CARNIVAL CORP	CORPORATE DEBT	05/01/2029	6.00%	15,000	14,745		15,157
	CARNIVAL CORP	CORPORATE DEBT	02/15/2033	6.13%	526,000	522,600		528,177
	CARNIVAL PLC	CORPORATE DEBT	06/01/2027	7.88%	75,000	79,781		79,081
	CARPENTER TECHNOLOGY	CORPORATE DEBT	07/15/2028	6.38%	25,000	24,138		25,068
	CARPENTER TECHNOLOGY	CORPORATE DEBT	03/15/2030	7.63%	195,000	198,367		201,784
	CARVANA CO	CORPORATE DEBT	12/01/2028	12.00%	83,116	78,065		85,250
	CARVANA CO	CORPORATE DEBT	06/01/2030	13.00%	110,000	117,275		115,649
	CATAWBA NATION GAMING AUTHORITY	CORPORATE DEBT	09/01/2034	VAR	165,000	164,613		165,549
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	02/01/2028	5.00%	50,000	51,910		49,540
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	05/01/2027	5.13%	395,000	382,075		393,728
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	01/15/2034	4.25%	140,000	100,189		109,627
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	09/01/2029	6.38%	205,000	199,240		209,108
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	06/01/2033	4.50%	105,000	89,119		95,973
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	05/01/2032	4.50%	340,000	312,023		316,622
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	03/03/2031	7.38%	85,000	83,653		88,690
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	02/01/2032	4.75%	125,000	103,086		118,566
	CCO HLDGS LLC/CAP CORP	CORPORATE DEBT	03/01/2030	4.75%	190,000	198,132		184,072
	CCO HOLDINGS LLC/CAP CORP	CORPORATE DEBT	02/01/2031	4.25%	285,000	232,313		241,238
	CDI ESCROW ISSUER INC	CORPORATE DEBT	04/01/2030	5.75%	40,000	39,499		40,130
	CELANESE US HOLDINGS LLC	CORPORATE DEBT	11/15/2028	6.35%	90,000	92,567		94,570
	CELANESE US HOLDINGS LLC	CORPORATE DEBT	07/15/2032	6.38%	40,000	41,750		41,935
	CELANESE US HOLDINGS LLC	CORPORATE DEBT	04/15/2030	6.50%	145,000	145,163		148,426
	CELANESE US HOLDINGS LLC	CORPORATE DEBT	11/15/2030	6.55%	90,000	93,791		94,721
	CELANESE US HOLDINGS LLC	CORPORATE DEBT	11/15/2033	6.70%	40,000	42,500		42,462
	CELANESE US HOLDINGS LLC	CORPORATE DEBT	04/15/2033	6.75%	290,000	290,000		293,013
	CHAMPION IRON CANADA INC	CORPORATE DEBT	07/15/2032	7.88%	115,000	115,563		116,120
	CHAMPIONS FINANCING	CORPORATE DEBT	05/19/2035	VAR	124,060	121,653		115,919
	CHAMPIONS FINANCING INC	CORPORATE DEBT	02/15/2029	8.75%	120,000	121,777		115,859
	CHARLES SCHWAB CORP	CORPORATE DEBT	05/19/2029	VAR	1,110,000	1,137,156		1,150,526
	CHART INDUSTRIES INC	CORPORATE DEBT	01/01/2030	7.50%	280,000	276,500		293,140
	CHART INDUSTRIES INC	CORPORATE DEBT	01/01/2031	9.50%	25,000	24,487		26,685
	CHEEVER ESCROW ISSUER	CORPORATE DEBT	10/01/2027	7.13%	105,000	104,031		106,919
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	05/15/2030	5.25%	70,000	63,301		62,073
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	03/15/2027	5.63%	210,000	195,021		206,846
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	01/15/2029	6.00%	45,000	42,502		43,284
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	04/01/2030	6.13%	10,000	8,550		7,395
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	04/15/2029	6.88%	10,000	9,075		7,974
	CHS/COMMUNITY HEALTH SYS	CORPORATE DEBT	02/15/2031	4.75%	100,000	83,450		85,488
	CHUBB INA HOLDINGS INC	CORPORATE DEBT	03/15/2034	5.00%	530,000	536,432		539,980
	CHURCHILL DOWNS INC	CORPORATE DEBT	04/01/2027	5.50%	200,000	199,156		199,614
	CHURCHILL DOWNS INC	CORPORATE DEBT	05/01/2031	6.75%	206,000	206,026		211,731

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	CHURCHILL DOWNS INC	CORPORATE DEBT	01/15/2028	4.75%	100,000	\$ 93,455	\$	98,711
	CIGNA CORP	CORPORATE DEBT	03/15/2050	3.40%	30,000	28,440		20,342
	CINTAS CORPORATION NO.	CORPORATE DEBT	05/01/2032	4.00%	145,000	144,917		140,141
	CISCO SYSTEMS INC	CORPORATE DEBT	02/26/2034	5.05%	800,000	813,132		818,840
	CITIBANK NA	CORPORATE DEBT	04/30/2034	5.57%	870,000	885,201		906,253
	CITIBANK NA	CORPORATE DEBT	09/29/2028	5.80%	1,798,000	1,847,624		1,879,935
	CITIGROUP INC	CORPORATE DEBT	05/25/2034	VAR	125,000	125,000		130,854
	CITIGROUP INC	CORPORATE DEBT	09/29/2026	VAR	410,000	410,000		410,923
	CITIGROUP INC	CORPORATE DEBT	01/24/2036	VAR	1,340,000	1,340,000		1,376,072
	CITIGROUP INC	CORPORATE DEBT	02/13/2035	VAR	679,000	650,387		692,824
	CITIGROUP INC	CORPORATE DEBT	09/19/2039	VAR	837,000	837,000		812,945
	CITIGROUP INC SR UNSEC	CORPORATE DEBT	06/03/2031	VAR	1,300,000	1,149,305		1,178,983
	CIVITAS RESOURCES INC	CORPORATE DEBT	07/01/2028	8.38%	110,000	110,000		112,630
	CIVITAS RESOURCES INC	CORPORATE DEBT	11/01/2030	8.63%	150,000	157,452		152,286
	CIVITAS RESOURCES INC	CORPORATE DEBT	06/15/2033	9.63%	105,000	105,000		107,644
	CLARIOS GLOBAL LP/US FIN	CORPORATE DEBT	02/15/2030	6.75%	110,000	111,438		114,377
	CLEAR CHANNEL OUTDOOR	CORPORATE DEBT	08/15/2027	5.13%	145,000	137,825		143,350
	CLEAR CHANNEL OUTDOOR HO	CORPORATE DEBT	04/01/2030	7.88%	140,000	140,600		144,514
	CLEAR CHANNEL OUTDOOR HO	CORPORATE DEBT	09/15/2028	9.00%	65,000	67,569		68,108
	CLEVELAND-CLIFFS INC	CORPORATE DEBT	11/01/2029	6.88%	135,000	135,456		132,913
	CLEVELAND-CLIFFS INC	CORPORATE DEBT	03/15/2032	7.00%	220,000	218,464		207,385
	CLEVELAND-CLIFFS INC	CORPORATE DEBT	09/15/2031	7.50%	35,000	35,000		33,756
	CLOUD SOFTWARE GRP INC	CORPORATE DEBT	06/30/2032	8.25%	95,000	95,000		101,102
	CLOUD SOFTWARE GRP INC	CORPORATE DEBT	09/30/2029	9.00%	140,000	133,437		145,114
	CLYDESDALE ACQUISITION	CORPORATE DEBT	04/15/2032	6.75%	205,000	205,188		210,385
	CLYDESDALE ACQUISITION	CORPORATE DEBT	01/15/2030	6.88%	110,000	110,000		112,451
	CLYDESDALE ACQUISITION	CORPORATE DEBT	04/15/2030	8.75%	80,000	81,200		81,826
	CMG MEDIA CORPORATION	CORPORATE DEBT	06/18/2029	8.88%	95,000	84,219		89,553
	CNH EQUIPMENT TRUST	CORPORATE DEBT	04/17/2028	5.15%	483,352	483,341		485,701
	CNH EQUIPMENT TRUST	CORPORATE DEBT	11/15/2027	3.89%	91,764	91,750		91,427
	COLUMBIA PIPELINES OPCO	CORPORATE DEBT	02/15/2035	5.44%	1,113,000	1,113,000		1,119,467
	COMCAST CORP	CORPORATE DEBT	10/15/2038	4.60%	1,285,000	1,155,202		1,190,039
	COMCAST CORP COGT	CORPORATE DEBT	02/15/2031	1.50%	160,000	159,461		136,610
	COMMScope FINANCE LLC	CORPORATE DEBT	03/01/2027	8.25%	45,000	41,815		44,827
	COMMScope LLC	CORPORATE DEBT	12/15/2031	9.50%	302,000	303,913		316,257
	COMMScope TECH LLC	CORPORATE DEBT	03/15/2027	5.00%	50,000	39,125		48,698
	COMSTOCK RESOURCES INC	CORPORATE DEBT	01/15/2030	5.88%	280,000	284,430		271,970
	COMSTOCK RESOURCES INC	CORPORATE DEBT	03/01/2029	6.75%	218,000	213,194		218,488
	CONOCOPHILLIPS COMPANY	CORPORATE DEBT	11/15/2034	4.15%	72,000	71,970		66,882
	CONS EDISON CO OF NY	CORPORATE DEBT	03/15/2044	4.45%	890,000	819,798		766,495
	CONSOLIDATED ENERGY FIN	CORPORATE DEBT	02/15/2031	12.00%	110,000	111,650		107,892
	CONSTELLATION EN GEN LLC	CORPORATE DEBT	03/01/2028	5.60%	275,000	274,962		284,512
	CONSTELLUM SE	CORPORATE DEBT	08/15/2032	6.38%	125,000	124,100		127,079
	CONSUMERS	CORPORATE DEBT	03/01/2028	5.55%	150,670	150,655		151,724
	CONSUMERS ENERGY CO	CORPORATE DEBT	05/15/2035	5.05%	445,000	443,362		448,079
	CORNERSTONE BUILDING	CORPORATE DEBT	01/15/2029	6.13%	35,000	30,541		25,381
	CORNERSTONE BUILDING	CORPORATE DEBT	08/15/2029	9.50%	195,000	195,000		179,267
	COUSINS PROPERTIES LP	CORPORATE DEBT	07/15/2030	5.25%	1,072,000	1,072,809		1,142,338
	COUSINS PROPERTIES LP	CORPORATE DEBT	02/15/2032	5.38%	1,578,000	1,591,049		1,560,965
	CREDIT AGRICOLE SA	CORPORATE DEBT	05/27/2031	VAR	1,150,000	1,150,000		1,171,448
	CRESCENT ENERGY FINANCE	CORPORATE DEBT	01/15/2033	7.38%	105,000	105,538		100,360
	CRESCENT ENERGY FINANCE	CORPORATE DEBT	04/01/2032	7.63%	125,000	125,488		122,050
	CROWN CASTLE INTL CORP	CORPORATE DEBT	07/15/2031	2.50%	280,000	254,065		244,322
	CSC HOLDINGS LLC	CORPORATE DEBT	05/15/2028	11.25%	160,000	161,150		159,398
	CSC HOLDINGS LLC	CORPORATE DEBT	01/31/2029	11.75%	280,000	267,682		266,325
	CSC HOLDINGS LLC	CORPORATE DEBT	02/01/2028	5.38%	205,000	171,513		187,690
	CSC HOLDINGS LLC	CORPORATE DEBT	01/15/2030	5.75%	210,000	99,613		103,864
	CSC HOLDINGS LLC	CORPORATE DEBT	12/01/2030	4.13%	70,000	53,115		49,386
	CSC HOLDINGS LLC	CORPORATE DEBT	11/15/2031	4.50%	55,000	40,906		38,703
	CSC HOLDINGS LLC	CORPORATE DEBT	12/01/2030	4.63%	180,000	100,813		83,711
	CSC HOLDINGS LLC	CORPORATE DEBT	04/01/2028	7.50%	85,000	59,075		63,095
	CVS HEALTH CORP	CORPORATE DEBT	02/20/2026	5.00%	380,000	378,708		380,498
	CVS HEALTH CORP	CORPORATE DEBT	08/15/2029	3.25%	30,000	27,513		28,513
	CVS HEALTH CORP	CORPORATE DEBT	03/25/2038	4.78%	390,000	358,263		357,915
	DEVON ENERGY CORPORATION	CORPORATE DEBT	09/15/2034	5.20%	640,000	639,782		621,530
	DIAGEO INVESTMENT CORP	CORPORATE DEBT	04/15/2035	5.63%	310,000	308,245		324,179
	DIAMONDBACK ENERGY INC	CORPORATE DEBT	04/18/2054	5.75%	140,000	139,940		129,951
	DIAMONDBACK ENERGY INC	CORPORATE DEBT	04/18/2064	5.90%	280,000	278,678		259,148
	DISCOVERY COMMUNICATIONS	CORPORATE DEBT	05/15/2029	4.13%	95,000	88,350		88,214
	DISH DBS CORP	CORPORATE DEBT	12/01/2026	5.25%	170,000	138,250		154,275
	DISH DBS CORP	CORPORATE DEBT	12/01/2028	5.75%	160,000	114,519		138,501
	DISH DBS CORP	CORPORATE DEBT	07/01/2028	7.38%	150,000	155,407		108,330
	DISH DBS CORP COGT	CORPORATE DEBT	06/01/2029	5.13%	5,000	4,541		3,333

UNITED ASSOCIATION NATIONAL PENSION FUND

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JUNE 30, 2025

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		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	DISH NETWORK CORP	CORPORATE DEBT	11/15/2027	11.75%	220,000	\$ 220,203	\$	226,783
	DLAA LLC	CORPORATE DEBT	02/22/2028	5.99%	90,000	89,995		91,085
	DORNOCH DEBT MERGER SUB	CORPORATE DEBT	10/15/2029	6.63%	135,000	119,250		104,543
	DOW CHEMICAL CO/THE	CORPORATE DEBT	05/15/2049	4.80%	85,000	84,493		69,578
	DOWDUPONT INC	CORPORATE DEBT	11/15/2025	4.49%	175,000	175,000		174,736
	DUKE ENERGY CORP	CORPORATE DEBT	06/01/2030	2.45%	1,639,000	1,519,941		1,487,293
	DUKE ENERGY CORP	CORPORATE DEBT	03/15/2028	4.30%	238,000	237,636		238,293
	DUKE ENERGY CORP	CORPORATE DEBT	09/15/2025	0.90%	205,000	204,900		203,335
	DUKE ENERGY FLORIDA LLC	CORPORATE DEBT	06/15/2030	1.75%	100,000	85,185		88,206
	DUKE ENERGY INDIANA LLC	CORPORATE DEBT	04/01/2050	2.75%	410,000	285,242		252,585
	ECHOSTAR CORP	CORPORATE DEBT	11/30/2029	10.75%	335,000	360,031		345,050
	ECHOSTAR CORP	CORPORATE DEBT	11/30/2030	6.75%	145,322	101,296		132,625
	EDVESTINU PRIVATE EDUCATION LO	CORPORATE DEBT	11/25/2040	5.25%	310,304	307,072		307,813
	ELECTRICITE DE FRANCE SA	CORPORATE DEBT	12/31/2089	VAR	95,000	105,925		107,153
	ELI LILLY & CO	CORPORATE DEBT	02/12/2055	5.50%	425,000	423,648		427,648
	ELLUCIAN HOLDINGS INC	CORPORATE DEBT	12/01/2029	6.50%	125,000	126,075		127,836
	EMERALD DEBT MERGER	CORPORATE DEBT	12/15/2030	6.63%	125,000	125,961		127,771
	EMERSON ELECTRIC CO	CORPORATE DEBT	12/21/2051	2.80%	75,000	74,834		47,287
	EMRLD BOR / EMRLD CO-ISS	CORPORATE DEBT	07/15/2031	6.75%	120,000	120,000		124,200
	ENBRIDGE INC	CORPORATE DEBT	04/05/2029	5.30%	433,000	432,905		444,747
	ENBRIDGE INC	CORPORATE DEBT	06/20/2035	5.55%	921,000	919,324		936,307
	ENERGY TRANSFER LP	CORPORATE DEBT	09/01/2034	5.60%	1,475,000	1,492,366		1,498,025
	ENERGY TRANSFER LP	CORPORATE DEBT	12/01/2033	6.55%	480,000	530,846		520,781
	ENI SPA	CORPORATE DEBT	05/19/2035	5.75%	514,000	509,806		525,724
	ENPRO INC	CORPORATE DEBT	06/01/2033	6.13%	150,000	150,000		153,348
	ENTERGY LOUISIANA LLC	CORPORATE DEBT	09/15/2034	5.15%	150,000	149,429		150,854
	ENTERGY TEXAS INC	CORPORATE DEBT	04/15/2035	5.25%	465,000	463,791		468,794
	ENTERPRISE PRODUCTS OPER	CORPORATE DEBT	02/15/2035	4.95%	385,000	382,690		383,660
	EQUINIX INC	CORPORATE DEBT	04/15/2032	3.90%	700,000	655,352		662,984
	ESC ENERGY CONVERSION DEVICE	CORPORATE DEBT	05/01/2037	VAR	7,408,000	726,208		74
	EVERSOURCE ENERGY	CORPORATE DEBT	02/01/2029	5.95%	1,065,000	1,098,683		1,112,382
	EXCELERATE ENERGY LP	CORPORATE DEBT	05/15/2030	8.00%	305,000	307,738		311,519
	EXPAND ENERGY CORP	CORPORATE DEBT	01/15/2035	5.70%	967,000	963,219		980,789
	FAIR ISAAC CORP	CORPORATE DEBT	05/15/2033	6.00%	185,000	185,000		186,696
	FIBERCO SPA	CORPORATE DEBT	09/30/2034	6.00%	135,000	132,638		126,338
	FIBERCO SPA SR GBL-X	CORPORATE DEBT	11/15/2033	6.38%	215,000	213,031		208,784
	FLORIDA ST HSG FIN CORP REVENUE HOMEOWNER REV	CORPORATE DEBT	01/01/2055	6.25%	100,000	102,671		104,461
	FLOWERS FOODS INC	CORPORATE DEBT	03/15/2035	5.75%	1,937,000	1,933,475		1,985,096
	FLUTTER TREASURY DAC	CORPORATE DEBT	06/04/2031	5.88%	1,132,000	1,134,325		1,140,490
	FMG RESOURCES AUG	CORPORATE DEBT	04/15/2032	6.13%	160,000	157,509		162,749
	FMG RESOURCES AUG	CORPORATE DEBT	09/15/2027	4.50%	105,000	99,959		103,738
	FOCUS FINANCIAL PARTNERS	CORPORATE DEBT	09/15/2031	6.75%	175,000	175,260		178,633
	FORD CREDIT AUTO OWNER TRUST	CORPORATE DEBT	08/15/2029	4.61%	1,270,000	1,274,118		1,282,700
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	11/05/2031	6.05%	1,711,000	1,697,072		1,702,171
	FORD MOTOR CREDIT CO LLC	CORPORATE DEBT	11/07/2028	6.80%	245,000	245,000		253,830
	FORTRESS INTERMEDIATE	CORPORATE DEBT	06/01/2031	7.50%	335,000	338,214		350,953
	FORTRESS TRANS & INFRAST	CORPORATE DEBT	05/01/2031	7.00%	230,000	230,000		238,151
	FORTRESS TRANS & INFRAST	CORPORATE DEBT	12/01/2030	7.88%	60,000	63,675		63,661
	FOUNDATION BUILDING	CORPORATE DEBT	03/01/2029	6.00%	125,000	113,131		114,651
	FOUNDATION BUILDING	CORPORATE DEBT	03/15/2035	VAR	54,723	53,216		53,526
	FREEDOM MORTGAGE CORP	CORPORATE DEBT	01/15/2027	6.63%	65,000	65,054		65,109
	FREEDOM MORTGAGE HOLD	CORPORATE DEBT	05/15/2031	9.13%	60,000	62,250		61,847
	FREEDOM MORTGAGE HOLD	CORPORATE DEBT	02/01/2029	9.25%	65,000	67,925		67,514
	FRONT RANGE BIDCO INC	CORPORATE DEBT	03/01/2027	4.00%	410,000	406,215		384,490
	GALAXY US	CORPORATE DEBT	06/04/2031	VAR	94,181	86,354		87,588
	GARDA WORLD SECURITY	CORPORATE DEBT	06/01/2029	6.00%	100,000	95,198		97,605
	GARDA WORLD SECURITY	CORPORATE DEBT	02/15/2028	7.75%	70,000	70,150		72,419
	GARDA WORLD SECURITY	CORPORATE DEBT	08/01/2032	8.25%	145,000	145,113		148,799
	GARDA WORLD SECURITY	CORPORATE DEBT	11/15/2032	8.38%	75,000	75,000		77,041
	GATES CORPORATION	CORPORATE DEBT	07/01/2029	6.88%	100,000	101,216		103,837
	GE HEALTHCARE TECH INC	CORPORATE DEBT	06/15/2035	5.50%	525,000	524,995		537,621
	GEN DIGITAL INC	CORPORATE DEBT	04/01/2033	6.25%	126,000	126,078		129,382
	GENERAL DYNAMICS CORP	CORPORATE DEBT	04/01/2040	4.25%	155,000	198,183		139,226
	GENERAL MOTORS FINL CO	CORPORATE DEBT	04/09/2027	5.00%	45,000	44,950		45,279
	GENERAL MOTORS FINL CO	CORPORATE DEBT	05/01/2034	VAR	1,440,000	1,443,629		1,446,538
	GENERAL MOTORS FINL CO	CORPORATE DEBT	06/18/2031	5.60%	288,000	287,588		293,743
	GENERAL MOTORS FINL CO	CORPORATE DEBT	04/04/2032	5.63%	361,000	360,744		365,263
	GENERAL MOTORS FINL CO	CORPORATE DEBT	02/08/2031	5.75%	188,000	187,487		193,174
	GENERAL MOTORS FINL CO	CORPORATE DEBT	04/04/2034	5.95%	1,149,000	1,173,796		1,165,338
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	02/01/2028	7.75%	95,000	96,276		96,405
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	05/15/2032	7.88%	2,000	2,007		2,080
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	05/15/2033	8.00%	120,000	119,550		125,462

UNITED ASSOCIATION NATIONAL PENSION FUND

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						(e) Current value
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	01/15/2029	8.25%	195,000	\$ 195,641
	GENESIS ENERGY LP/FIN	CORPORATE DEBT	04/15/2030	8.88%	60,000	\$ 60,113
	GGAM FINANCE LTD	CORPORATE DEBT	04/15/2029	6.88%	40,000	40,371
	GLATFELTER	CORPORATE DEBT	11/15/2031	7.25%	60,000	60,000
	GLOBAL AIR LEASE CO LTD	CORPORATE DEBT	09/01/2027	8.75%	80,000	82,200
	GLOBAL INFRASTRUCTURE SO	CORPORATE DEBT	04/15/2032	7.50%	165,000	153,915
	GLOBAL PART/GLP FINANCE	CORPORATE DEBT	07/01/2033	7.13%	120,000	120,600
	GLP CAPITAL LP / FIN II	CORPORATE DEBT	09/15/2034	5.63%	1,529,000	1,515,147
	GM FINANCIAL AUTOMOBILE LEASING	CORPORATE DEBT	07/20/2027	4.55%	310,000	309,986
	GM FINANCIAL AUTOMOBILE LEASING	CORPORATE DEBT	05/22/2028	4.58%	495,000	494,992
	GM FINANCIAL AUTOMOBILE LEASING	CORPORATE DEBT	02/21/2028	4.66%	490,000	489,942
	GM FINANCIAL REVOLVING RECEIVABLE	CORPORATE DEBT	12/11/2036	4.90%	1,285,000	1,294,638
	GOAT HOLDCO LLC	CORPORATE DEBT	02/01/2032	6.75%	305,000	304,806
	GOLDEN ST TOBACCO SECURITIZATI REF-ENH TO REV	CORPORATE DEBT	06/01/2046	3.00%	895,000	823,277
	GOLDMAN SACHS GROUP INC	CORPORATE DEBT	10/21/2032	VAR	785,000	682,205
	GOLDMAN SACHS GROUP INC SR UNSEC	CORPORATE DEBT	04/22/2032	VAR	195,000	168,611
	GOLDMAN SACHS GROUP INC SR UNSEC	CORPORATE DEBT	09/10/2027	VAR	735,000	714,930
	GOLDMAN SACHS GROUP INC SR UNSEC	CORPORATE DEBT	06/05/2028	VAR	130,000	146,675
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	07/15/2029	5.00%	125,000	114,246
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	05/31/2026	5.00%	33,000	32,464
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	04/30/2031	5.25%	110,000	114,758
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	07/15/2031	5.25%	170,000	157,237
	GOODYEAR TIRE & RUBBER	CORPORATE DEBT	03/15/2027	4.88%	25,000	24,468
	GPC MERGER SUB INC	CORPORATE DEBT	08/15/2028	7.13%	80,000	78,247
	GREYSTAR REAL ESTATE PAR	CORPORATE DEBT	09/01/2030	7.75%	110,000	110,866
	GRIFOLS ESCROW ISSUER	CORPORATE DEBT	10/15/2028	4.75%	225,000	210,719
	GROUP	CORPORATE DEBT	01/15/2030	6.38%	160,000	161,463
	GUARDIAN LIFE GLOB FUND	CORPORATE DEBT	09/26/2029	4.18%	1,015,000	1,015,000
	GYP HOLDINGS III CORP	CORPORATE DEBT	05/01/2029	4.63%	205,000	198,769
	HAH GROUP HOLDING CO LLC	CORPORATE DEBT	10/01/2031	9.75%	30,000	30,000
	HARVEST MIDSTREAM I LP	CORPORATE DEBT	09/01/2028	7.50%	340,000	340,542
	HERC HOLDINGS ESCROW INC	CORPORATE DEBT	06/15/2030	7.00%	238,000	238,000
	HERC HOLDINGS ESCROW INC	CORPORATE DEBT	06/15/2033	7.25%	185,000	185,000
	HERC HOLDINGS INC	CORPORATE DEBT	07/15/2027	5.50%	90,000	88,425
	HERC HOLDINGS INC	CORPORATE DEBT	06/15/2029	6.63%	35,000	35,000
	HES MIDSTREAM OPERATION	CORPORATE DEBT	03/01/2028	5.88%	165,000	165,000
	HF SINCLAIR CORP	CORPORATE DEBT	01/15/2031	5.75%	1,252,000	1,252,436
	HIGHWOODS REALTY LP	CORPORATE DEBT	02/01/2034	7.65%	461,000	484,192
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	02/01/2029	5.75%	47,000	47,000
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	02/01/2031	6.00%	79,000	77,394
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	04/15/2030	6.00%	245,000	238,276
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	11/01/2028	6.25%	110,000	96,644
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	05/15/2034	6.88%	10,000	9,600
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	02/15/2035	7.25%	105,000	105,000
	HILCORP ENERGY I/HILCORP	CORPORATE DEBT	11/01/2033	8.38%	55,000	55,869
	HILLENBRAND INC	CORPORATE DEBT	03/01/2031	3.75%	105,000	92,185
	HILLENBRAND INC	CORPORATE DEBT	02/15/2029	6.25%	195,000	196,138
	HONDA AUTO RECEIVABLES OWNER T	CORPORATE DEBT	07/20/2026	3.73%	31,039	31,037
	HOSPITALITY PROPERTIES T	CORPORATE DEBT	02/15/2026	5.25%	165,000	161,956
	HOWARD MIDSTREAM ENERGY	CORPORATE DEBT	07/15/2032	7.38%	266,000	270,743
	HOWARD MIDSTREAM ENERGY	CORPORATE DEBT	07/15/2028	8.88%	35,000	37,056
	HOWDEN UK REFINANCE / US	CORPORATE DEBT	02/15/2031	7.25%	105,000	106,949
	HOWDEN UK REFINANCE / US	CORPORATE DEBT	02/15/2032	8.13%	140,000	141,697
	HRT DNT / HRT DNT FIN	CORPORATE DEBT	04/30/2028	10.50%	130,000	138,225
	HSBC HOLDINGS PLC	CORPORATE DEBT	08/14/2027	VAR	325,000	325,000
	HSBC HOLDINGS PLC	CORPORATE DEBT	03/03/2029	VAR	215,000	215,086
	HSBC HOLDINGS PLC	CORPORATE DEBT	11/19/2030	VAR	1,125,000	1,125,000
	HUB INTERNATIONAL LTD	CORPORATE DEBT	12/01/2029	5.63%	160,000	146,539
	HUB INTERNATIONAL LTD	CORPORATE DEBT	06/15/2030	7.25%	285,000	288,561
	HUB INTERNATIONAL LTD	CORPORATE DEBT	01/31/2032	7.38%	135,000	136,905
	HUDSON AUTOMOTIVE GROUP	CORPORATE DEBT	05/15/2032	8.00%	315,000	327,453
	HUNTINGTON INGALLS INDUS	CORPORATE DEBT	01/15/2035	5.75%	555,000	554,911
	HYUNDAI AUTO LEASE SECURITIZAT	CORPORATE DEBT	04/17/2028	4.53%	550,000	549,950
	HYUNDAI AUTO LEASE SECURITIZAT	CORPORATE DEBT	01/18/2028	4.83%	280,000	279,979
	HYUNDAI CAPITAL AMERICA	CORPORATE DEBT	06/24/2029	5.30%	735,000	745,263
	IHO VERWALTUNGS GMBH	CORPORATE DEBT	05/15/2029	6.38%	140,000	145,594
	IHO VERWALTUNGS GMBH	CORPORATE DEBT	11/15/2030	7.75%	160,000	159,788
	ILIAD HOLDING SAS	CORPORATE DEBT	10/15/2028	7.00%	160,000	154,653
	ILIAD HOLDING SAS	CORPORATE DEBT	04/15/2032	7.00%	60,000	60,000
	ILLINOIS ST HSG DEV AUTH REVEN SUSTAINABL REV	CORPORATE DEBT	09/01/2054	6.00%	570,000	579,337
	ILLINOIS ST HSG DEV AUTH REVEN SUSTAINABL REV	CORPORATE DEBT	10/01/2054	6.25%	1,610,000	1,679,584
	ILLINOIS ST HSG DEV AUTH REVEN SUSTAINABL REV	CORPORATE DEBT	10/01/2054	6.25%	715,000	730,783

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares			(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares		
IMOLA MERGER CORP	CORPORATE DEBT	05/15/2029	4.75%	255,000	\$ 255,440	\$ 246,200
INDIANA ST HSG & CMNTY DEV SUSTAINABL REV	CORPORATE DEBT	07/01/2054	6.00%	210,000	215,975	217,188
INDIANA ST HSG & CMNTY DEV SUSTAINABL REV	CORPORATE DEBT	07/01/2055	6.00%	185,000	190,805	192,461
INDIANA ST HSG & CMNTY DEV SUSTAINABL REV	CORPORATE DEBT	01/01/2054	6.25%	3,615,000	3,765,565	3,781,218
INDIANA ST HSG & CMNTY DEV SUSTAINABL REV	CORPORATE DEBT	07/01/2054	6.25%	145,000	147,416	151,389
INDIANA ST HSG & CMNTY DEV SUSTAINABL REV	CORPORATE DEBT	07/01/2055	6.25%	445,000	467,473	465,519
INEOS FINANCE PLC	CORPORATE DEBT	05/15/2028	6.75%	65,000	64,330	64,561
INTERCONTINENTALEXCHANGE	CORPORATE DEBT	06/15/2031	5.25%	640,000	655,316	664,314
INTERNET BRANDS	CORPORATE DEBT	11/05/2031	VAR	34,084	33,959	29,625
INTERNET BRANDS	CORPORATE DEBT	11/07/2028	VAR	50,359	50,191	47,002
IOWA ST FIN AUTH SF MTGE REVEN	CORPORATE DEBT	07/01/2054	6.25%	225,000	230,578	235,015
IOWA ST FIN AUTH SF MTGE REVEN MORTGAGE B REV	CORPORATE DEBT	07/01/2055	6.25%	130,000	135,443	137,049
IOWA ST FIN AUTH SF MTGE REVEN MORTGAGE-B REV	CORPORATE DEBT	07/01/2054	6.25%	375,000	398,491	392,531
IOWA ST FIN AUTH SF MTGE REVEN MTGE BACKE REV	CORPORATE DEBT	07/01/2054	6.25%	100,000	103,165	104,220
IOWA ST FIN AUTH SF MTGE REVEN MTGE BACKE REV	CORPORATE DEBT	07/01/2055	6.25%	125,000	131,324	130,804
IQVIA INC	CORPORATE DEBT	06/01/2032	6.25%	205,000	205,000	210,375
IRIS HOLDING INC	CORPORATE DEBT	04/04/2034	VAR	89,311	87,078	86,800
IRON MOUNTAIN INC	CORPORATE DEBT	07/15/2030	5.25%	10,000	10,000	9,863
IRON MOUNTAIN INC	CORPORATE DEBT	03/15/2028	5.25%	70,000	68,899	69,694
IRON MOUNTAIN INC	CORPORATE DEBT	09/15/2029	4.88%	100,000	100,259	98,242
IRON MOUNTAIN INFO MGMT	CORPORATE DEBT	07/15/2032	5.00%	70,000	59,673	67,121
ITT HOLDINGS LLC	CORPORATE DEBT	08/01/2029	6.50%	220,000	207,999	209,209
JANE STREET GRP/JSG FIN	CORPORATE DEBT	11/01/2032	6.13%	255,000	253,875	257,435
JANE STREET GRP/JSG FIN	CORPORATE DEBT	05/01/2033	6.75%	70,000	70,000	71,975
JANE STREET GRP/JSG FIN	CORPORATE DEBT	04/30/2031	7.13%	226,000	228,960	237,788
JELD-WEN INC	CORPORATE DEBT	09/01/2032	7.00%	200,000	199,100	156,590
JELD-WEN INC	CORPORATE DEBT	12/15/2027	4.88%	160,000	147,313	148,333
JH NORTH AMERICA HOLDING	CORPORATE DEBT	01/31/2031	5.88%	65,000	65,000	65,567
JH NORTH AMERICA HOLDING	CORPORATE DEBT	07/31/2032	6.13%	130,000	130,000	132,158
JONES DESLAURIERS INS	CORPORATE DEBT	03/15/2030	8.50%	40,000	42,250	42,397
JONES DESLAURIERS INS	CORPORATE DEBT	12/15/2030	10.50%	150,000	160,013	159,872
JP MORGAN MORTGAGE TRUST	CORPORATE DEBT	06/25/2050	VAR	30,158	30,743	26,289
JPMORGAN CHASE & CO	CORPORATE DEBT	01/24/2036	VAR	360,000	360,000	370,800
JPMORGAN CHASE & CO	CORPORATE DEBT	04/22/2035	VAR	270,000	270,000	283,659
JPMORGAN CHASE & CO	CORPORATE DEBT	07/24/2029	VAR	625,000	625,000	641,694
JPMORGAN CHASE & CO SR UNSEC	CORPORATE DEBT	04/22/2027	VAR	205,000	205,000	200,250
JPMORGAN CHASE & CO SR UNSEC	CORPORATE DEBT	09/22/2027	VAR	1,580,000	1,497,771	1,524,352
KAISER ALUMINUM CORP	CORPORATE DEBT	06/01/2031	4.50%	241,000	215,433	225,458
KAISER ALUMINUM CORP	CORPORATE DEBT	03/01/2028	4.63%	120,000	114,660	117,409
KB HOME	CORPORATE DEBT	07/15/2030	7.25%	90,000	87,663	93,117
KENTUCKY ST HSG CORP SF MTGE	CORPORATE DEBT	07/01/2055	6.50%	230,000	244,205	243,356
KEURIG DR PEPPER INC	CORPORATE DEBT	03/15/2034	5.30%	815,000	827,008	834,193
KILROY REALTY CORP	CORPORATE DEBT	01/15/2036	6.25%	332,000	325,164	330,994
KIMMERIDGE TEXAS GAS LLC	CORPORATE DEBT	02/15/2030	8.50%	240,000	242,869	248,386
KINDER MORGAN ENER PART	CORPORATE DEBT	03/01/2044	5.50%	290,000	283,314	273,313
KINDER MORGAN INC	CORPORATE DEBT	02/01/2029	5.00%	30,000	30,022	30,468
KINDER MORGAN INC	CORPORATE DEBT	03/01/2048	5.20%	75,000	74,819	67,432
KINETIK HOLDINGS LP	CORPORATE DEBT	06/15/2030	5.88%	66,000	64,284	66,560
KINETIK HOLDINGS LP	CORPORATE DEBT	12/15/2028	6.63%	175,000	177,750	178,988
KNIFE RIVER HOLD CO	CORPORATE DEBT	05/01/2031	7.75%	210,000	211,271	221,388
KROGER CO	CORPORATE DEBT	09/15/2054	5.50%	380,000	378,434	360,715
KROGER CO	CORPORATE DEBT	02/01/2047	4.45%	20,000	23,689	16,588
L BRANDS INC	CORPORATE DEBT	10/01/2030	6.63%	220,000	224,973	226,743
L BRANDS INC	CORPORATE DEBT	06/15/2029	7.50%	40,000	41,453	41,035
LADDER CAP FIN LLLP/CORP	CORPORATE DEBT	02/01/2027	4.25%	115,000	111,550	113,380
LADDER CAP FIN LLLP/CORP	CORPORATE DEBT	07/15/2031	7.00%	15,000	15,544	15,685
LADDER CAP FIN LLLP/CORP	CORPORATE DEBT	06/15/2029	4.75%	155,000	148,113	150,922
LAMB WESTON HLD	CORPORATE DEBT	01/31/2030	4.13%	140,000	131,200	133,504
LCM INVESTMENTS HOLDINGS	CORPORATE DEBT	08/01/2031	8.25%	175,000	183,388	186,057
LCM INVESTMENTS HOLDINGS	CORPORATE DEBT	05/01/2029	4.88%	150,000	139,303	145,868
LEEWARD RENEWABL	CORPORATE DEBT	07/01/2029	4.25%	75,000	70,010	70,028
LEVEL 3 FINANCING INC	CORPORATE DEBT	12/15/2030	10.75%	95,000	36,926	107,706
LEVEL 3 FINANCING INC	CORPORATE DEBT	11/15/2029	11.00%	87,028	1	99,829
LEVEL 3 FINANCING INC	CORPORATE DEBT	07/15/2029	3.75%	60,000	34,200	50,475
LEVEL 3 FINANCING INC	CORPORATE DEBT	04/01/2030	4.50%	10,000	6,900	9,050
LEVEL 3 FINANCING INC	CORPORATE DEBT	06/30/2033	6.88%	240,000	240,000	244,205
LEVEL 3 FINANCING INC	CORPORATE DEBT	06/15/2029	4.88%	175,000	79,638	163,406
LGI HOMES INC	CORPORATE DEBT	07/15/2029	4.00%	95,000	85,844	85,004
LGI HOMES INC	CORPORATE DEBT	11/15/2032	7.00%	245,000	245,256	233,179
LIFEPOINT HEALTH INC	CORPORATE DEBT	01/15/2029	5.38%	65,000	54,913	60,583
LIFEPOINT HEALTH INC	CORPORATE DEBT	08/15/2030	9.88%	190,000	195,693	205,525
LIFEPOINT HEALTH INC	CORPORATE DEBT	06/01/2032	10.00%	210,000	210,600	216,651

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

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(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares			(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares		
LIGHTNING POWER LLC	CORPORATE DEBT	08/15/2032	7.25%	373,000	\$ 377,688	\$ 392,564
LIGHTSTONE HOLDCO	CORPORATE DEBT	04/04/2032	VAR	20,125	18,249	20,102
LIGHTSTONE HOLDCO	CORPORATE DEBT	06/18/2031	VAR	355,853	320,724	355,451
LINCOLN FIN GBL FUNDING	CORPORATE DEBT	01/13/2030	5.30%	752,000	751,639	772,718
LINDBLAD EXPEDITIONS HO	CORPORATE DEBT	05/15/2028	9.00%	90,000	92,255	93,953
LINDBLAD EXPEDITIONS LLC	CORPORATE DEBT	02/15/2027	6.75%	65,000	65,003	65,383
LLOYDS BANKING GROUP PLC	CORPORATE DEBT	05/11/2027	VAR	1,845,000	1,755,302	1,799,023
LLOYDS BANKING GROUP PLC	CORPORATE DEBT	06/13/2036	VAR	918,000	918,000	943,796
LOS ANGELES CA DEPT OF WTR & A PWR SYS-SE REV	CORPORATE DEBT	07/01/2053	5.00%	265,000	269,436	268,275
LOUISIANA ST LOCAL GOVT ENVRNM LA ULT RES REV	CORPORATE DEBT	02/01/2033	4.15%	980,000	980,000	969,534
LOWES COS INC	CORPORATE DEBT	04/15/2040	5.00%	185,000	248,645	173,606
LUMEN TECHNOLOGIES INC	CORPORATE DEBT	04/15/2029	4.13%	144,381	116,451	140,230
LUMEN TECHNOLOGIES INC	CORPORATE DEBT	01/15/2029	4.50%	110,000	80,959	99,000
LUMEN TECHNOLOGIES INC	CORPORATE DEBT	10/15/2032	10.00%	40,000	40,100	40,850
MADISON IAQ LLC	CORPORATE DEBT	06/30/2029	5.88%	340,000	306,118	334,482
MANITOWOC COMPANY INC	CORPORATE DEBT	10/01/2031	9.25%	200,000	200,000	210,488
MANUF & TRADERS TRUST CO SUB	CORPORATE DEBT	08/17/2027	3.40%	654,000	640,085	638,350
MARS INC	CORPORATE DEBT	03/01/2035	5.20%	1,140,000	1,138,004	1,153,657
MASSMUTUAL GLOBAL FUNDIN	CORPORATE DEBT	01/10/2030	4.95%	870,000	869,582	888,348
MASTERBRAND INC	CORPORATE DEBT	07/15/2032	7.00%	205,000	209,788	209,356
MATADOR RESOURCES CO	CORPORATE DEBT	04/15/2033	6.25%	50,000	49,250	49,631
MATADOR RESOURCES CO	CORPORATE DEBT	04/15/2032	6.50%	90,000	90,322	90,047
MATCH GROUP INC	CORPORATE DEBT	08/01/2030	4.13%	45,000	37,913	42,084
MATCH GROUP INC	CORPORATE DEBT	06/01/2028	4.63%	60,000	54,525	58,550
MATTAMY GROUP CORP	CORPORATE DEBT	12/15/2027	5.25%	65,000	63,050	64,687
MAUSER PACKAGING SOLUT	CORPORATE DEBT	04/15/2027	7.88%	210,000	211,640	213,442
MAUSER PACKAGING SOLUTIONS	CORPORATE DEBT	04/15/2027	9.25%	400,000	382,293	397,196
MAV ACQUISITION CORP	CORPORATE DEBT	08/01/2028	5.75%	110,000	109,470	110,662
MAV ACQUISITION CORP	CORPORATE DEBT	08/01/2029	8.00%	85,000	82,021	86,547
MAVIS TIRE EXPRESS	CORPORATE DEBT	05/15/2029	6.50%	20,000	19,450	19,644
MCDONALDS CORP	CORPORATE DEBT	09/01/2049	3.63%	30,000	31,362	21,760
MCGRAW-HILL EDUCATION	CORPORATE DEBT	09/01/2031	7.38%	150,000	151,527	156,471
MERCEDES-BENZ AUTO LEASE TRUST	CORPORATE DEBT	04/17/2028	4.57%	330,000	329,999	331,452
MERCEDES-BENZ AUTO LEASE TRUST	CORPORATE DEBT	04/16/2029	4.61%	315,000	314,962	318,575
MERLIN ENTERTAINMENTS GR	CORPORATE DEBT	02/15/2031	7.38%	45,000	44,438	40,212
MET LIFE GLOB FUNDING I	CORPORATE DEBT	12/18/2026	3.45%	470,000	463,618	464,835
MGM RESORTS INTL	CORPORATE DEBT	09/15/2029	6.13%	165,000	165,853	167,830
MGM RESORTS INTL	CORPORATE DEBT	04/15/2032	6.50%	185,000	184,075	188,019
MH SUB I (WEBMD/INDIGO)	CORPORATE DEBT	02/08/2031	VAR	40,000	39,300	34,700
MICROSOFT CORP	CORPORATE DEBT	08/08/2036	3.45%	320,000	319,051	287,392
MIDAMERICAN ENERGY CO SR NTS	CORPORATE DEBT	10/15/2036	5.80%	320,000	244,509	340,957
MIDCONTINENT COMMUNICATI	CORPORATE DEBT	08/15/2032	8.00%	285,000	287,228	301,607
MIDWEST GAMING BORROWER	CORPORATE DEBT	05/01/2029	4.88%	301,000	275,570	289,944
MILL CITY MORTGAGE TRUST	CORPORATE DEBT	05/27/2031	VAR	46,165	46,511	44,054
MINERVA MERGER SUB INC	CORPORATE DEBT	02/15/2030	6.50%	320,000	275,888	314,966
MITER BRANDS ACQUISITION HOLDCO	CORPORATE DEBT	04/01/2032	6.75%	90,000	90,000	92,309
MIWD HLD CO II/MIWD FIN	CORPORATE DEBT	02/01/2030	5.50%	145,000	130,598	137,840
MOJUNA HEALTHCARE INC	CORPORATE DEBT	01/15/2033	6.25%	345,000	343,269	351,176
MONEYGRAM INTERNATIONAL	CORPORATE DEBT	09/15/2034	VAR	469	464	468
MORGAN STANLEY	CORPORATE DEBT	04/18/2030	VAR	290,000	292,633	301,226
MORGAN STANLEY	CORPORATE DEBT	04/19/2035	VAR	115,000	115,000	120,481
MORGAN STANLEY	CORPORATE DEBT	07/19/2035	VAR	150,000	150,000	151,832
MORGAN STANLEY	CORPORATE DEBT	07/20/2029	VAR	60,000	60,000	61,707
MORGAN STANLEY	CORPORATE DEBT	10/20/2032	VAR	755,000	639,505	661,161
MORGAN STANLEY	CORPORATE DEBT	01/24/2029	VAR	3,522,000	3,441,098	3,471,705
MORGAN STANLEY SR UNSEC	CORPORATE DEBT	07/20/2027	VAR	596,000	585,212	578,156
MOTION FINCO SARL	CORPORATE DEBT	02/15/2032	8.38%	45,000	45,000	41,225
MOZART DEBT MERGER SUB	CORPORATE DEBT	10/01/2029	5.25%	425,000	391,658	421,689
N TEXAS ST MUNI WTR DIST WTR S REF REV	CORPORATE DEBT	09/01/2055	5.00%	1,720,000	1,738,215	1,751,424
NATIONAL MENTOR	CORPORATE DEBT	01/15/2031	VAR	124,752	117,744	120,347
NATIONAL MENTOR HOLDINGS	CORPORATE DEBT	02/01/2034	VAR	3,633	3,420	3,505
NATIONSTAR MTG HLD INC	CORPORATE DEBT	08/15/2028	5.50%	115,000	112,319	114,243
NATIONSTAR MTG HLD INC	CORPORATE DEBT	01/15/2027	6.00%	40,000	40,000	40,043
NATIONSTAR MTG HLD INC	CORPORATE DEBT	08/01/2029	6.50%	60,000	60,000	61,287
NATIONSTAR MTG HLD INC	CORPORATE DEBT	02/01/2032	7.13%	105,000	106,781	109,064
NATWEST GROUP PLC	CORPORATE DEBT	11/10/2026	VAR	202,000	202,000	203,995
NATWEST GROUP PLC	CORPORATE DEBT	06/14/2027	VAR	805,000	775,947	783,442
NAVIENT CORP	CORPORATE DEBT	03/15/2027	5.00%	125,000	123,756	124,493
NAVIENT CORP	CORPORATE DEBT	03/15/2029	5.50%	190,000	184,538	186,082
NAVIENT CORP	CORPORATE DEBT	06/15/2032	7.88%	115,000	115,000	119,600
NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	05/15/2069	1.69%	21,506	21,811	20,370
NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	02/15/2068	3.13%	41,851	43,067	41,032
NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/15/2059	3.39%	38,205	40,156	37,357

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)
						Cost
						(e) Current value
	NAVIENT STUDENT LOAN TRUST	CORPORATE DEBT	12/15/2059	3.82%	13,251	\$ 13,914
	NCL CORPORATION LTD	CORPORATE DEBT	02/15/2027	5.88%	190,000	186,196
	NCL CORPORATION LTD	CORPORATE DEBT	03/01/2030	6.25%	85,000	85,638
	NCL CORPORATION LTD	CORPORATE DEBT	02/01/2032	6.75%	185,000	185,000
	NEBRASKA ST INVESTMENT FIN AUT	CORPORATE DEBT	09/01/2049	6.25%	100,000	103,657
	NEBRASKA ST INVESTMENT FIN AUT	CORPORATE DEBT	09/01/2047	6.25%	135,000	137,714
	NEBRASKA ST INVESTMENT FIN AUT	CORPORATE DEBT	09/01/2052	6.25%	260,000	271,989
	NEPTUNE BIDCO US	CORPORATE DEBT	10/01/2041	VAR	44,433	41,100
	NEPTUNE BIDCO US INC	CORPORATE DEBT	04/15/2029	9.29%	250,000	233,322
	NEVADA ST HSG DIV SF MTGE REVE SENIOR-SER REV	CORPORATE DEBT	10/01/2055	6.25%	155,000	163,032
	NEW HAMPSHIRE ST HLTH & ED GRANITE ED REV	CORPORATE DEBT	11/01/2034	5.04%	460,000	460,000
	NEW HAMPSHIRE ST HLTH & ED GRANITE ED REV	CORPORATE DEBT	11/01/2044	5.34%	245,000	245,000
	NEW YORK ST DORM AUTH ST PERSO BID GROUP REV	CORPORATE DEBT	03/15/2051	5.00%	830,000	825,186
	NEWELL BRANDS INC	CORPORATE DEBT	06/01/2028	8.50%	110,000	110,000
	NGL ENERGY PARTNERS LP	CORPORATE DEBT	02/15/2029	8.13%	340,000	345,438
	NISSAN MOTOR ACCEPTANCE	CORPORATE DEBT	09/15/2028	7.05%	40,000	41,850
	NISSAN MOTOR CO	CORPORATE DEBT	09/17/2030	4.81%	135,000	128,226
	NOBLE FINANCE II LLC	CORPORATE DEBT	04/15/2030	8.00%	170,000	174,950
	NORDSTROM INC	CORPORATE DEBT	08/01/2031	4.25%	115,000	102,163
	NORDSTROM INC	CORPORATE DEBT	04/01/2030	4.38%	45,000	40,875
	NORTHRIVER MIDSTREAM FIN	CORPORATE DEBT	07/15/2032	6.75%	80,000	80,972
	NORTHSIDE TX INDEP SCH DIST GO	CORPORATE DEBT	08/15/2055	5.00%	285,000	293,690
	NORTHWESTERN MUTUAL GBL	CORPORATE DEBT	05/28/2031	5.16%	415,000	414,880
	NORTHWESTERN MUTUAL LIFE	CORPORATE DEBT	09/30/2047	3.85%	532,000	432,436
	NORTONLIFELOCK INC	CORPORATE DEBT	09/30/2027	6.75%	95,000	95,135
	NORTONLIFELOCK INC	CORPORATE DEBT	09/30/2030	7.13%	155,000	154,794
	NOVELIS CORP	CORPORATE DEBT	08/15/2031	3.88%	95,000	84,075
	NOVELIS CORP	CORPORATE DEBT	01/30/2030	4.75%	105,000	94,450
	NOVELIS INC	CORPORATE DEBT	01/30/2030	6.88%	215,000	216,541
	NRG ENERGY INC	CORPORATE DEBT	07/15/2029	5.75%	121,000	120,246
	NRG ENERGY INC	CORPORATE DEBT	02/01/2033	6.00%	205,000	205,000
	NRG ENERGY INC	CORPORATE DEBT	12/31/2089	VAR	75,000	75,526
	NYSEG STORM FUNDING LLC	CORPORATE DEBT	05/01/2037	5.16%	740,000	739,848
	OCCU AUTO RECEIVABLES TRUST	CORPORATE DEBT	06/15/2028	6.23%	295,000	295,334
	OKLAHOMA ST DEV FIN AUTH OK NATURAL REV	CORPORATE DEBT	05/01/2037	3.88%	184,178	184,178
	OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	10/01/2029	6.25%	40,000	37,918
	OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	10/01/2028	4.25%	120,000	120,000
	OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	06/15/2031	7.25%	41,000	40,974
	OLYMPUS WTR US HLDG CORP	CORPORATE DEBT	11/15/2028	9.75%	75,000	75,165
	OMEGA HLTHCARE INVESTORS	CORPORATE DEBT	07/01/2030	5.20%	2,171,000	2,151,831
	ONCOR ELECTRIC DELIVERY	CORPORATE DEBT	04/01/2055	5.80%	230,000	229,864
	ONEMAIN FINANCE CORP	CORPORATE DEBT	03/15/2032	6.75%	85,000	87,019
	ONEMAIN FINANCE CORP	CORPORATE DEBT	09/15/2032	7.13%	85,000	85,000
	ONEMAIN FINANCE CORP	CORPORATE DEBT	01/15/2029	9.00%	80,000	80,322
	ONEMAIN FINANCE CORP UNSC	CORPORATE DEBT	05/15/2029	6.63%	205,000	205,000
	OPAL BIDCO SAS	CORPORATE DEBT	03/31/2032	6.50%	220,000	220,000
	OPEN TEXT INC	CORPORATE DEBT	12/01/2031	4.13%	300,000	265,575
	OPEN TEXT INC	CORPORATE DEBT	02/15/2030	4.13%	45,000	38,369
	ORACLE CORP	CORPORATE DEBT	05/15/2035	3.90%	1,135,000	1,062,965
	ORGANON & CO/ORGANON FOR	CORPORATE DEBT	05/15/2034	7.88%	145,000	130,331
	ORLANDO HEALTH OBL GRP	CORPORATE DEBT	10/01/2035	5.48%	495,000	495,000
	OSCAR ACQUISITIONCO LLC	CORPORATE DEBT	04/15/2030	9.50%	160,000	154,763
	OTIS WORLDWIDE CORP	CORPORATE DEBT	02/15/2040	3.11%	80,000	87,514
	PANTHER ESCROW ISSUER	CORPORATE DEBT	06/01/2031	7.13%	125,000	125,000
	PARK INTERMED HOLDINGS	CORPORATE DEBT	10/01/2028	5.88%	330,000	305,208
	PARK INTERMED HOLDINGS	CORPORATE DEBT	02/01/2030	7.00%	115,000	115,000
	PATRICK INDUSTRIES INC	CORPORATE DEBT	11/01/2032	6.38%	260,000	257,350
	PEACHTREE FUND TRUST II	CORPORATE DEBT	05/15/2035	6.01%	202,000	202,000
	PEBBLEBROOK HOTEL/FINANC	CORPORATE DEBT	10/15/2029	6.38%	165,000	165,669
	PECO ENERGY CO	CORPORATE DEBT	10/01/2044	4.15%	280,000	279,040
	PENN ENTERTAINMENT INC	CORPORATE DEBT	07/01/2029	4.13%	286,000	250,803
	PENN NATIONAL GAMING INC	CORPORATE DEBT	01/15/2027	5.63%	40,000	37,738
	PENNYMAC FIN SVCS INC	CORPORATE DEBT	09/15/2031	5.75%	105,000	100,325
	PENNYMAC FIN SVCS INC	CORPORATE DEBT	02/15/2029	4.25%	45,000	42,980
	PENNYMAC FIN SVCS INC	CORPORATE DEBT	02/15/2033	6.88%	165,000	163,743
	PENNYMAC FIN SVCS INC	CORPORATE DEBT	05/15/2032	6.88%	75,000	74,486
	PENNYMAC FIN SVCS INC	CORPORATE DEBT	11/15/2030	7.13%	140,000	142,275
	PERFORMANCE FOOD GROUP I	CORPORATE DEBT	10/15/2027	5.50%	195,000	199,809
	PERFORMANCE FOOD GROUP I	CORPORATE DEBT	09/15/2032	6.13%	120,000	120,000
	PERFORMANCE FOOD GROUP INC	CORPORATE DEBT	08/01/2029	4.25%	45,000	41,080
	PERMIAN RESOURC OPTG LLC	CORPORATE DEBT	02/01/2033	6.25%	55,000	55,000
	PERMIAN RESOURC OPTG LLC	CORPORATE DEBT	01/15/2032	7.00%	175,000	175,738
	PERRIGO FINANCE UNLIMITED USD	CORPORATE DEBT	09/30/2032	6.13%	265,000	264,506

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost
						(e) Current value
	PETSMART INC/PETSMART FI	CORPORATE DEBT	02/15/2029	7.75%	210,000	\$ 203,138
	PFIZER INC UNSC	CORPORATE DEBT	12/15/2036	4.00%	130,000	\$ 129,375
	PFIZER INVESTMENT ENTER	CORPORATE DEBT	05/19/2033	4.75%	1,470,000	1,465,575
	PHILADELPHIA PA AUTH FOR INDL D REF REV	CORPORATE DEBT	04/15/2026	3.96%	115,000	115,000
	PHILIP MORRIS INTL INC	CORPORATE DEBT	02/15/2033	5.38%	870,000	888,169
	PICARD MIDCO INC	CORPORATE DEBT	03/31/2029	6.50%	345,000	328,917
	PNC FINANCIAL	CORPORATE DEBT	01/29/2036	VAR	853,000	853,000
	POST HOLDINGS INC	CORPORATE DEBT	02/15/2032	6.25%	15,000	15,415
	POST HOLDINGS INC	CORPORATE DEBT	10/15/2034	6.25%	115,000	115,653
	POST HOLDINGS INC	CORPORATE DEBT	03/01/2033	6.38%	230,000	229,788
	PRIME SECSRVC BRW/FINANC	CORPORATE DEBT	04/15/2026	5.75%	97,000	100,032
	PRIME SECSRVC BRW/FINANC	CORPORATE DEBT	01/15/2028	6.25%	336,000	332,578
	PROLOGIS LP	CORPORATE DEBT	05/15/2035	5.25%	625,000	618,238
	PROVIDENT FDG/PFG FIN	CORPORATE DEBT	09/15/2029	9.75%	270,000	274,063
	PUBLIC	CORPORATE DEBT	08/15/2030	1.60%	1,362,000	1,242,650
	PUBLIC	CORPORATE DEBT	03/15/2053	5.13%	160,000	159,906
	QUEEN MERGERCO INC	CORPORATE DEBT	04/30/2032	6.75%	390,000	390,256
	QUICKEN LOANS LLC/QUICKN	CORPORATE DEBT	03/01/2031	3.88%	30,000	26,663
	QUIKRETE HOLDINGS INC	CORPORATE DEBT	03/01/2032	6.38%	445,000	445,000
	QUIKRETE HOLDINGS INC	CORPORATE DEBT	03/01/2033	6.75%	181,000	180,762
	RACKSPACE FIN LLC	CORPORATE DEBT	05/15/2028	3.50%	84,425	1
	RAKUTEN GROUP INC	CORPORATE DEBT	02/15/2027	11.25%	85,000	91,759
	RAKUTEN GROUP INC	CORPORATE DEBT	04/15/2029	9.75%	115,000	119,352
	RAVEN ACQUISITION HOLDIN	CORPORATE DEBT	11/15/2031	6.88%	85,000	82,981
	REDWOOD STAR MERGER SUB	CORPORATE DEBT	04/01/2030	8.75%	220,000	215,025
	REGAL REXNORD CORPORATION SR	CORPORATE DEBT	04/15/2033	6.43%	590,000	624,066
	REPUBLIC	CORPORATE DEBT	02/15/2031	1.45%	365,000	329,540
	RESIDEO FUNDING INC	CORPORATE DEBT	09/01/2029	4.00%	85,000	82,455
	RESIDEO FUNDING INC	CORPORATE DEBT	07/15/2032	6.50%	176,000	175,852
	REYNOLDS AMERICAN INC COGT	CORPORATE DEBT	09/15/2043	6.15%	251,000	265,643
	RHP HOTEL PTY/RHP FINAN	CORPORATE DEBT	06/15/2033	6.50%	140,000	140,000
	RHP HOTEL PTY/RHP FINAN	CORPORATE DEBT	02/15/2029	4.50%	50,000	47,152
	RHP HOTEL PTY/RHP FINAN	CORPORATE DEBT	07/15/2028	7.25%	120,000	125,400
	RITCHIE BROS AUCTIONEERS	CORPORATE DEBT	03/15/2031	7.75%	210,000	217,331
	RITHM CAPITAL CORP	CORPORATE DEBT	07/15/2030	8.00%	220,000	180,000
	RLJ LODGING TRUST LP	CORPORATE DEBT	09/15/2029	4.00%	240,000	232,003
	ROCKCLIFF ENERGY II LLC	CORPORATE DEBT	10/15/2029	5.50%	305,000	289,881
	ROCKET COS INC	CORPORATE DEBT	08/01/2030	6.13%	55,000	55,000
	ROCKET COS INC	CORPORATE DEBT	08/01/2033	6.38%	70,000	70,000
	ROCKETMTGE CO-ISSUER INC	CORPORATE DEBT	10/15/2033	4.00%	475,000	415,275
	ROCKIES EXPRESS PIPELINE	CORPORATE DEBT	03/15/2033	6.75%	160,000	160,453
	ROCKIES EXPRESS PIPELINE	CORPORATE DEBT	04/15/2040	6.88%	125,000	119,575
	ROCKIES EXPRESS PIPELINE	CORPORATE DEBT	07/15/2038	7.50%	70,000	71,798
	ROCKIES EXPRESS PIPELINE	CORPORATE DEBT	05/15/2030	4.80%	45,000	41,625
	ROGERS COMMUNICATIONS IN	CORPORATE DEBT	04/15/2055	VAR	70,000	70,000
	ROGERS COMMUNICATIONS IN	CORPORATE DEBT	04/15/2055	VAR	65,000	65,000
	ROYAL BANK OF SCOTLAND GRP PLC	CORPORATE DEBT	05/22/2028	VAR	822,000	805,490
	ROYAL CARIBBEAN CRUISES	CORPORATE DEBT	09/30/2031	5.63%	50,000	50,000
	ROYAL CARIBBEAN CRUISES	CORPORATE DEBT	02/01/2033	6.00%	160,000	160,000
	RYAN SPECIALTY	CORPORATE DEBT	08/01/2032	5.88%	160,000	160,000
	RYMAN HOSPITALITY PROP	CORPORATE DEBT	10/15/2027	4.75%	270,000	267,232
	SANTANDER UK GROUP HOLDINGS	CORPORATE DEBT	06/14/2027	VAR	1,322,000	1,278,660
	SCIENTIFIC GAMES HOLDIN	CORPORATE DEBT	03/01/2030	6.63%	345,000	333,409
	SCIENTIFIC GAMES INTERNA	CORPORATE DEBT	11/15/2029	7.25%	120,000	122,076
	SCIH SALT HOLDINGS INC	CORPORATE DEBT	05/01/2029	6.63%	155,000	150,313
	SEALED AIR CORP	CORPORATE DEBT	07/15/2032	6.50%	216,000	221,155
	SEALED AIR/SEALED AIR US	CORPORATE DEBT	02/15/2031	7.25%	135,000	140,025
	SEAWORLD PARKS & ENTERTA	CORPORATE DEBT	08/15/2029	5.25%	230,000	209,502
	SELECT MEDICAL CORP	CORPORATE DEBT	12/01/2032	6.25%	245,000	243,497
	SENSATA TECHNOLOGIES BV	CORPORATE DEBT	04/15/2029	4.00%	155,000	157,713
	SENSATA TECHNOLOGIES INC	CORPORATE DEBT	07/15/2032	6.63%	345,000	352,052
	SERVICE PROPERTIES TRUST	CORPORATE DEBT	11/15/2031	8.63%	110,000	112,135
	SHEA HOMES LP/SHEA HOMES FDG SR NT	CORPORATE DEBT	02/15/2028	4.75%	125,000	119,121
	SHEA HOMES LP/SHEA HOMES FDG SR NT	CORPORATE DEBT	04/01/2029	4.75%	120,000	110,199
	SHELL FINANCE US INC	CORPORATE DEBT	05/11/2035	4.13%	770,000	744,221
	SHIFT4 PAYMENTS LLC	CORPORATE DEBT	08/15/2032	6.75%	310,000	312,194
	SIEMENS FUNDING BV	CORPORATE DEBT	05/28/2035	5.20%	475,000	473,499
	SIMON PROPERTY GROUP LP	CORPORATE DEBT	09/26/2034	4.75%	350,000	347,582
	SIRIUS XM RADIO INC	CORPORATE DEBT	07/01/2029	5.50%	113,000	106,352
	SIRIUS XM RADIO INC	CORPORATE DEBT	09/01/2031	3.88%	110,000	93,775
	SIRIUS XM RADIO INC	CORPORATE DEBT	07/15/2028	4.00%	40,000	36,463
	SIRIUS XM RADIO INC	CORPORATE DEBT	07/01/2030	4.13%	152,000	156,413
	SIX FLAG ENT CORP/CAN/MAGNUM/MI	CORPORATE DEBT	07/15/2029	5.25%	190,000	181,134

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

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EIN: 52-6152779
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(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares			(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares		
SIX FLAG ENT CORP/CAN/MAGNUM/MI	CORPORATE DEBT	10/01/2028	6.50%	215,000	\$ 214,896	\$ 216,812
SIX FLAGS ENTERTAINMENT	CORPORATE DEBT	05/15/2031	7.25%	245,000	248,058	251,784
SIX FLAGS ENTMT CORP	CORPORATE DEBT	05/01/2032	6.63%	91,000	90,998	93,861
SLM CORP	CORPORATE DEBT	01/31/2030	6.50%	265,000	271,346	278,155
SM ENERGY CO	CORPORATE DEBT	08/01/2029	6.75%	125,000	125,403	124,540
SM ENERGY CO	CORPORATE DEBT	08/01/2032	7.00%	120,000	119,700	118,247
SMB PRIVATE EDUCATION LOAN TRUST	CORPORATE DEBT	01/15/2053	1.59%	1,028,169	929,718	945,956
SMB PRIVATE EDUCATION LOAN TRUST	CORPORATE DEBT	09/15/2054	1.60%	194,187	172,751	182,664
SOCIETE GENERALE	CORPORATE DEBT	04/13/2033	VAR	2,491,000	2,490,128	2,589,370
SOUTHWESTERN PUBLIC	CORPORATE DEBT	06/15/2049	3.75%	235,000	232,037	170,095
SPA HOLDINGS	CORPORATE DEBT	02/04/2028	4.88%	235,000	228,869	223,509
SPACE COAST CREDIT UNION	CORPORATE DEBT	06/15/2029	5.11%	350,000	349,983	351,981
SPACE COAST CREDIT UNION	CORPORATE DEBT	12/15/2027	5.45%	256,740	256,724	257,315
SPCM SA	CORPORATE DEBT	03/15/2027	3.13%	160,000	143,415	155,766
SPCM SA	CORPORATE DEBT	03/15/2030	3.38%	95,000	84,551	87,660
SPRINGLEAF FINANCE CORP	CORPORATE DEBT	11/15/2029	5.38%	60,000	66,332	59,019
SPRINGLEAF FINANCE CORP	CORPORATE DEBT	01/15/2028	6.63%	280,000	284,966	289,150
STANDARD INDUSTR INC/NJ	CORPORATE DEBT	08/15/2032	6.50%	180,000	181,800	184,433
STANDARD INDUSTRIES INC	CORPORATE DEBT	07/15/2030	4.38%	106,000	101,224	100,365
STAR HOLDING LLC	CORPORATE DEBT	08/01/2031	8.75%	285,000	282,150	268,575
STAR PARENT INC	CORPORATE DEBT	10/01/2030	9.00%	25,000	26,000	26,296
STARBUCKS CORP	CORPORATE DEBT	03/12/2050	3.35%	30,000	29,338	20,234
STARBUCKS CORP	CORPORATE DEBT	11/15/2050	3.50%	345,000	282,895	240,188
STARWOOD PROPERTY TRUST	CORPORATE DEBT	07/01/2030	6.50%	291,000	290,613	300,562
STARWOOD PROPERTY TRUST	CORPORATE DEBT	10/15/2030	6.50%	95,000	95,000	98,082
STATE STREET CORP	CORPORATE DEBT	02/28/2036	VAR	500,000	500,000	505,840
STATION CASINOS LLC	CORPORATE DEBT	03/15/2032	6.63%	40,000	39,900	40,900
STATION CASINOS LLC	CORPORATE DEBT	12/01/2031	4.63%	170,000	148,963	159,244
STELLANTIS FIN US INC	CORPORATE DEBT	03/18/2035	6.45%	1,115,000	1,110,858	1,120,441
STELLANTIS FINANCIAL UNDERWIT	CORPORATE DEBT	07/20/2028	4.47%	360,000	359,941	361,422
STELLANTIS FINANCIAL UNDERWIT	CORPORATE DEBT	07/20/2027	4.63%	550,000	549,978	551,320
SURGERY CENTER HOLDINGS	CORPORATE DEBT	04/15/2032	7.25%	160,000	160,233	163,042
SWPECO STORM RECOVERY FU UNSC	CORPORATE DEBT	09/01/2041	4.88%	1,599,000	1,598,212	1,587,183
SYNEOS HEALTH (TL	CORPORATE DEBT	06/13/2036	VAR	252,023	248,494	249,046
TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	03/01/2027	6.00%	35,000	33,252	34,993
TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	09/01/2031	6.00%	45,000	41,506	43,913
TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	12/31/2030	6.00%	50,000	47,207	49,061
TALLGRASS NRG PRTRN/FIN	CORPORATE DEBT	02/15/2029	7.38%	160,000	160,000	164,445
TASEKO MINES LTD	CORPORATE DEBT	05/01/2030	8.25%	40,000	41,175	41,875
TAYLOR MORRISON COMM	CORPORATE DEBT	01/15/2028	5.75%	6,000	5,944	6,090
TEAM HEALTH HOLDINGS INC	CORPORATE DEBT	06/30/2028	13.50%	78,528	83,576	85,203
TENET HEALTHCARE CORP	CORPORATE DEBT	06/15/2030	6.13%	205,000	203,907	208,563
TENET HEALTHCARE CORP	CORPORATE DEBT	05/15/2031	6.75%	340,000	339,932	345,837
TENET HEALTHCARE CORP SR GLBL NT	CORPORATE DEBT	10/01/2028	6.13%	245,000	244,994	245,343
TEREX CORP	CORPORATE DEBT	05/15/2029	5.00%	175,000	170,221	170,819
TEREX CORP	CORPORATE DEBT	10/15/2032	6.25%	241,000	239,747	241,489
TEXAS NATURAL GAS SECURITIZN FINANCE CO REV	CORPORATE DEBT	04/01/2035	5.10%	216,254	216,254	221,181
TEXAS NATURAL GAS SECURITIZN FINANCE CO REV	CORPORATE DEBT	04/01/2041	5.17%	3,494,000	3,549,116	3,529,324
TEXAS ST DEPT OF HSG & CMN	CORPORATE DEBT	01/01/2054	6.00%	1,200,000	1,232,920	1,241,280
TEXAS ST DEPT OF HSG & CMN	CORPORATE DEBT	01/01/2054	6.00%	250,000	256,288	259,165
TEXAS ST DEPT OF HSG & CMN	CORPORATE DEBT	07/01/2055	6.25%	510,000	536,622	533,756
TEXAS ST DEPT OF HSG & CMN	CORPORATE DEBT	09/01/2053	6.25%	890,000	920,166	926,410
TKC HOLDINGS INC	CORPORATE DEBT	05/15/2029	10.50%	80,000	80,258	82,202
TKC HOLDINGS INC	CORPORATE DEBT	05/15/2028	6.88%	85,000	80,113	84,475
T-MOBILE USA INC	CORPORATE DEBT	10/15/2052	3.40%	775,000	619,991	517,685
T-MOBILE USA INC	CORPORATE DEBT	04/15/2030	3.88%	115,000	100,965	111,690
TORONTO-DOMINION BANK	CORPORATE DEBT	03/10/2027	2.80%	345,000	344,313	336,875
TOUCAN FINCO LTD/CAN/US	CORPORATE DEBT	05/15/2030	9.50%	160,000	160,000	163,555
TOWD POINT MORTGAGE TRUST	CORPORATE DEBT	04/15/2026	VAR	88,014	89,468	82,125
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	02/27/2034	1.07%	3,465,000	3,233,885	3,388,942
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	11/25/2036	5.16%	985,000	984,695	1,015,013
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	05/25/2038	4.65%	1,285,000	1,284,620	1,302,141
TOYOTA AUTO LOAN EXTENDED NOTE	CORPORATE DEBT	06/25/2036	4.93%	1,820,000	1,825,760	1,856,490
TOYOTA LEASE OWNER TRUST	CORPORATE DEBT	09/20/2027	4.21%	770,000	769,910	769,661
TOYOTA LEASE OWNER TRUST	CORPORATE DEBT	02/22/2028	4.75%	535,000	534,993	539,526
TOYOTA MOTOR CREDIT CORP	CORPORATE DEBT	06/21/2029	VAR	1,340,000	1,329,052	1,342,345
TOYOTA MOTOR CREDIT CORP UNSC	CORPORATE DEBT	03/21/2031	5.10%	790,000	803,171	811,464
TRANS-CANADA PIPELINES	CORPORATE DEBT	03/01/2034	4.63%	615,000	603,079	589,976
TRANSDIGM INC	CORPORATE DEBT	03/01/2029	6.38%	30,000	29,974	30,778
TRANSDIGM INC	CORPORATE DEBT	03/01/2032	6.63%	145,000	145,000	150,132
TRANSDIGM INC	CORPORATE DEBT	08/15/2028	6.75%	330,000	332,113	336,976
TRANSDIGM INC	CORPORATE DEBT	12/15/2030	6.88%	285,000	285,000	295,713

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)		(e)
						Cost		Current value
	TRANSDIGM INC	CORPORATE DEBT	12/01/2031	7.13%	6,000	\$ 6,177		\$ 6,286
	TRANSDIGM INC	CORPORATE DEBT	01/15/2029	4.63%	345,000	313,421		321,514
	TRANSMONTAIGNE PARTNERS	CORPORATE DEBT	06/15/2030	8.50%	175,000	176,613		182,053
	TRANSOCEAN INC	CORPORATE DEBT	05/15/2029	8.25%	90,000	90,044		83,209
	TRANSOCEAN INC	CORPORATE DEBT	05/15/2031	8.50%	110,000	110,183		98,192
	TRIDENT TPI HOLDINGS INC	CORPORATE DEBT	12/31/2028	12.75%	185,000	188,858		196,244
	TRIVIMUM PACKAGING FIN	CORPORATE DEBT	01/15/2031	12.25%	115,000	115,000		123,272
	TRIVIMUM PACKAGING FIN	CORPORATE DEBT	07/15/2030	8.25%	160,000	162,750		169,198
	TRONOX INC	CORPORATE DEBT	03/15/2029	4.63%	170,000	163,742		146,695
	TRUIST FINANCIAL CORP	CORPORATE DEBT	07/28/2026	VAR	600,000	601,170		599,760
	TSMC GLOBAL LTD	CORPORATE DEBT	09/28/2030	1.38%	315,000	312,111		271,417
	UKG INC	CORPORATE DEBT	02/01/2031	6.88%	396,000	398,930		400,882
	UNION ELECTRIC CO	CORPORATE DEBT	04/01/2034	5.20%	970,000	984,541		985,994
	UNION PACIFIC CORP	CORPORATE DEBT	04/06/2036	2.89%	545,000	465,912		450,590
	UNION PACIFIC CORP	CORPORATE DEBT	02/05/2050	3.25%	125,000	118,064		86,305
	UNITED PARCEL	CORPORATE DEBT	04/01/2040	5.20%	60,000	59,711		58,813
	UNITEDHEALTH GROUP INC	CORPORATE DEBT	06/15/2035	5.30%	479,000	478,382		488,206
	UNITEDHEALTH GROUP INC	CORPORATE DEBT	02/15/2053	5.88%	705,000	735,824		706,354
	UNITEDHEALTH GROUP INC BONDS	CORPORATE DEBT	02/15/2038	6.88%	65,000	73,249		73,891
	UNITI GROUP/CSL CAPITAL	CORPORATE DEBT	02/15/2028	10.50%	233,000	233,000		246,989
	UNITI GROUP/CSL CAPITAL	CORPORATE DEBT	02/15/2029	6.50%	245,000	208,556		216,800
	UNITI GROUP/CSL CAPITAL	CORPORATE DEBT	06/15/2032	8.63%	35,000	35,000		35,355
	US ACUTE CARE SOLUTIONS	CORPORATE DEBT	05/15/2029	9.75%	120,000	119,582		123,773
	US BANCORP	CORPORATE DEBT	02/01/2034	VAR	390,000	373,427		385,094
	US BANCORP	CORPORATE DEBT	01/23/2030	VAR	183,000	183,000		188,420
	US FOODS INC	CORPORATE DEBT	04/15/2033	5.75%	66,000	65,393		65,931
	US FOODS INC	CORPORATE DEBT	09/15/2028	6.88%	75,000	75,132		77,548
	US FOODS INC	CORPORATE DEBT	01/15/2032	7.25%	20,000	20,000		21,061
	US FOODS INC	CORPORATE DEBT	02/15/2029	4.75%	85,000	76,863		83,509
	USA COM PART/USA COM FIN	CORPORATE DEBT	09/01/2027	6.88%	145,000	145,825		145,291
	USA COM PART/USA COM FIN	CORPORATE DEBT	03/15/2029	7.13%	180,000	180,550		184,487
	USI INC/NY	CORPORATE DEBT	01/15/2032	7.50%	120,000	123,063		126,619
	UWM HOLDINGS LLC	CORPORATE DEBT	02/01/2030	6.63%	166,000	166,875		166,171
	VALE OVERSEAS LIMITED	CORPORATE DEBT	06/28/2054	6.40%	500,000	499,420		491,385
	VENTURE GLOBAL LNG INC	CORPORATE DEBT	01/15/2030	7.00%	160,000	160,000		161,746
	VENTURE GLOBAL LNG INC	CORPORATE DEBT	06/01/2028	8.13%	190,000	191,275		196,373
	VENTURE GLOBAL LNG INC	CORPORATE DEBT	06/01/2031	8.38%	40,000	40,000		41,546
	VENTURE GLOBAL LNG INC	CORPORATE DEBT	02/01/2029	9.50%	180,000	180,268		181,088
	VENTURE GLOBAL LNG INC	CORPORATE DEBT	02/01/2032	9.88%	120,000	125,346		129,595
	VENTURE GLOBAL PLAQUE	CORPORATE DEBT	01/15/2034	6.50%	130,000	130,675		131,717
	VENTURE GLOBAL PLAQUE	CORPORATE DEBT	01/15/2036	6.75%	125,000	125,788		127,173
	VENTURE GLOBAL PLAQUE	CORPORATE DEBT	05/01/2033	7.50%	120,000	120,455		128,498
	VENTURE GLOBAL PLAQUE	CORPORATE DEBT	05/01/2035	7.75%	120,000	120,455		129,890
	VERDE PURCHASER LLC	CORPORATE DEBT	11/30/2030	10.50%	360,000	374,241		374,700
	VERIDIAN AUTO RECEIVABLES TRUS	CORPORATE DEBT	03/15/2028	5.56%	259,534	259,487		260,325
	VERIZON COMMUNICATIONS	CORPORATE DEBT	11/20/2040	2.65%	95,000	68,360		67,020
	VERIZON COMMUNICATIONS	CORPORATE DEBT	07/02/2037	5.40%	757,000	887,403		761,565
	VERIZON COMMUNICATIONS	CORPORATE DEBT	03/22/2061	3.70%	90,000	89,090		62,114
	VERIZON COMMUNICATIONS UNSC	CORPORATE DEBT	01/15/2036	4.27%	355,000	324,474		328,169
	VERIZON MASTER TRUST	CORPORATE DEBT	11/20/2029	0.06%	265,000	264,967		270,295
	VERIZON MASTER TRUST	CORPORATE DEBT	08/20/2032	4.35%	810,000	809,774		811,661
	VERSCEND HOLDING CORP (T/L)	CORPORATE DEBT	08/17/2027	VAR	492	490		488
	VIKING CRUISES LTD	CORPORATE DEBT	09/15/2027	5.88%	130,000	120,655		130,073
	VIKING CRUISES LTD	CORPORATE DEBT	02/15/2029	7.00%	131,000	131,127		132,149
	VIKING CRUISES LTD	CORPORATE DEBT	07/15/2031	9.13%	105,000	105,525		113,085
	VIKING OCEAN CRUISES SHI	CORPORATE DEBT	02/15/2029	5.63%	85,000	80,040		84,585
	VIRGINIA ELEC & POWER CO	CORPORATE DEBT	08/15/2043	4.65%	480,000	450,609		420,744
	VISTAJET MALTA/VM HOLDS	CORPORATE DEBT	06/01/2028	9.50%	80,000	77,122		82,223
	VISTAJET MALTA/XO MGMT	CORPORATE DEBT	02/01/2030	6.38%	55,000	55,000		51,561
	VISTRA CORP	CORPORATE DEBT	12/31/2089	VAR	230,000	228,034		232,767
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	07/31/2027	5.00%	115,000	113,850		114,859
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	05/01/2029	4.38%	85,000	84,843		82,842
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	04/15/2032	6.88%	295,000	295,000		308,417
	VISTRA OPERATIONS CO LLC	CORPORATE DEBT	10/15/2031	7.75%	155,000	155,000		164,740
	VM CONSOLIDATED INC	CORPORATE DEBT	04/15/2029	5.50%	366,000	352,144		359,310
	VMED O	CORPORATE DEBT	07/15/2031	4.75%	145,000	130,500		134,129
	WALGREENS BOOTS ALLIANCE	CORPORATE DEBT	06/01/2026	3.45%	80,000	76,500		78,274
	WALGREENS BOOTS ALLIANCE	CORPORATE DEBT	11/18/2034	4.50%	35,000	31,238		34,129
	WALGREENS BOOTS ALLIANCE	CORPORATE DEBT	08/15/2029	8.13%	50,000	50,281		53,029
	WALGREENS BOOTS ALLIANCE	CORPORATE DEBT	11/18/2044	4.80%	50,000	41,131		47,750
	WALKER & DUNLOP INC	CORPORATE DEBT	04/01/2033	6.63%	235,000	235,544		241,164
	WALT DISNEY COMPANY/THE	CORPORATE DEBT	05/13/2040	3.50%	880,000	732,475		722,348

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

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(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares			(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares		
WAND NEWCO	CORPORATE DEBT	01/30/2032	7.63%	340,000	\$ 348,071	\$ 357,316
WARNERMEDIA HOLDINGS INC	CORPORATE DEBT	03/15/2042	5.05%	740,000	631,736	436,156
WARNERMEDIA HOLDINGS INC	CORPORATE DEBT	03/15/2032	4.28%	402,000	359,408	298,988
WAYFAIR LLC	CORPORATE DEBT	10/31/2029	7.25%	90,000	84,713	90,041
WELLS FARGO & COMPANY	CORPORATE DEBT	04/24/2034	VAR	575,000	572,688	588,369
WELLS FARGO & COMPANY	CORPORATE DEBT	06/02/2028	VAR	415,000	389,776	399,815
WELLS FARGO & COMPANY	CORPORATE DEBT	04/23/2029	VAR	805,000	805,000	816,262
WELLS FARGO & COMPANY	CORPORATE DEBT	07/25/2029	VAR	2,910,000	2,968,407	3,004,749
WELLS FARGO & COMPANY	CORPORATE DEBT	03/24/2028	VAR	149,000	149,000	146,932
WELLS FARGO & COMPANY	CORPORATE DEBT	06/02/2028	VAR	1,140,000	1,115,138	1,098,287
WESCO DISTRIBUTION INC	CORPORATE DEBT	03/15/2029	6.38%	130,000	130,000	133,748
WESCO DISTRIBUTION INC	CORPORATE DEBT	03/15/2033	6.38%	220,000	220,619	227,388
WESCO DISTRIBUTION INC	CORPORATE DEBT	03/15/2032	6.63%	136,000	136,114	141,327
WHIRLPOOL CORP	CORPORATE DEBT	06/15/2030	6.13%	65,000	65,050	65,571
WHIRLPOOL CORP	CORPORATE DEBT	06/15/2033	6.50%	60,000	60,056	60,192
WHITE CAP BUYER LLC	CORPORATE DEBT	10/15/2028	6.88%	235,000	226,563	234,626
WILLIAMS SCOTSMAN INC	CORPORATE DEBT	04/15/2030	6.63%	80,000	80,000	83,100
WILLIAMS SCOTSMAN INC	CORPORATE DEBT	06/15/2029	6.63%	115,000	115,000	118,050
WILLIAMS SCOTSMAN INC	CORPORATE DEBT	10/01/2031	7.38%	121,000	121,132	127,365
WINDSOR HOLDINGS III LLC	CORPORATE DEBT	06/15/2030	8.50%	265,000	267,725	273,982
WINDSTREAM ESCROW LLC	CORPORATE DEBT	10/01/2031	8.25%	295,000	304,051	308,951
WISCONSIN ELECTRIC POWER	CORPORATE DEBT	06/15/2028	1.70%	75,000	74,985	70,162
WOODWARD CAPITAL MANAGEMENT	CORPORATE DEBT	07/25/2051	VAR	111,877	106,179	91,167
WOODWARD CAPITAL MANAGEMENT	CORPORATE DEBT	02/25/2052	VAR	133,290	126,063	108,526
WORLD OMNI AUTO RECEIVABLES TR	CORPORATE DEBT	09/16/2030	4.34%	305,000	304,973	307,248
WORLD OMNI AUTO RECEIVABLES TR	CORPORATE DEBT	08/15/2028	4.38%	235,000	234,978	235,236
WORLD OMNI AUTOMOBILE LEASE	CORPORATE DEBT	09/15/2026	5.07%	29,735	29,734	29,749
WR GRACE HOLDING LLC	CORPORATE DEBT	08/15/2029	5.63%	100,000	89,422	90,519
WR GRACE HOLDING LLC	CORPORATE DEBT	06/15/2027	4.88%	100,000	98,622	99,422
WR GRACE HOLDING LLC	CORPORATE DEBT	03/01/2031	7.38%	185,000	186,888	189,444
XHR LP	CORPORATE DEBT	05/15/2030	6.63%	60,000	60,000	61,132
XHR LP	CORPORATE DEBT	06/01/2029	4.88%	115,000	110,105	111,452
XPLR INFRAST OPERATING	CORPORATE DEBT	01/15/2031	8.38%	90,000	90,000	96,129
XPLR INFRAST OPERATING	CORPORATE DEBT	03/15/2033	8.63%	90,000	90,000	96,460
XPO INC	CORPORATE DEBT	02/01/2032	7.13%	376,000	385,742	394,074
XPO INC	CORPORATE DEBT	06/01/2031	7.13%	40,000	40,829	41,815
ZF NA CAPITAL	CORPORATE DEBT	04/23/2032	6.88%	115,000	111,427	106,288
ZF NA CAPITAL	CORPORATE DEBT	04/14/2028	6.88%	130,000	130,835	130,393
ZF NORTH AMER CAP INC	CORPORATE DEBT	04/23/2030	6.75%	145,000	144,738	139,245
Total corporate bonds and notes					286,808,458	288,057,954
<u>Foreign bonds</u>						
MEX BONOS DESARR FIX RT	FOREIGN DEBT	07/31/2053	8.00%	951,000	4,206,365	4,149,432
MEX BONOS DESARR FIX RT	FOREIGN DEBT	11/18/2038	8.50%	114,000	953,641	557,170
MEX BONOS DESARR FIX RT	FOREIGN DEBT	11/07/2047	8.00%	284,000	1,453,568	1,257,064
MEX BONOS DESARR FIX RT	FOREIGN DEBT	11/13/2042	7.75%	398,000	-	1,754,177
PETROLEOS MEXICANOS	FOREIGN DEBT	01/28/2060	6.95%	470,000	308,068	337,737
TORONTO DOMINION BANK	FOREIGN DEBT	12/17/2026	4.57%	1,410,000	1,409,069	1,415,344
UNITED KINGDOM GILT	FOREIGN DEBT	07/31/2051	1.25%	5,760,000	3,722,221	3,455,905
UNITED KINGDOM GILT	FOREIGN DEBT	07/31/2054	4.38%	3,240,000	4,078,892	3,852,314
UNITED KINGDOM GILT	FOREIGN DEBT	07/31/2034	4.25%	5,790,000	7,553,133	7,840,724
Total foreign bonds					23,684,957	24,619,867
<u>Common and preferred stocks</u>						
10X GENOMICS INC-CLASS A	EQUITY	N/A	N/A	45,111	426,254	522,385
ABBOTT LABORATORIES INC	EQUITY	N/A	N/A	11,981	1,418,329	1,629,536
ABERCROMBIE & FITCH CO CL A	EQUITY	N/A	N/A	854	80,193	70,754
ACADEMY SPORTS & OUTDOORS	EQUITY	N/A	N/A	8,872	493,182	397,554
ACADIA HEALTH CARE CO INC	EQUITY	N/A	N/A	2,636	92,685	59,811
ACUITY INC	EQUITY	N/A	N/A	894	193,637	266,716
ACUSHNET HOLDINGS CORP	EQUITY	N/A	N/A	6,832	456,930	497,506
ACV AUCTIONS INC-A	EQUITY	N/A	N/A	85,258	1,549,055	1,382,885
ADDUS HOMECARE CORP	EQUITY	N/A	N/A	13,330	1,323,045	1,535,483
ADIDAS AG	EQUITY	N/A	N/A	7,831	1,919,866	1,822,665
ADMA BIOLOGICS INC	EQUITY	N/A	N/A	21,214	431,862	386,307
ADOBE INC	EQUITY	N/A	N/A	7,300	4,225,586	2,824,224
ADT INC	EQUITY	N/A	N/A	10,238	81,726	86,716
ADVANCED DRAINAGE SYSTEMS IN	EQUITY	N/A	N/A	2,046	253,111	235,004
ADYEN NV	EQUITY	N/A	N/A	258	414,926	473,688
AECOM	EQUITY	N/A	N/A	3,832	311,227	432,480
AEROVIRONMENT INC	EQUITY	N/A	N/A	2,612	366,457	744,289
AES CORP	EQUITY	N/A	N/A	20,561	305,207	216,302
AFFILIATED MANAGERS GROUP INC	EQUITY	N/A	N/A	809	119,347	159,187

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

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(b) Identity of issuer, borrower, lessor or similar party		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d) Cost	(e) Current value
(a)	Description	Maturity date	Rate of interest	Par/Maturity value or shares			
AFFIRM HOLDINGS INC	EQUITY	N/A	N/A	3,150	\$	133,080	\$ 217,791
AGCO CORP	EQUITY	N/A	N/A	1,797		171,728	185,379
AGILENT TECHNOLOGIES (IPO)	EQUITY	N/A	N/A	8,253		1,015,698	973,937
AGILYSYS INC	EQUITY	N/A	N/A	11,288		876,519	1,294,056
AGIOS PHARMACEUTICALS INC	EQUITY	N/A	N/A	5,269		166,542	175,247
AGNC INVT CORP	EQUITY	N/A	N/A	27,441		297,304	252,183
AGREE RLTY CORP REIT	EQUITY	N/A	N/A	13,240		852,556	967,315
AIR LEASE CORP	EQUITY	N/A	N/A	43,818		2,015,429	2,562,915
AIR PRODUCTS & CHEMICALS INC	EQUITY	N/A	N/A	10,712		3,358,906	3,021,427
AIRBNB INC-CLASS A	EQUITY	N/A	N/A	9,712		1,499,081	1,285,286
AIRBUS SE	EQUITY	N/A	N/A	14,992		2,798,806	3,125,832
AKAMAI TECHNOLOGIES	EQUITY	N/A	N/A	4,157		386,331	331,562
AKERO THERAPEUTICS INC	EQUITY	N/A	N/A	12,338		362,737	658,356
ALAPIS HOLDING INDUSTRIAL	EQUITY	N/A	N/A	357		-	357
ALARM.COM HOLDINGS INC	EQUITY	N/A	N/A	20,308		1,120,858	1,148,824
ALASKA AIR GROUP INC	EQUITY	N/A	N/A	2,933		171,238	145,125
ALBEMARLE CORP	EQUITY	N/A	N/A	3,403		384,352	213,266
ALBERTSONS COS INC - CLASS A	EQUITY	N/A	N/A	11,994		248,589	257,991
ALCOA CORP	EQUITY	N/A	N/A	7,483		256,615	220,823
ALCON INC	EQUITY	N/A	N/A	67,923		4,815,475	5,996,242
ALEXANDRIA REAL ESTATE EQUITIES INC	EQUITY	N/A	N/A	4,973		610,332	361,189
ALIGHT INC - CLASS A	EQUITY	N/A	N/A	235,270		1,682,977	1,331,628
ALIGN TECHNOLOGY INC	EQUITY	N/A	N/A	8,063		1,904,666	1,526,568
ALIGNMENT HEALTHCARE INC	EQUITY	N/A	N/A	39,831		335,725	557,634
ALKAMI TECHNOLOGY INC	EQUITY	N/A	N/A	38,508		1,208,255	1,160,631
ALKERMES PLC	EQUITY	N/A	N/A	15,041		414,728	430,323
ALLEGION PLC	EQUITY	N/A	N/A	2,492		314,854	359,147
ALLEGRO MICROSYSTEMS INC	EQUITY	N/A	N/A	27,673		653,117	946,140
ALLIANT ENERGY CORP	EQUITY	N/A	N/A	7,441		443,354	449,957
ALLIANZ SE	EQUITY	N/A	N/A	13,048		3,501,868	5,292,921
ALLISON TRANSMISSION HOLDING	EQUITY	N/A	N/A	10,533		683,944	1,000,530
ALLSTATE CORP	EQUITY	N/A	N/A	7,643		1,397,543	1,538,612
ALLY FINANCIAL INC	EQUITY	N/A	N/A	7,050		225,911	274,598
ALPHA METALLURGICAL RESOURCE	EQUITY	N/A	N/A	1,147		162,877	129,015
ALPHABET INC/CA-CL A	EQUITY	N/A	N/A	42,039		3,637,181	7,408,533
ALPHABET INC/CA-CL C	EQUITY	N/A	N/A	95,737		9,217,760	16,982,787
ALTUS MIDSTREAM CO -A	EQUITY	N/A	N/A	4,350		191,148	191,618
AMAZON COM INC	EQUITY	N/A	N/A	163,118		10,479,934	35,786,458
AMCOR PLC	EQUITY	N/A	N/A	65,942		641,465	606,007
AMDOCS LIMITED	EQUITY	N/A	N/A	3,197		259,436	291,694
AMEDISYS INC	EQUITY	N/A	N/A	934		98,165	91,896
AMENTUM HOLDINGS INC	EQUITY	N/A	N/A	4,611		87,334	108,866
AMENTUM HOLDINGS INC-W/I	EQUITY	N/A	N/A	38,481		741,544	908,536
AMER SPORTS INC	EQUITY	N/A	N/A	4,320		136,589	167,443
AMERANT BANCORP INC	EQUITY	N/A	N/A	76,428		1,610,079	1,393,282
AMEREN CORP	EQUITY	N/A	N/A	7,816		715,150	750,649
AMERICAN AIRLINES GROUP INC	EQUITY	N/A	N/A	17,697		230,609	198,560
AMERICAN EAGLE OUTFITTERS INC	EQUITY	N/A	N/A	30,734		404,995	295,661
AMERICAN FINL GROUP INC OHIO	EQUITY	N/A	N/A	1,915		217,407	241,692
AMERICAN HEALTHCARE REIT INC	EQUITY	N/A	N/A	62,234		952,206	2,286,477
AMERICAN HOMES 4 RENT- A	EQUITY	N/A	N/A	9,906		346,919	357,309
AMERICAN INTERNATIONAL GROUP,INC	EQUITY	N/A	N/A	40,306		3,052,265	3,449,791
AMERICAN SUPERCONDUCTOR CORP	EQUITY	N/A	N/A	8,706		230,483	319,423
AMERICAN VANGUARD CORP	EQUITY	N/A	N/A	31,421		591,169	123,170
AMERICAN WATER WORKS CO INC	EQUITY	N/A	N/A	27,318		3,356,669	3,800,207
AMERICOLD REALTY TRUST INC.	EQUITY	N/A	N/A	8,257		213,704	137,314
AMERIPRISE FINANCIAL INC	EQUITY	N/A	N/A	8,900		2,533,021	4,750,197
AMERIS BANCORP	EQUITY	N/A	N/A	50,826		2,188,902	3,288,442
AMETEK INC NEW	EQUITY	N/A	N/A	6,672		1,058,335	1,207,365
AMGEN INC	EQUITY	N/A	N/A	11,800		2,471,037	3,294,678
AMICUS THERAPEUTICS INC	EQUITY	N/A	N/A	49,070		552,748	281,171
AMKOR TECHNOLOGY INC	EQUITY	N/A	N/A	3,329		89,265	69,876
ANALOG DEVICES INC	EQUITY	N/A	N/A	10,263		2,266,065	2,442,799
ANGLOGOLD ASHANTI PLC	EQUITY	N/A	N/A	12,819		562,677	584,162
ANI PHARMACEUTICALS INC	EQUITY	N/A	N/A	12,052		548,922	786,393
ANNALY CAPITAL MANAGEMENT INC	EQUITY	N/A	N/A	17,317		447,283	325,906
ANSYS INC	EQUITY	N/A	N/A	10,893		3,845,288	3,825,840
ANTERO MIDSTREAM CORP	EQUITY	N/A	N/A	9,686		157,641	183,550
ANTERO RESOURCES CORP	EQUITY	N/A	N/A	40,008		1,104,344	1,611,522
ANTOFAGAST A PLC	EQUITY	N/A	N/A	76,264		965,102	1,958,460
APA CORP	EQUITY	N/A	N/A	10,309		246,040	188,552
API GROUP CORP	EQUITY	N/A	N/A	7,114		270,343	363,170
APOGEE THERAPEUTICS INC	EQUITY	N/A	N/A	8,363		421,883	363,205

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	APPLE INC	EQUITY	N/A	N/A	144,713	\$ 14,672,039	\$	29,690,766
	APPLIED INDL TECHNOLOGIES INC	EQUITY	N/A	N/A	1,103	255,563		256,392
	APPLOVIN CORP-CLASS A	EQUITY	N/A	N/A	3,457	1,155,353		1,210,227
	APTARGROUP INC	EQUITY	N/A	N/A	1,894	266,074		296,278
	APTIV HOLDINGS LTD	EQUITY	N/A	N/A	6,628	554,486		452,162
	ARAMARK	EQUITY	N/A	N/A	7,644	247,091		320,054
	ARCELLX INC	EQUITY	N/A	N/A	5,491	292,949		361,582
	ARCH CAPITAL GROUP LTD	EQUITY	N/A	N/A	10,567	830,965		962,125
	ARCHER DANIELS MIDLAND CO	EQUITY	N/A	N/A	13,843	714,954		730,634
	ARCHROCK INC	EQUITY	N/A	N/A	10,172	263,169		252,571
	ARCOSA INC - W/I	EQUITY	N/A	N/A	12,049	407,598		1,044,769
	ARCUS BIOSCIENCES INC	EQUITY	N/A	N/A	17,644	194,326		143,622
	ARM HOLDINGS PLC ADR	EQUITY	N/A	N/A	8,784	834,976		1,420,724
	ARMSTRONG WORLD INDUSTRIE - WI	EQUITY	N/A	N/A	880	108,819		142,947
	ARRAY DIGITAL INFRASTRUCTURE INC	EQUITY	N/A	N/A	26,755	1,002,755		1,711,517
	ARROW ELECTRONICS INC	EQUITY	N/A	N/A	1,495	149,270		190,508
	ASHLAND INC	EQUITY	N/A	N/A	1,355	83,277		68,129
	ASM INTERNATIONAL NV	EQUITY	N/A	N/A	2,033	1,279,560		1,301,323
	ASML HOLDING NV	EQUITY	N/A	N/A	7,057	1,782,527		5,650,681
	ASML HOLDING NV-NY	EQUITY	N/A	N/A	2,413	1,481,466		1,933,754
	ASPEN INSURANCE HOLDINGS-A	EQUITY	N/A	N/A	23,305	737,555		733,408
	ASSURANT INC	EQUITY	N/A	N/A	1,468	255,472		289,915
	ASSURED GUARANTY LTD	EQUITY	N/A	N/A	14,361	818,170		1,250,843
	AST SPACEMOBILE INC	EQUITY	N/A	N/A	380	18,678		17,757
	ASTRAZENECA PLC	EQUITY	N/A	N/A	38,981	5,079,230		5,386,395
	ASTRAZENECA PLC SPONS ADR	EQUITY	N/A	N/A	35,275	2,428,318		2,465,017
	ATI INC	EQUITY	N/A	N/A	4,051	234,637		349,763
	ATLANTA BRAVES HOLDINGS IN-C	EQUITY	N/A	N/A	46,780	1,232,963		2,187,900
	ATMOS ENERGY CORP	EQUITY	N/A	N/A	31,783	3,503,390		4,898,078
	ATMUS FILTRATION TECHNOLOGIE	EQUITY	N/A	N/A	41,382	996,575		1,507,133
	ATRICURE INC	EQUITY	N/A	N/A	21,825	817,782		715,205
	AURORA INNOVATION INC	EQUITY	N/A	N/A	28,528	147,497		149,487
	AUTONATION INC	EQUITY	N/A	N/A	796	113,647		158,125
	AVALONBAY COMMUNITIES INC REIT	EQUITY	N/A	N/A	4,119	785,516		838,217
	AVANTOR INC	EQUITY	N/A	N/A	19,133	341,453		257,530
	AVERY DENNISON CORP	EQUITY	N/A	N/A	2,253	388,623		395,334
	AVIDITY BIOSCIENCES INC	EQUITY	N/A	N/A	27,372	840,851		777,365
	AVIENT CORPORATION	EQUITY	N/A	N/A	26,597	927,305		859,349
	AVIS BUDGET GROUP INC	EQUITY	N/A	N/A	321	32,897		54,265
	AVNET INC	EQUITY	N/A	N/A	2,485	108,207		131,904
	AXALTA COATING SYSTEMS LTD	EQUITY	N/A	N/A	6,319	206,457		187,611
	AXIS CAPITAL HOLDINGS LTD	EQUITY	N/A	N/A	2,197	180,105		228,093
	AXON ENTERPRISE INC	EQUITY	N/A	N/A	902	521,984		746,802
	AXSOME THERAPEUTICS INC	EQUITY	N/A	N/A	6,112	490,568		638,032
	AZEK CO INC	EQUITY	N/A	N/A	62,331	2,299,901		3,387,690
	AZZ INC	EQUITY	N/A	N/A	6,843	559,624		646,527
	BAE SYSTEMS PLC	EQUITY	N/A	N/A	149,884	2,477,464		3,856,515
	BAKER HUGHES COMPANY	EQUITY	N/A	N/A	28,723	1,077,246		1,101,240
	BALL CORPORATION	EQUITY	N/A	N/A	8,179	482,067		458,760
	BANC OF CALIFORNIA INC	EQUITY	N/A	N/A	65,575	1,042,318		921,329
	BANCO BILBAO VIZCAYA ARGENTA	EQUITY	N/A	N/A	307,487	1,658,072		4,719,925
	BANK CENTRAL ASIA TBK PT	EQUITY	N/A	N/A	2,393,000	767,103		1,278,652
	BANK NEW YORK MELLON CORP COM	EQUITY	N/A	N/A	19,227	1,365,985		1,751,772
	BANK OZK	EQUITY	N/A	N/A	3,091	125,849		145,462
	BANKINTER SA	EQUITY	N/A	N/A	159,251	1,356,039		2,078,499
	BANNER CORPORATION	EQUITY	N/A	N/A	13,655	635,262		875,968
	BAXTER INTERNATIONAL INC	EQUITY	N/A	N/A	14,860	554,592		449,961
	BAYERISCHE MOTORENWERKE AG	EQUITY	N/A	N/A	37,175	2,533,912		3,285,898
	BEIERSDORF AG	EQUITY	N/A	N/A	18,819	2,694,814		2,372,605
	BEL FUSE INC CL B	EQUITY	N/A	N/A	12,484	663,293		1,219,562
	BELLRING BRANDS INC	EQUITY	N/A	N/A	3,676	248,250		212,951
	BELLRING BRANDS INC-W/I	EQUITY	N/A	N/A	10,237	413,654		593,029
	BEST BUY CO INC	EQUITY	N/A	N/A	5,598	379,232		375,794
	BILL HOLDINGS INC	EQUITY	N/A	N/A	2,669	193,767		123,468
	BIO RAD LABORATORIES INC CLASS A	EQUITY	N/A	N/A	561	199,827		135,381
	BIOGEN INC	EQUITY	N/A	N/A	4,231	705,331		531,371
	BIOMARIN PHARMACEUTICAL INC	EQUITY	N/A	N/A	5,503	414,007		302,500
	BIO-TECHNE CORP	EQUITY	N/A	N/A	35,415	3,428,704		1,822,102
	BIRKENSTOCK HOLDING PLC	EQUITY	N/A	N/A	1,081	54,601		53,164
	BJ'S WHOLESALE CLUB HOLDINGS	EQUITY	N/A	N/A	3,225	312,162		347,752
	BKV CORPORATION	EQUITY	N/A	N/A	5,265	104,743		126,992
	BLACKLINE INC	EQUITY	N/A	N/A	19,932	2,253,199		1,128,550

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	BLACKSTONE INC	EQUITY	N/A	N/A	21,000	\$ 2,638,031	\$ 3,141,180
	BLOCK H & R INC	EQUITY	N/A	N/A	3,192	155,729	175,209
	BLOCK INC	EQUITY	N/A	N/A	9,935	613,899	674,885
	BLUE BIRD CORP	EQUITY	N/A	N/A	21,982	900,439	948,743
	BLUE RIDGE BANKSHARES INC	EQUITY	N/A	N/A	92,116	333,195	330,696
	BNP PARIBAS	EQUITY	N/A	N/A	41,408	2,803,263	3,722,637
	BOC HONG KONG HOLDINGS LTD	EQUITY	N/A	N/A	370,000	1,167,573	1,607,269
	BOEING CO	EQUITY	N/A	N/A	23,028	4,420,537	4,825,057
	BOISE CASCADE CO	EQUITY	N/A	N/A	8,964	478,599	778,254
	BOK FINL CORP NEW	EQUITY	N/A	N/A	647	60,587	63,167
	BOOKING HOLDINGS INC	EQUITY	N/A	N/A	417	719,832	2,414,113
	BOOT BARN HOLDINGS INC	EQUITY	N/A	N/A	11,787	1,110,684	1,791,624
	BORG WARNER INC.	EQUITY	N/A	N/A	6,314	221,171	211,393
	BOSTON BEER INC CL A	EQUITY	N/A	N/A	236	58,547	45,031
	BOSTON SCIENTIFIC CORP	EQUITY	N/A	N/A	7,644	672,024	676,468
	BOYD GAMING CORP	EQUITY	N/A	N/A	1,682	110,172	131,583
	BRAZILIAN REAL CURRENCY (BRL)	EQUITY	N/A	N/A	15	3	3
	BRIDGESTONE	EQUITY	N/A	N/A	48,400	1,590,243	1,982,642
	BRIGHT HORIZONS FAMILY SOLUT	EQUITY	N/A	N/A	1,433	169,061	177,104
	BRIGHTHOUSE FINANCIAL INC-WI	EQUITY	N/A	N/A	1,655	85,521	88,989
	BRIGHTSTAR LOTTERY	EQUITY	N/A	N/A	24,135	410,741	381,574
	BRINKER INTERNATIONAL INC	EQUITY	N/A	N/A	3,933	514,439	709,238
	BRITISH POUNDS CURRENCY (GBP)	EQUITY	N/A	N/A	13	18	18
	BRIXMOR PROPERTY GROUP INC	EQUITY	N/A	N/A	8,817	207,830	229,595
	BROADCOM INC	EQUITY	N/A	N/A	71,615	11,010,238	19,740,675
	BROADRIDGE FINANCIAL SOL W/I	EQUITY	N/A	N/A	309	65,218	75,096
	BROOKDALE SENIOR LIVING INC	EQUITY	N/A	N/A	150,464	902,112	1,047,229
	BROOKFIELD RENEWABLE CORP CL A	EQUITY	N/A	N/A	3,899	125,161	127,809
	BROWN & BROWN INC	EQUITY	N/A	N/A	7,137	725,222	791,279
	BROWN FORMAN CORP CL A	EQUITY	N/A	N/A	1,254	49,422	34,447
	BROWN FORMAN CORP CLASS B	EQUITY	N/A	N/A	4,277	170,946	115,094
	BRUKER CORP	EQUITY	N/A	N/A	2,992	135,332	123,270
	BRUNSWICK CORP	EQUITY	N/A	N/A	1,890	112,470	104,404
	BUILDERS FIRSTSOURCE INC	EQUITY	N/A	N/A	3,233	322,076	377,259
	BUNGE GLOBAL SA	EQUITY	N/A	N/A	3,846	274,464	308,757
	BUNZL PLC	EQUITY	N/A	N/A	45,360	1,486,523	1,444,506
	BWX TECHNOLOGIES INC	EQUITY	N/A	N/A	2,172	193,911	312,898
	BXP INC REIT	EQUITY	N/A	N/A	4,587	365,894	309,485
	C.H.ROBINSON WORLDWIDE INC	EQUITY	N/A	N/A	3,396	330,592	325,846
	C3.AI INC-A	EQUITY	N/A	N/A	5,063	216,542	124,398
	CABOT CORP	EQUITY	N/A	N/A	27,712	1,522,336	2,078,400
	CACI INTL INC CL A	EQUITY	N/A	N/A	629	208,379	299,844
	CACTUS INC-CLASS A	EQUITY	N/A	N/A	16,376	644,668	715,959
	CADENCE BANK	EQUITY	N/A	N/A	91,504	2,510,651	2,926,298
	CADENCE DESIGN SYSTEMS INC	EQUITY	N/A	N/A	17,159	4,221,842	5,287,546
	CAESARS ENTMT INC	EQUITY	N/A	N/A	5,977	235,865	169,687
	CALIFORNIA BANCORP	EQUITY	N/A	N/A	26,485	400,169	417,404
	CALIFORNIA RESOURCES CORP	EQUITY	N/A	N/A	19,123	865,669	873,347
	CAMDEN PROPERTY REIT	EQUITY	N/A	N/A	3,113	361,703	350,804
	CAPITAL CITY BK GROUP INC	EQUITY	N/A	N/A	11,868	421,101	467,006
	CAPITAL ONE FINANCIAL CORP	EQUITY	N/A	N/A	25,900	4,363,759	5,510,484
	CARDINAL HEALTH INC	EQUITY	N/A	N/A	3,479	403,571	584,472
	CARETRUST REIT INC-W/I	EQUITY	N/A	N/A	35,507	718,156	1,086,514
	CARGURUS INC	EQUITY	N/A	N/A	117,256	3,013,046	3,924,558
	CARLISLE COMPANIES INC	EQUITY	N/A	N/A	1,094	334,260	408,500
	CARLYLE GROUP INC	EQUITY	N/A	N/A	7,574	330,871	389,304
	CARMAX INC	EQUITY	N/A	N/A	4,415	351,721	296,732
	CARNIVAL CORP	EQUITY	N/A	N/A	21,648	466,495	608,742
	CARPENTER TECHNOLOGY CORP	EQUITY	N/A	N/A	1,147	316,345	317,008
	CARVANA CO	EQUITY	N/A	N/A	21,061	2,434,823	7,096,715
	CASELLA WASTE SYS INC	EQUITY	N/A	N/A	13,791	1,282,899	1,591,206
	CASEYS GENERAL STORES INC	EQUITY	N/A	N/A	911	302,279	464,856
	CASTLE BIOSCIENCES INC	EQUITY	N/A	N/A	10,530	325,962	215,023
	CAVA GROUP INC	EQUITY	N/A	N/A	6,921	734,879	582,956
	CBOE GLOBAL MARKETS INC	EQUITY	N/A	N/A	3,034	536,879	707,559
	CBRE GROUP INC	EQUITY	N/A	N/A	7,666	858,906	1,074,160
	CCC INTELLIGENT SOLUTIONS HO	EQUITY	N/A	N/A	149,669	1,468,398	1,408,385
	CDW CORP/DE	EQUITY	N/A	N/A	3,535	640,854	631,316
	CECO ENVIRONMENTAL CORP	EQUITY	N/A	N/A	28,119	485,473	796,049
	CELANESE CORP	EQUITY	N/A	N/A	3,232	213,001	178,827
	CELLEX THERAPEUTICS INC	EQUITY	N/A	N/A	14,032	483,091	285,551
	CENTENE CORP	EQUITY	N/A	N/A	14,368	899,767	779,895
	CENTERPOINT ENERGY INC	EQUITY	N/A	N/A	18,872	597,505	693,357

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	CENTRUS ENERGY CORP-CLASS A	EQUITY	N/A	N/A	1,336	\$ 105,246	\$ 244,728
	CENTURY ALUM CO	EQUITY	N/A	N/A	10,167	236,009	183,209
	CENTURY COMMUNITIES INC	EQUITY	N/A	N/A	13,008	842,700	732,611
	CERTARA INC	EQUITY	N/A	N/A	3,529	50,256	41,289
	CF INDUSTRIES HOLDINGS INC	EQUITY	N/A	N/A	4,797	354,829	441,324
	CG ONCOLOGY INC	EQUITY	N/A	N/A	9,536	325,090	247,936
	CHAMPION HOMES INC	EQUITY	N/A	N/A	27,522	1,405,324	1,723,152
	CHARLES RIV LABORATORIES INTL INC	EQUITY	N/A	N/A	9,131	2,405,960	1,385,446
	CHART INDUSTRIES INC	EQUITY	N/A	N/A	7,782	1,273,372	1,281,306
	CHARTER COMMUNICATIONS INC-A	EQUITY	N/A	N/A	2,626	926,528	1,073,535
	CHECK POINT SOFTWARE TECH	EQUITY	N/A	N/A	6,062	1,270,899	1,341,218
	CHEESECAKE FACTORY INC	EQUITY	N/A	N/A	16,212	831,139	1,015,844
	CHEFS WAREHOUSE HOLDINGS INC	EQUITY	N/A	N/A	27,047	1,030,638	1,725,869
	CHEMED CORP	EQUITY	N/A	N/A	379	220,065	184,546
	CHENIERE ENERGY INC COM NEW	EQUITY	N/A	N/A	3,513	752,532	855,486
	CHESAPEAKE UTILITIES CORP	EQUITY	N/A	N/A	7,096	890,738	853,081
	CHIPOTLE MEXICAN GRIL CL A	EQUITY	N/A	N/A	32,460	703,888	1,822,629
	CHOCOLADEFABRIKEN LINDT-PC	EQUITY	N/A	N/A	183	1,233,990	3,069,158
	CHOICE HOTELS INTL INC	EQUITY	N/A	N/A	544	69,352	69,023
	CHORD ENERGY CORP	EQUITY	N/A	N/A	10,556	1,088,967	1,022,348
	CHUBB LTD	EQUITY	N/A	N/A	7,325	1,425,156	2,122,199
	CHURCH & DWIGHT INC	EQUITY	N/A	N/A	7,133	743,516	685,553
	CHURCHILL DOWNS INC	EQUITY	N/A	N/A	9,735	444,029	983,235
	CIE FINANCIERE RICHEMONT SA	EQUITY	N/A	N/A	24,208	3,089,756	4,578,943
	CIENA CORP	EQUITY	N/A	N/A	4,085	250,857	332,233
	CINCINNATI FINANCIAL CORP	EQUITY	N/A	N/A	4,461	562,168	664,332
	CINEMARK HOLDINGS INC	EQUITY	N/A	N/A	50,794	829,274	1,532,963
	CINTAS CORP	EQUITY	N/A	N/A	2,714	268,370	604,869
	CIRRUS LOGIC INC	EQUITY	N/A	N/A	1,538	147,634	160,344
	CITIZENS FINANCIAL GROUP	EQUITY	N/A	N/A	12,598	518,540	563,761
	CIVITAS RESOURCES INC	EQUITY	N/A	N/A	2,660	117,150	73,203
	CLARIVATE PLC	EQUITY	N/A	N/A	10,253	109,891	44,088
	CLEAN HARBORS INC	EQUITY	N/A	N/A	4,434	426,107	1,025,052
	CLEAR SECURE INC -CLASS A	EQUITY	N/A	N/A	68,024	1,980,798	1,888,346
	CLEARWATER ANALYTICS HDS-A	EQUITY	N/A	N/A	75,211	1,689,447	1,649,377
	CLEARWAY ENERGY INC CLASS A	EQUITY	N/A	N/A	1,003	28,353	30,351
	CLEARWAY ENERGY INC CLASS C	EQUITY	N/A	N/A	2,356	70,194	75,392
	CLEVELAND-CLIFFS INC	EQUITY	N/A	N/A	14,092	157,794	107,099
	CLOROX CO	EQUITY	N/A	N/A	3,569	425,210	428,530
	CMS ENERGY CORP	EQUITY	N/A	N/A	8,616	589,807	596,916
	CNA FINANCIAL CORP	EQUITY	N/A	N/A	606	27,623	28,197
	CNH INDUSTRIAL NV	EQUITY	N/A	N/A	25,420	329,387	329,443
	CNX RESOURCES CORP	EQUITY	N/A	N/A	10,040	333,677	338,147
	COCA COLA CO	EQUITY	N/A	N/A	47,000	2,534,892	3,325,250
	COCA COLA CONSOLIDATED INC	EQUITY	N/A	N/A	1,294	157,833	144,475
	COEUR MINING INC	EQUITY	N/A	N/A	37,601	126,544	333,145
	COGNEX CORP	EQUITY	N/A	N/A	32,176	1,315,923	1,020,623
	COGNIZANT TECHNOLOGY SOLUTIONS	EQUITY	N/A	N/A	14,299	1,046,223	1,115,751
	COHERENT CORP	EQUITY	N/A	N/A	4,443	312,510	396,360
	COINBASE GLOBAL INC -CLASS A	EQUITY	N/A	N/A	5,391	1,719,150	1,889,492
	COLGATE-PALMOLIVE CO	EQUITY	N/A	N/A	9,111	771,275	828,190
	COLLEGIUM PHARMACEUTICAL INC	EQUITY	N/A	N/A	20,346	585,228	601,631
	COLLIERS INTERNATIONAL GROUP	EQUITY	N/A	N/A	7,029	670,143	917,566
	COLUMBIA BKG SYS INC	EQUITY	N/A	N/A	6,052	157,329	141,496
	COLUMBIA SPORTSWEAR CO	EQUITY	N/A	N/A	753	61,188	45,993
	COMERICA INC	EQUITY	N/A	N/A	3,780	222,219	225,477
	COMMERCE BANCSHARES INC	EQUITY	N/A	N/A	30,240	1,777,384	1,880,021
	COMMERCIAL METALS CO	EQUITY	N/A	N/A	10,213	384,653	499,518
	COMPAG NIE DE SAINT GOBAIN	EQUITY	N/A	N/A	9,364	1,014,153	1,099,065
	COMSTOCK RESOURCES INC	EQUITY	N/A	N/A	18,345	179,300	507,606
	CONAGRA BRANDS INC	EQUITY	N/A	N/A	13,784	401,728	282,158
	CONCENTRA GROUP HOLDINGS PAR	EQUITY	N/A	N/A	49,489	1,068,794	1,017,989
	CONCENTRIX CORP - WI	EQUITY	N/A	N/A	18,333	1,273,313	968,991
	CONFLUENT INC-CLASS A	EQUITY	N/A	N/A	6,063	266,014	151,151
	CONSOLIDATED EDISON INC	EQUITY	N/A	N/A	10,440	1,006,107	1,047,654
	CONSTELLATION BRANDS INC CL A	EQUITY	N/A	N/A	13,484	2,793,195	2,193,577
	CONSTELLATION ENERGY - W/I	EQUITY	N/A	N/A	15,746	3,482,855	5,082,179
	CONSTELLIUM SE	EQUITY	N/A	N/A	9,656	185,819	128,425
	COOPER COS INC/THE	EQUITY	N/A	N/A	5,769	483,604	410,522
	CORE & MAIN INC-CLASS A	EQUITY	N/A	N/A	2,306	108,356	139,167
	CORE NATURAL RESOURCES INC	EQUITY	N/A	N/A	3,833	329,090	267,313
	CORE SCIENTIFIC INC	EQUITY	N/A	N/A	45,600	612,720	778,392
	COREBRIDGE FINANCIAL INC	EQUITY	N/A	N/A	6,955	203,970	246,903

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	CORNING INC	EQUITY	N/A	N/A	22,613	\$ 994,454	\$ 1,189,218
	CORTEVA INC	EQUITY	N/A	N/A	19,814	1,082,717	1,476,737
	CORTEVA INC-W/I	EQUITY	N/A	N/A	76,300	3,262,261	5,686,639
	COSTAR GROUP INC	EQUITY	N/A	N/A	43,602	3,276,378	3,505,600
	COSTCO WHOLESALE CORP	EQUITY	N/A	N/A	5,532	1,242,647	5,476,348
	COTERRA ENERGY INC	EQUITY	N/A	N/A	133,260	3,069,563	3,382,139
	COTY INC-CL A	EQUITY	N/A	N/A	9,999	64,167	46,495
	COUSINS PROPERTIES INC	EQUITY	N/A	N/A	4,833	149,989	145,135
	CRANE CO	EQUITY	N/A	N/A	1,425	171,208	270,593
	CRANE NXT CO.	EQUITY	N/A	N/A	13,541	611,482	729,860
	CREDIT ACCEPTANCE CORPORATION	EQUITY	N/A	N/A	177	86,620	90,169
	CREDO TECHNOLOGY GROUP HOLDI	EQUITY	N/A	N/A	14,137	316,676	1,308,945
	CRINETICS PHARMACEUTICALS IN	EQUITY	N/A	N/A	14,021	368,206	403,244
	CROCS INC	EQUITY	N/A	N/A	9,167	773,563	928,434
	CROWDSTRIKE HOLDINGS INC - A	EQUITY	N/A	N/A	10,293	2,409,983	5,242,327
	CROWN CASTLE INC	EQUITY	N/A	N/A	12,566	1,255,018	1,290,905
	CROWN HOLDINGS INC	EQUITY	N/A	N/A	3,352	294,181	345,189
	CSW INDUSTRIALS INC	EQUITY	N/A	N/A	2,320	906,762	665,446
	CUBESMART	EQUITY	N/A	N/A	6,556	260,987	278,630
	CULLEN FROST BANKERS INC	EQUITY	N/A	N/A	20,522	2,499,938	2,637,898
	CUMMINS INC	EQUITY	N/A	N/A	3,986	1,060,138	1,305,415
	CURLINE PROPERTIES CORP	EQUITY	N/A	N/A	50,949	1,195,856	1,163,166
	CURTISS WRIGHT CORP	EQUITY	N/A	N/A	1,089	288,300	532,031
	CYTOKINETICS INC NEW	EQUITY	N/A	N/A	12,731	442,531	420,632
	D R HORTON INC	EQUITY	N/A	N/A	7,946	939,155	1,024,398
	DAIICHI SANKYO CO LTD	EQUITY	N/A	N/A	64,600	1,571,602	1,421,200
	DAIKIN INDUSTRIES LTD	EQUITY	N/A	N/A	14,400	2,141,436	1,696,032
	DANAHER CORP	EQUITY	N/A	N/A	20,842	4,843,101	4,117,129
	DARDEN RESTAURANTS INC W I	EQUITY	N/A	N/A	170	31,541	37,055
	DARLING INGREDIENTS INC	EQUITY	N/A	N/A	4,022	171,624	152,595
	DATADOG INC - CLASS A	EQUITY	N/A	N/A	13,755	1,625,714	1,847,709
	DAVE INC	EQUITY	N/A	N/A	2,407	565,851	646,063
	DAYFORCE INC.	EQUITY	N/A	N/A	4,015	282,863	222,391
	DBS GROUP HOLDINGS LTD	EQUITY	N/A	N/A	71,300	1,946,945	2,550,401
	DELTA AIR LINES INC	EQUITY	N/A	N/A	18,889	880,204	928,961
	DENALI THERAPEUTICS INC	EQUITY	N/A	N/A	16,153	410,008	225,980
	DENTSPLY SIRONA INC	EQUITY	N/A	N/A	5,767	165,984	91,580
	DESCARTES SYS GROUP INC	EQUITY	N/A	N/A	10,463	839,220	1,063,512
	DEVON ENERGY CORP NEW	EQUITY	N/A	N/A	18,010	638,216	572,898
	DEXCOM INC	EQUITY	N/A	N/A	25,189	1,896,650	2,198,748
	DIAGEO PLC	EQUITY	N/A	N/A	77,740	2,193,051	1,992,010
	DIAMOND BACK ENERGY INC	EQUITY	N/A	N/A	5,523	779,381	758,860
	DICK'S SPORTING GOODS, INC.	EQUITY	N/A	N/A	1,568	233,218	310,166
	DIGITAL RLTY TR INC	EQUITY	N/A	N/A	9,769	1,329,273	1,703,030
	DIGITALOCEAN HOLDINGS INC	EQUITY	N/A	N/A	70,156	2,442,189	2,003,655
	DILLARDS INC	EQUITY	N/A	N/A	85	33,604	35,516
	DIODES INC	EQUITY	N/A	N/A	2,323	123,026	122,863
	DISC MEDICINE INC	EQUITY	N/A	N/A	7,304	358,648	386,820
	DISNEY WALT CO	EQUITY	N/A	N/A	43,945	4,901,927	5,449,619
	DNB ASA	EQUITY	N/A	N/A	64,722	330,432	1,411,263
	DNB BANK ASA	EQUITY	N/A	N/A	61,676	1,205,323	1,739,880
	DOCUSIGN INC	EQUITY	N/A	N/A	1,422	108,789	110,760
	DOLBY LABORATORIES INC CLASS A	EQUITY	N/A	N/A	1,751	148,402	130,029
	DOLLAR GENERAL CORP	EQUITY	N/A	N/A	6,362	645,932	727,686
	DOLLAR TREE INC	EQUITY	N/A	N/A	5,883	506,168	582,652
	DOMINO'S PIZZA, INC.	EQUITY	N/A	N/A	641	307,744	288,835
	DONALDSON INC	EQUITY	N/A	N/A	3,449	229,341	239,188
	DONNELLEY FINANCIAL SOLU-W/I	EQUITY	N/A	N/A	11,677	576,194	719,887
	DOORDASH INC - A	EQUITY	N/A	N/A	4,995	756,982	1,231,317
	DORMAN PRODUCTS INC	EQUITY	N/A	N/A	6,102	811,310	748,532
	DOUBLEVERIFY HOLDINGS INC	EQUITY	N/A	N/A	58,215	1,656,329	871,479
	DOVER CORP	EQUITY	N/A	N/A	3,927	576,296	719,544
	DOW INC	EQUITY	N/A	N/A	20,514	856,958	543,211
	DROPBOX INC-CLASS A	EQUITY	N/A	N/A	4,309	109,920	123,237
	DT MIDSTREAM INC	EQUITY	N/A	N/A	2,938	234,767	322,916
	DTE ENERGY CO	EQUITY	N/A	N/A	6,001	753,018	794,892
	DUN & BRADSTREET HOLDINGS	EQUITY	N/A	N/A	8,911	110,756	81,001
	DUPONT DE NEMOURS INC-WI	EQUITY	N/A	N/A	12,123	857,173	831,517
	DUTCH BROS INC-CLASS A	EQUITY	N/A	N/A	15,563	688,261	1,064,042
	DXC TECHNOLOGY CO	EQUITY	N/A	N/A	5,196	103,780	79,447
	DXP ENTERPRISES INC	EQUITY	N/A	N/A	16,064	1,319,224	1,408,010
	EAGLE MATERIALS INC	EQUITY	N/A	N/A	897	180,870	181,293
	EAST WEST BANCORP INC	EQUITY	N/A	N/A	3,958	310,300	399,679

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	EASTERN BANKSHARES INC	EQUITY	N/A	N/A	71,256	\$ 1,141,390	\$	1,088,079
	EASTGROUP PPTYS INC REIT	EQUITY	N/A	N/A	1,510	259,406		252,351
	EASTMAN CHEM CO	EQUITY	N/A	N/A	3,324	275,394		248,170
	EBAY INC	EQUITY	N/A	N/A	13,340	783,828		993,296
	ECOLAB INC	EQUITY	N/A	N/A	13,900	3,003,386		3,745,216
	ECOVYST INC	EQUITY	N/A	N/A	61,403	642,202		505,347
	EDISON INTL	EQUITY	N/A	N/A	11,039	606,902		569,612
	EDWARDS LIFESCIENCES CORP	EQUITY	N/A	N/A	30,982	2,337,573		2,423,102
	ELANCO ANIMAL HEALTH INC	EQUITY	N/A	N/A	14,252	238,289		203,519
	ELECTRONIC ART	EQUITY	N/A	N/A	7,554	1,060,035		1,206,374
	ELEMENT SOLUTIONS INC	EQUITY	N/A	N/A	35,637	517,431		807,178
	ELEVANCE HEALTH INC	EQUITY	N/A	N/A	1,180	618,749		458,973
	ELF BEAUTY INC	EQUITY	N/A	N/A	3,498	409,610		435,291
	ELI LILLY & CO	EQUITY	N/A	N/A	18,473	5,130,949		14,400,258
	EMBECTA CORP-W/I	EQUITY	N/A	N/A	14,054	179,729		136,183
	EMCOR GROUP INC	EQUITY	N/A	N/A	838	280,379		448,238
	EMPLOYERS HOLDINGS INC	EQUITY	N/A	N/A	2,358	-		-
	ENCOMPASS HEALTH CORP	EQUITY	N/A	N/A	2,885	242,311		353,788
	ENSIGN GROUP INC	EQUITY	N/A	N/A	22,108	2,369,319		3,410,380
	ENTEGRIS, INC	EQUITY	N/A	N/A	19,473	1,929,178		1,570,497
	ENTERGY CORP NEW	EQUITY	N/A	N/A	12,481	906,671		1,037,421
	ENTERPRISE FINANCIAL SERVICE	EQUITY	N/A	N/A	22,110	1,035,330		1,218,261
	ENVISTA HOLDINGS CORP	EQUITY	N/A	N/A	30,247	581,268		591,026
	EPAM SYSTEMS INC	EQUITY	N/A	N/A	1,586	288,897		280,437
	EPR PROPERTIES	EQUITY	N/A	N/A	2,161	114,965		125,900
	EQT CORPORATION	EQUITY	N/A	N/A	17,266	785,286		1,006,953
	EQUIFAX INC	EQUITY	N/A	N/A	2,963	707,319		768,513
	EQUITY LIFESTYLE PROPERTIES REIT	EQUITY	N/A	N/A	39,790	2,947,365		2,453,849
	EQUITY RESIDENTIAL SH BEN INT REIT	EQUITY	N/A	N/A	10,969	755,432		740,298
	ERSTE GROUP BANK AG	EQUITY	N/A	N/A	48,311	1,503,203		4,093,874
	ESAB CORP	EQUITY	N/A	N/A	1,648	162,583		198,666
	ESSENT GROUP LTD	EQUITY	N/A	N/A	18,671	1,078,717		1,133,890
	ESSENTIAL PROPERTIES REALTY	EQUITY	N/A	N/A	50,165	1,071,618		1,600,765
	ESSENTIAL UTILITIES INC	EQUITY	N/A	N/A	7,983	326,721		296,489
	ESSEX PPTY TR INC REIT	EQUITY	N/A	N/A	1,846	530,684		523,156
	ESSILOR LUXOTTICA	EQUITY	N/A	N/A	10,251	983,664		2,810,107
	ETSY INC	EQUITY	N/A	N/A	1,274	78,037		63,904
	EURO CURRENCY (EUR)	EQUITY	N/A	N/A	98	114		115
	EURONET WORLDWIDE INC	EQUITY	N/A	N/A	1,175	129,645		119,122
	EVERCORE INC CL A	EQUITY	N/A	N/A	1,068	179,435		288,381
	EVEREST GROUP LTD	EQUITY	N/A	N/A	1,045	313,445		355,143
	EVERGY INC	EQUITY	N/A	N/A	6,666	419,898		459,487
	EVERSOURCE ENERGY	EQUITY	N/A	N/A	10,641	727,558		676,980
	EVERUS CONSTRUCTION GROU	EQUITY	N/A	N/A	1,473	55,702		93,580
	EXACT SCIENCES CORP	EQUITY	N/A	N/A	5,097	256,770		270,855
	EXCELERATE ENERGY INC-A	EQUITY	N/A	N/A	12,230	344,812		358,584
	EXELIXIS INC	EQUITY	N/A	N/A	1,493	48,086		65,804
	EXELON CORPORATION	EQUITY	N/A	N/A	29,275	1,187,277		1,271,121
	EXPAND ENERGY CORP	EQUITY	N/A	N/A	6,364	639,992		744,206
	EXPEDITORS INTERNATIONAL WASHINGTON INC	EQUITY	N/A	N/A	3,970	439,597		453,573
	EXPONENT INC	EQUITY	N/A	N/A	12,163	1,215,293		908,698
	EXTRA SPACE STORAGE INC	EQUITY	N/A	N/A	6,101	851,990		899,531
	F.N.B. CORP PA	EQUITY	N/A	N/A	10,280	130,626		149,882
	F5 INC	EQUITY	N/A	N/A	1,668	396,295		490,926
	FABRINET	EQUITY	N/A	N/A	4,175	699,520		1,230,289
	FACTSET RESH SYS INC	EQUITY	N/A	N/A	1,028	445,478		459,804
	FAIR ISAAC CORPORATION	EQUITY	N/A	N/A	121	210,154		221,183
	FAST RETAILING CO LTD	EQUITY	N/A	N/A	6,600	2,186,512		2,269,588
	FASTENAL CO	EQUITY	N/A	N/A	5,941	213,635		249,522
	FEDERAL AGRIC MTG CORP CL C	EQUITY	N/A	N/A	7,034	468,971		1,366,566
	FEDERAL REALTY INVS TRUST	EQUITY	N/A	N/A	2,464	237,488		234,055
	FERGUSON ENTERPRISES INC	EQUITY	N/A	N/A	5,279	848,823		1,149,502
	FIDELIS INSURANCE HOLDINGS L	EQUITY	N/A	N/A	39,332	695,233		652,125
	FIDELITY NATIONAL INFORMATION	EQUITY	N/A	N/A	15,251	1,022,926		1,241,584
	FIFTH THIRD BANCORP	EQUITY	N/A	N/A	19,286	610,196		793,233
	FINECOBANK BANCA FINECO SPA	EQUITY	N/A	N/A	152,519	1,783,992		3,383,901
	FIRST AMERICAN FINANCIAL W/I	EQUITY	N/A	N/A	2,848	172,376		174,839
	FIRST BUSEY CORP	EQUITY	N/A	N/A	23,913	518,080		547,249
	FIRST CITIZENS BANCSHARES INC	EQUITY	N/A	N/A	286	436,661		559,550
	FIRST HAWAIIAN INC	EQUITY	N/A	N/A	3,626	88,449		90,505
	FIRST HORIZON CORPORATION	EQUITY	N/A	N/A	14,560	257,676		308,672
	FIRST INDL REALTY TRUST INC REIT	EQUITY	N/A	N/A	3,707	186,747		178,418
	FIRST INTERSTATE BANCYSYS/MT	EQUITY	N/A	N/A	26,420	780,061		761,424

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	FIRST SOLAR INC	EQUITY	N/A	N/A	2,940	\$ 344,224	\$ 486,688
	FIRSTENERGY CORP	EQUITY	N/A	N/A	15,892	584,281	639,812
	FISERV INC	EQUITY	N/A	N/A	2,581	297,583	444,990
	FIVE BELOW	EQUITY	N/A	N/A	18,017	3,294,262	2,363,470
	FIVE POINT HOLDINGS LLC-CL A	EQUITY	N/A	N/A	31,883	240,288	175,357
	FIVE9 INC	EQUITY	N/A	N/A	30,800	1,009,664	815,584
	FIVERR INTERNATIONAL LTD	EQUITY	N/A	N/A	62,843	1,572,399	1,843,185
	FLEX LTD	EQUITY	N/A	N/A	11,040	550,749	551,117
	FLOOR & DECOR HOLDINGS INC	EQUITY	N/A	N/A	20,735	1,752,245	1,575,031
	FLOWERS FOODS INC	EQUITY	N/A	N/A	5,407	107,690	86,404
	FLOWERVE CORP	EQUITY	N/A	N/A	11,718	460,732	613,438
	FLUOR CORP	EQUITY	N/A	N/A	91,244	3,281,858	4,678,080
	FLUTTER ENTERTAINMENT PLC	EQUITY	N/A	N/A	876	244,188	250,326
	FLYWIRE CORP-VOTING	EQUITY	N/A	N/A	30,700	351,433	359,190
	FMC CORPORATION NEW	EQUITY	N/A	N/A	3,595	237,808	150,091
	FNF GROUP	EQUITY	N/A	N/A	7,529	394,933	422,076
	FORD MOTOR COMPANY	EQUITY	N/A	N/A	113,066	1,220,910	1,226,766
	FORTIVE CORP	EQUITY	N/A	N/A	9,829	714,041	512,386
	FORTUNE BRANDS INNOVATIONS INC.	EQUITY	N/A	N/A	3,503	228,789	180,334
	FOX CORP - CLASS A - W/I	EQUITY	N/A	N/A	6,249	289,308	350,194
	FOX CORP- CLASS B	EQUITY	N/A	N/A	3,831	167,824	197,795
	FRANKLIN RESOURCES INC	EQUITY	N/A	N/A	8,902	192,326	212,313
	FREEDOM HOLDING CORP/NV	EQUITY	N/A	N/A	76	10,943	11,100
	FRESHPET INC	EQUITY	N/A	N/A	28,563	2,476,971	1,941,142
	FRONTIER COMMUNICATIONS PARE	EQUITY	N/A	N/A	6,791	215,707	247,192
	FTAI AVIATION LTD	EQUITY	N/A	N/A	7,562	672,110	869,932
	FTI CONSULTING INC	EQUITY	N/A	N/A	968	151,178	156,332
	FUJIFILM HOLDINGS CORP	EQUITY	N/A	N/A	130,300	2,416,650	2,745,160
	FULLER H B CO	EQUITY	N/A	N/A	16,303	976,971	980,625
	GAMESTOP CORP CL A	EQUITY	N/A	N/A	11,867	345,612	289,436
	GAMING AND LEISURE PROPE	EQUITY	N/A	N/A	7,643	356,900	356,775
	GAP INC	EQUITY	N/A	N/A	6,662	143,752	145,298
	GARMIN LTD	EQUITY	N/A	N/A	4,720	872,678	985,158
	GARRETT MOTION INC-WI	EQUITY	N/A	N/A	100,592	930,686	1,057,222
	GATES INDUSTRIAL CORP PLC	EQUITY	N/A	N/A	7,343	138,735	169,109
	GCI LIBERTY INC CLASS A ESCROW	EQUITY	N/A	N/A	19,997	-	20
	GE AEROSPACE	EQUITY	N/A	N/A	28,606	4,589,988	7,362,898
	GE HEALTHCARE TECHNOLOG	EQUITY	N/A	N/A	13,256	1,061,769	981,872
	GE VERNOVA LLC	EQUITY	N/A	N/A	2,588	537,073	1,369,440
	GEN DIGITAL INC	EQUITY	N/A	N/A	14,183	380,133	416,980
	GENERAC HOLDINGS INC	EQUITY	N/A	N/A	1,691	233,014	242,168
	GENERAL DYNAMICS CORP	EQUITY	N/A	N/A	11,100	2,231,378	3,237,426
	GENERAL MILLS INC	EQUITY	N/A	N/A	15,860	955,780	821,707
	GENIUS SPORTS LTD	EQUITY	N/A	N/A	71,393	502,498	742,487
	GENPACT LTD	EQUITY	N/A	N/A	4,649	213,854	204,602
	GENTEX CORP	EQUITY	N/A	N/A	6,551	177,980	144,056
	GENUINE PARTS CO	EQUITY	N/A	N/A	4,011	453,362	486,574
	GEO GROUP INC/THE	EQUITY	N/A	N/A	69,470	2,025,865	1,663,807
	GLAUKOS CORP	EQUITY	N/A	N/A	18,705	1,616,576	1,932,040
	GLOBAL PAYMENTS INC	EQUITY	N/A	N/A	7,071	751,122	565,963
	GLOBALFOUNDRIES INC	EQUITY	N/A	N/A	2,980	131,394	113,836
	GLOBANT SA	EQUITY	N/A	N/A	17,192	3,382,921	1,561,721
	GLOBE LIFE INC	EQUITY	N/A	N/A	2,401	277,716	298,420
	GLOBUS MEDICAL INC A	EQUITY	N/A	N/A	3,248	229,736	191,697
	GODADDY INC - CLASS A	EQUITY	N/A	N/A	14,517	1,229,908	2,613,931
	GOLDMAN SACHS GROUP INC	EQUITY	N/A	N/A	3,303	1,090,623	2,337,699
	GOODYEAR TIRE & RUBBER CO	EQUITY	N/A	N/A	107,583	1,377,119	1,115,636
	GRACO INC	EQUITY	N/A	N/A	4,808	385,015	413,344
	GRAINGER W W INC	EQUITY	N/A	N/A	187	180,843	194,525
	GRAND CANYON EDUCATION INC	EQUITY	N/A	N/A	21,702	2,439,196	4,101,678
	GRAPHIC PACKAGING HLDG CO	EQUITY	N/A	N/A	8,625	211,323	181,729
	GRID DYNAMICS HOLDINGS INC	EQUITY	N/A	N/A	61,424	1,605,207	709,447
	GRIFFON CORP	EQUITY	N/A	N/A	13,123	426,826	949,712
	GROUP 1 AUTOMOTIVE INC	EQUITY	N/A	N/A	2,464	964,512	1,076,053
	GSK PLC	EQUITY	N/A	N/A	96,439	1,867,486	1,840,034
	GUARDANT HEALTH INC	EQUITY	N/A	N/A	10,015	289,446	521,181
	GUIDEWIRE SOFTWARE INC	EQUITY	N/A	N/A	6,849	714,475	1,612,597
	GULFPORT ENERGY CORP	EQUITY	N/A	N/A	10,218	1,206,756	2,055,555
	GXO LOGISTICS INC	EQUITY	N/A	N/A	3,325	143,519	161,928
	HA SUSTAINABLE INFRASTRUCTURE CAPITAL INC	EQUITY	N/A	N/A	45,276	1,272,165	1,216,113
	HAEMONETICS CORP	EQUITY	N/A	N/A	13,915	1,094,299	1,038,198
	HALEON PLC	EQUITY	N/A	N/A	730,736	3,319,035	3,763,290
	HALLIBURTON CO	EQUITY	N/A	N/A	24,829	631,854	506,015

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	HAMILTON INSURANCE GROU-CL B	EQUITY	N/A	N/A	36,931	\$ 585,810	\$ 798,448
	HAMILTON LANE INC-CLASS A	EQUITY	N/A	N/A	6,589	622,072	936,428
	HANMI FINANCIAL CORPORATION	EQUITY	N/A	N/A	11,830	234,296	291,964
	HANOVER INSURANCE GROUP INC	EQUITY	N/A	N/A	1,037	159,834	176,155
	HARLEY DAVIDSON INC	EQUITY	N/A	N/A	3,245	100,753	76,582
	HARMONIC INC	EQUITY	N/A	N/A	34,841	431,479	329,944
	HARTFORD INSURANCE GROUP INC	EQUITY	N/A	N/A	8,221	745,577	1,042,998
	HASBRO INC	EQUITY	N/A	N/A	3,825	278,435	282,362
	HAWKINS INC	EQUITY	N/A	N/A	5,463	460,261	776,292
	HAYWARD HOLDINGS INC	EQUITY	N/A	N/A	127,684	1,859,935	1,762,040
	HCI GROUP INC	EQUITY	N/A	N/A	7,762	827,094	1,181,376
	HDFC BANK LTD SPON - ADR	EQUITY	N/A	N/A	15,520	899,465	1,189,918
	HEALTHCARE REALTY TRUST INC	EQUITY	N/A	N/A	9,503	187,671	150,718
	HEALTHCARE TRUST INC	EQUITY	N/A	N/A	7,059	566,180	739,501
	HEALTHPEAK PROPERTIES INC	EQUITY	N/A	N/A	20,075	453,406	351,513
	HECLA MINING CO	EQUITY	N/A	N/A	48,534	295,942	290,719
	HEICO CORP NEW	EQUITY	N/A	N/A	12,741	1,665,019	4,179,048
	HEINEKEN NV	EQUITY	N/A	N/A	42,686	3,309,651	3,758,716
	HELIOS TECHNOLOGIES INC	EQUITY	N/A	N/A	19,716	954,422	657,923
	HENDERSON GROUP PLC	EQUITY	N/A	N/A	3,635	138,876	141,183
	HENRY JACK & ASSOC INC	EQUITY	N/A	N/A	7,894	1,270,030	1,422,262
	HENRY SCHEIN INC	EQUITY	N/A	N/A	3,173	220,808	231,788
	HERC HOLDINGS INC	EQUITY	N/A	N/A	4,593	247,190	604,852
	HERITAGE COMMERCE CORP	EQUITY	N/A	N/A	39,368	405,679	390,924
	HESS CORPORATION	EQUITY	N/A	N/A	8,185	1,130,536	1,133,950
	HEWLETT PACKARD ENTERPRISE CO	EQUITY	N/A	N/A	37,977	614,944	776,630
	HEXCEL CORP	EQUITY	N/A	N/A	2,316	133,541	130,831
	HF SINCLAIR CORP	EQUITY	N/A	N/A	4,166	173,749	171,139
	HIGHWOODS PPTYS INC REIT	EQUITY	N/A	N/A	3,070	100,585	95,446
	HILTON WORLDWIDE HLDGS - W/I	EQUITY	N/A	N/A	12,374	2,851,586	3,295,691
	HIMS & HERS HEALTH INC	EQUITY	N/A	N/A	16,343	932,197	814,699
	HITACHI LTD	EQUITY	N/A	N/A	144,500	1,638,946	4,031,550
	HOLOGIC INC	EQUITY	N/A	N/A	6,455	413,773	420,608
	HOME BANCSHARES INC	EQUITY	N/A	N/A	101,894	1,864,458	2,899,903
	HORMEL FOODS CORP	EQUITY	N/A	N/A	8,377	297,725	253,404
	HOST HOTELS & RESORTS INC REIT	EQUITY	N/A	N/A	19,860	297,721	305,050
	HOULIHAN LOKEY INC	EQUITY	N/A	N/A	969	139,854	174,372
	HOWARD HUGHES HOLDINGS INC	EQUITY	N/A	N/A	896	67,565	60,480
	HP INC	EQUITY	N/A	N/A	27,317	723,262	668,174
	HUBBELL INC	EQUITY	N/A	N/A	1,549	493,591	632,627
	HUBSPOT INC	EQUITY	N/A	N/A	1,931	1,279,077	1,074,853
	HUMANA INC	EQUITY	N/A	N/A	3,496	1,075,634	854,702
	HUNT J B TRANSPORT SERVICES INC	EQUITY	N/A	N/A	2,310	361,919	331,716
	HUNTINGTON BANCSHARES INC	EQUITY	N/A	N/A	41,886	604,674	702,009
	HUNTINGTON INGALLS INDS INC	EQUITY	N/A	N/A	1,132	215,866	273,333
	HUNTSMAN CORP	EQUITY	N/A	N/A	4,759	76,045	49,589
	HYATT HOTELS CORP CL A	EQUITY	N/A	N/A	1,165	127,706	162,692
	I3 VERTICALS INC-CLASS A	EQUITY	N/A	N/A	14,961	388,849	411,128
	IAC INC	EQUITY	N/A	N/A	1,945	133,080	72,626
	IBERDROLA SA	EQUITY	N/A	N/A	199,439	90,737	3,821,251
	ICHOIR HOLDINGS LTD	EQUITY	N/A	N/A	16,790	592,775	329,756
	IDACORP INC	EQUITY	N/A	N/A	14,173	1,400,169	1,636,272
	IDEX CORP	EQUITY	N/A	N/A	2,189	408,182	384,323
	ILLUMINA INC	EQUITY	N/A	N/A	4,582	527,878	437,169
	IMMUNOCORE HOLDINGS PLC-ADR	EQUITY	N/A	N/A	3,662	165,520	114,914
	IMPINJ INC	EQUITY	N/A	N/A	574	66,675	63,754
	INCYTE CORPORATION	EQUITY	N/A	N/A	3,394	213,765	231,131
	INDEPENDENCE REALTY TRUST IN	EQUITY	N/A	N/A	58,642	1,130,423	1,037,377
	INDUSTRIA DE DISENO TEXTIL	EQUITY	N/A	N/A	59,037	2,944,239	3,064,729
	INFINEON TECHNOLOGIES AG	EQUITY	N/A	N/A	99,516	2,605,902	4,132,800
	INFORMATICA INC - CLASS A	EQUITY	N/A	N/A	3,029	67,145	73,756
	INGERSOLL RAND INC	EQUITY	N/A	N/A	11,689	809,997	972,291
	INGEVITY CORP	EQUITY	N/A	N/A	15,979	919,227	688,535
	INGRAM MICRO HOLDING CORP	EQUITY	N/A	N/A	34,865	735,029	726,587
	INGREDION INC	EQUITY	N/A	N/A	1,850	234,087	250,897
	INNODATA INC	EQUITY	N/A	N/A	14,378	531,884	736,441
	INNOVEX INTERNATIONAL INC	EQUITY	N/A	N/A	8,007	133,770	125,069
	INSMED INC	EQUITY	N/A	N/A	14,682	1,041,542	1,477,596
	INTERDIGITAL INC	EQUITY	N/A	N/A	1,294	274,260	290,154
	INTERNATIONAL FLAVORS & FRAGRANCES INC	EQUITY	N/A	N/A	7,411	691,462	545,079
	INTERNATIONAL PAPER CO	EQUITY	N/A	N/A	15,180	759,846	710,879
	INTERNATIONAL SEAWAYS INC-WI	EQUITY	N/A	N/A	10,821	425,176	394,750
	INTERPUBLIC GROUP COMPANIES INC	EQUITY	N/A	N/A	10,682	277,384	261,495

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	INTUIT SOFTWARE	EQUITY	N/A	N/A	2,130	\$ 439,029	\$ 1,677,652
	INTUITIVE SURGICAL INC	EQUITY	N/A	N/A	11,734	1,877,061	6,376,373
	INVESCO LTD	EQUITY	N/A	N/A	10,540	175,331	166,216
	INVITATION HOMES INC	EQUITY	N/A	N/A	17,731	590,054	581,577
	IONIS PHARMACEUTICALS INC	EQUITY	N/A	N/A	318	11,753	12,564
	IONQ INC	EQUITY	N/A	N/A	13,466	520,069	578,634
	IPG PHOTONICS CORP	EQUITY	N/A	N/A	724	82,564	49,703
	IQVIA HOLDINGS INC	EQUITY	N/A	N/A	5,074	961,155	799,612
	IRHYTHM TECHNOLOGIES INC	EQUITY	N/A	N/A	6,139	866,373	945,160
	IRIDIUM COMMUNICATIONS INC	EQUITY	N/A	N/A	2,548	75,358	76,873
	IRON MOUNTAIN INC	EQUITY	N/A	N/A	8,497	754,990	871,537
	ISRACARD LTD	EQUITY	N/A	N/A	1	0	4
	ITOCHU CORP	EQUITY	N/A	N/A	51,200	2,582,382	2,611,200
	ITRON, INC.	EQUITY	N/A	N/A	10,470	1,156,243	1,378,166
	ITT INC	EQUITY	N/A	N/A	2,336	275,235	366,355
	JABIL INC	EQUITY	N/A	N/A	1,062	136,467	231,622
	JACOBS SOLUTIONS INC	EQUITY	N/A	N/A	3,516	394,669	462,178
	JAMF HOLDING CORP	EQUITY	N/A	N/A	56,958	830,876	541,671
	JANUX THERAPEUTICS INC	EQUITY	N/A	N/A	5,891	326,730	136,082
	JAPAN EXCHANGE GROUP INC	EQUITY	N/A	N/A	200,000	1,778,720	2,028,400
	JAPANESE YEN CURRENCY (JPY)	EQUITY	N/A	N/A	3,227	22	22
	JAZZ PHARMACEUTICALS PLC	EQUITY	N/A	N/A	1,718	218,301	182,314
	JEFFERIES FINANCIAL GROUP IN	EQUITY	N/A	N/A	3,351	160,574	183,266
	JERONIMO MARTINS	EQUITY	N/A	N/A	94,406	2,154,026	2,388,702
	JM SMUCKER CO/THE-NEW COM WI	EQUITY	N/A	N/A	3,001	350,110	294,698
	JONES LANG LASALLE INC	EQUITY	N/A	N/A	998	222,643	255,268
	JUNIPER NETWORKS INC	EQUITY	N/A	N/A	9,568	303,575	382,050
	KADANT INC	EQUITY	N/A	N/A	6,533	1,480,930	2,073,901
	KAISER ALUMINUM CORP	EQUITY	N/A	N/A	1,264	109,449	100,994
	KB HOME	EQUITY	N/A	N/A	11,409	407,936	604,335
	KBR INC	EQUITY	N/A	N/A	3,440	182,483	164,914
	KDDI CORP	EQUITY	N/A	N/A	170,300	2,264,560	2,699,255
	KELLANOVA	EQUITY	N/A	N/A	8,046	599,885	639,898
	KEMPER CORP	EQUITY	N/A	N/A	13,329	687,167	860,254
	KENNAMETAL INC	EQUITY	N/A	N/A	22,641	587,678	519,837
	KENVUE INC	EQUITY	N/A	N/A	55,036	1,176,805	1,151,903
	KEYCORP NEW	EQUITY	N/A	N/A	27,387	442,756	477,082
	KEYENCE CORP	EQUITY	N/A	N/A	5,700	1,930,422	2,294,444
	KEYSIGHT TECHNOLOGIES IN	EQUITY	N/A	N/A	4,983	773,278	816,514
	KEYSIGHT TECHNOLOGIES IN-W/I	EQUITY	N/A	N/A	15,347	2,398,117	2,514,759
	KIA CORP	EQUITY	N/A	N/A	18,662	1,370,512	1,352,123
	KILROY RLTY CORP REIT	EQUITY	N/A	N/A	3,411	150,273	117,031
	KIMCO REALTY CORP REIT	EQUITY	N/A	N/A	19,353	387,356	406,800
	KINDER MORGAN INC	EQUITY	N/A	N/A	56,322	1,447,154	1,655,867
	KINGFISHER PLC	EQUITY	N/A	N/A	606,066	1,879,271	2,419,203
	KINGSPAN GROUP PLC	EQUITY	N/A	N/A	30,113	2,510,253	2,617,422
	KINSALE CAPITAL GROUP INC	EQUITY	N/A	N/A	4,849	1,558,360	2,346,431
	KIRBY CORP	EQUITY	N/A	N/A	1,644	143,690	186,446
	KKR REAL ESTATE FINANCE TRUS	EQUITY	N/A	N/A	21,398	250,681	187,660
	KNIFE RIVER CORP-W/I	EQUITY	N/A	N/A	14,492	508,068	1,183,127
	KNIGHT SWIFT TRANSPORTATION HOLDINGS INC	EQUITY	N/A	N/A	4,559	201,720	201,645
	KODIAK GAS SERVICES INC	EQUITY	N/A	N/A	46,670	1,472,334	1,599,381
	KORN FERRY	EQUITY	N/A	N/A	25,638	1,479,853	1,880,035
	KORNIT DIGITAL LTD	EQUITY	N/A	N/A	34,440	2,359,749	685,700
	KRAFT HEINZ CO/THE	EQUITY	N/A	N/A	24,732	633,354	638,580
	KROGER CO	EQUITY	N/A	N/A	17,563	911,596	1,259,794
	KYMERA THERAPEUTICS INC	EQUITY	N/A	N/A	10,528	342,161	459,442
	KYNDRYL HOLDINGS INC	EQUITY	N/A	N/A	6,264	165,645	262,837
	KYNDRYL HOLDINGS INC-W/I	EQUITY	N/A	N/A	24,546	585,225	1,029,950
	L BRANDS INC - W/I	EQUITY	N/A	N/A	31,276	1,100,455	937,029
	L3 HARRIS TECHNOLOGIES INC	EQUITY	N/A	N/A	5,409	1,174,356	1,356,794
	LA Z BOY INC	EQUITY	N/A	N/A	10,724	456,912	398,611
	LABCORP HOLDINGS INC	EQUITY	N/A	N/A	2,420	521,687	635,274
	LADDER CAPITAL CORP-CLASS A	EQUITY	N/A	N/A	46,144	516,756	496,048
	LAMB WESTON HOLDING INC	EQUITY	N/A	N/A	3,946	243,861	204,600
	LANDSTAR SYS INC	EQUITY	N/A	N/A	1,004	160,012	139,576
	LANTHEUS HOLDINGS INC	EQUITY	N/A	N/A	24,533	1,416,242	2,008,271
	LASERTEC CORPORATION	EQUITY	N/A	N/A	14,100	1,451,728	1,915,908
	LATTICE SEMICONDUCTOR CORP	EQUITY	N/A	N/A	600	35,812	29,394
	LAUDER ESTEE COS INC CL A	EQUITY	N/A	N/A	6,769	542,120	546,935
	LAZARD INC	EQUITY	N/A	N/A	2,567	122,197	123,165
	LEAR CORP- W/I	EQUITY	N/A	N/A	1,545	142,324	146,744
	LEGRAND SA	EQUITY	N/A	N/A	26,154	2,529,946	3,496,730

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	LEIDOS HOLDINGS INC	EQUITY	N/A	N/A	3,693	\$ 462,160	\$ 582,608
	LENDINGCLUB CORP	EQUITY	N/A	N/A	25,381	290,225	305,333
	LENNAR CORP CLASS A	EQUITY	N/A	N/A	40,239	3,838,888	4,450,836
	LENNAR CORP CLASS B	EQUITY	N/A	N/A	276	26,057	29,049
	LEONARDO DRS INC	EQUITY	N/A	N/A	1,329	59,944	61,772
	LEVI STRAUSS & CO- CLASS A	EQUITY	N/A	N/A	29,969	550,580	554,127
	LIBERTY BROADBAND-A	EQUITY	N/A	N/A	378	39,431	36,976
	LIBERTY BROADBAND-C	EQUITY	N/A	N/A	2,556	250,810	251,459
	LIBERTY GLOBAL LTD-A	EQUITY	N/A	N/A	4,846	51,994	48,508
	LIBERTY GLOBAL LTD-C	EQUITY	N/A	N/A	4,058	45,032	41,838
	LIBERTY MEDIA CORP-LIBERTY-A	EQUITY	N/A	N/A	570	34,705	45,304
	LIBERTY MEDIA CORP-LIBERTY-C	EQUITY	N/A	N/A	1,325	78,076	107,537
	LIBERTY MEDIA CORP-LIB-NEW-A	EQUITY	N/A	N/A	453	31,913	43,017
	LIBERTY MEDIA CORP-LIB-NEW-C	EQUITY	N/A	N/A	4,191	318,638	437,960
	LIFESTANCE HEALTH GROUP INC	EQUITY	N/A	N/A	79,275	471,580	409,852
	LIMBACH HOLDINGS INC	EQUITY	N/A	N/A	6,357	352,341	890,616
	LINCOLN ELEC HLDGS INC	EQUITY	N/A	N/A	1,570	306,728	325,492
	LINCOLN NATIONAL CORP	EQUITY	N/A	N/A	4,932	199,539	170,647
	LINEAGE INC	EQUITY	N/A	N/A	2,029	130,415	88,302
	LITHIA MTRS INC CL A	EQUITY	N/A	N/A	658	213,377	222,286
	LITTELFUSE INC	EQUITY	N/A	N/A	711	162,195	161,205
	LIVANOVA PLC	EQUITY	N/A	N/A	16,918	748,028	761,648
	LKQ CORP	EQUITY	N/A	N/A	7,515	300,608	278,130
	LLOYDS BANKING GROUP PLC	EQUITY	N/A	N/A	4,035,560	2,826,465	4,237,338
	LOAR HOLDINGS INC	EQUITY	N/A	N/A	122	9,143	10,513
	LOEWS CORPORATION	EQUITY	N/A	N/A	4,948	369,180	453,534
	LONZA AG-REG	EQUITY	N/A	N/A	3,677	1,532,904	2,630,526
	LOUISIANA PACIFIC CORP	EQUITY	N/A	N/A	1,825	156,973	156,932
	LOWES COMPANIES INC	EQUITY	N/A	N/A	13,019	2,991,321	2,888,526
	LPL FINANCIAL HOLDINGS INC	EQUITY	N/A	N/A	3,328	1,259,758	1,247,900
	LUCID GROUP INC	EQUITY	N/A	N/A	35,978	117,194	75,914
	LULULEMON ATHLETICA INC	EQUITY	N/A	N/A	1,291	303,422	306,716
	LUMENTUM HOLDINGS INC	EQUITY	N/A	N/A	1,840	140,611	174,910
	LUMENTUM HOLDINGS INC -W/I	EQUITY	N/A	N/A	11,025	839,633	1,048,037
	LYMH MOET HENNESSY LOUIS VUI	EQUITY	N/A	N/A	2,847	2,097,351	1,500,084
	LYFT INC-A	EQUITY	N/A	N/A	9,679	142,711	152,541
	LYONDELLBASELL INDUSTRIES N.V.	EQUITY	N/A	N/A	7,419	571,747	429,263
	M&T BK CORP	EQUITY	N/A	N/A	4,709	754,386	913,499
	MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC	EQUITY	N/A	N/A	1,378	152,578	197,454
	MACY'S INC	EQUITY	N/A	N/A	8,025	129,164	93,572
	MADISON SQUARE GARDEN SPORTS CORP	EQUITY	N/A	N/A	466	89,615	97,371
	MAGNITE INC	EQUITY	N/A	N/A	125,878	1,757,452	3,036,177
	MANPOWER GROUP INC	EQUITY	N/A	N/A	1,334	94,533	53,894
	MAPLEBEAR INC	EQUITY	N/A	N/A	4,990	188,096	225,748
	MARATHON PETROLEUM CORP	EQUITY	N/A	N/A	9,026	1,510,981	1,499,309
	MAREX GROUP PLC	EQUITY	N/A	N/A	28,051	737,444	1,107,173
	MARKEL GROUP INC	EQUITY	N/A	N/A	287	441,245	573,242
	MARKETAXESS HLDGS INC	EQUITY	N/A	N/A	1,056	221,313	235,847
	MARQETA INC-A	EQUITY	N/A	N/A	114,300	669,893	666,369
	MARSH & MCLENNAN COMPANIES INC	EQUITY	N/A	N/A	4,094	602,579	895,112
	MARTIN MARIETTA MATLS INC	EQUITY	N/A	N/A	9,137	3,403,064	5,015,848
	MASCO CORP	EQUITY	N/A	N/A	6,117	393,424	393,690
	MASTEC INC	EQUITY	N/A	N/A	1,422	168,367	242,351
	MASTERCARD INC CL A	EQUITY	N/A	N/A	21,867	3,758,392	12,287,942
	MATADOR RESOURCES CO	EQUITY	N/A	N/A	23,353	1,310,541	1,114,405
	MATCH GROUP INC	EQUITY	N/A	N/A	7,092	230,994	219,072
	MATTEL INC	EQUITY	N/A	N/A	9,299	188,507	183,376
	MC CORMICK & CO INC NON-VOTING	EQUITY	N/A	N/A	7,333	609,505	555,988
	MCGRATH RENTCORP	EQUITY	N/A	N/A	7,344	611,667	851,610
	MDU RESOURCES GROUP INC	EQUITY	N/A	N/A	47,725	554,529	795,576
	MEDICAL PROPERTIES TRUST INC	EQUITY	N/A	N/A	14,384	158,043	61,995
	MEDPACE HOLDINGS INC	EQUITY	N/A	N/A	6,983	1,352,031	2,191,684
	MEDTRONIC PLC	EQUITY	N/A	N/A	27,500	3,451,547	2,397,175
	MERCADOLIBRE INC	EQUITY	N/A	N/A	1,816	2,427,877	4,746,352
	MERCK & CO INC	EQUITY	N/A	N/A	29,123	2,591,521	2,305,377
	MERCURY SYSTEMS INC	EQUITY	N/A	N/A	14,787	565,515	796,428
	MERUS BV	EQUITY	N/A	N/A	5,118	242,891	269,207
	META PLATFORMS INC	EQUITY	N/A	N/A	42,399	10,120,309	31,294,278
	METTLER TOLEDO INTL INC	EQUITY	N/A	N/A	602	764,149	707,181
	MGIC INVT CORP WIS	EQUITY	N/A	N/A	6,756	132,763	188,087
	MGM RESORTS INTERNATIONAL	EQUITY	N/A	N/A	5,934	187,023	204,070
	MICROCHIP TECHNOLOGY INC	EQUITY	N/A	N/A	59,085	5,815,956	4,157,811
	MICROSOFT CORP	EQUITY	N/A	N/A	109,930	19,666,273	54,680,281

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	MID AMER APT CMNTYS INC	EQUITY	N/A	N/A	3,370	\$ 512,742	\$ 498,794
	MIDDLEBY CORP	EQUITY	N/A	N/A	1,460	217,973	210,240
	MIDWESTONE FINANCIAL GROUP I	EQUITY	N/A	N/A	20,621	621,732	593,266
	MILlicom INTL CELLULAR S A	EQUITY	N/A	N/A	2,975	108,150	111,473
	mitsubishi ESTATE CO LTD	EQUITY	N/A	N/A	86,700	1,423,532	1,627,375
	MITSUBISHI UFJ FINANCIAL GROUP	EQUITY	N/A	N/A	482,900	2,476,369	6,615,730
	MITSUBISHI UFJ FINL GRP ADR	EQUITY	N/A	N/A	213,900	1,263,037	2,934,708
	MKS INC	EQUITY	N/A	N/A	11,970	790,480	1,189,339
	MNTN INC-A	EQUITY	N/A	N/A	51,123	1,154,662	1,118,060
	MODERNA INC	EQUITY	N/A	N/A	10,273	279,049	283,432
	MODINE MANUFACTURING CO	EQUITY	N/A	N/A	19,936	1,769,100	1,963,696
	MOHAWK INDS INC	EQUITY	N/A	N/A	1,485	180,034	155,687
	MOLINA HEALTHCARE INC	EQUITY	N/A	N/A	701	206,342	208,828
	MOLSON COORS BEVERAGE COMPANY	EQUITY	N/A	N/A	4,858	286,319	233,621
	MONDELEZ INTERNATIONAL	EQUITY	N/A	N/A	7,362	514,906	496,493
	MONGODB INC	EQUITY	N/A	N/A	2,066	433,694	433,839
	MONOLITHIC POWER SYSTEMS INC	EQUITY	N/A	N/A	1,422	552,907	1,040,022
	MOODY'S CORP	EQUITY	N/A	N/A	5,140	1,839,757	2,578,173
	MOOG INC CLASS A	EQUITY	N/A	N/A	16,062	2,021,079	2,906,740
	MORGAN STANLEY	EQUITY	N/A	N/A	6,761	666,989	952,354
	MORNINGSTAR INC	EQUITY	N/A	N/A	219	68,540	68,751
	MOSAIC CO/THE	EQUITY	N/A	N/A	9,138	240,364	333,354
	MP MATERIALS CORP	EQUITY	N/A	N/A	3,492	84,793	116,179
	MR COOPER GROUP INC	EQUITY	N/A	N/A	6,778	644,501	1,011,346
	MRC GLOBAL INC	EQUITY	N/A	N/A	55,637	568,302	762,783
	MS&AD INSURANCE GROUP HOLD	EQUITY	N/A	N/A	167,600	2,236,107	3,874,912
	MSA SAFETY INC	EQUITY	N/A	N/A	1,071	166,475	179,425
	MSC INDL DIRECT INC CL A	EQUITY	N/A	N/A	1,273	103,196	108,230
	MSCI INC	EQUITY	N/A	N/A	1,106	611,591	637,874
	MUELLER INDUSTRIES INC	EQUITY	N/A	N/A	3,140	249,924	249,536
	MVB FINANCIAL CORP	EQUITY	N/A	N/A	9,756	387,450	219,803
	NASDAQ INC	EQUITY	N/A	N/A	11,944	805,253	1,068,032
	NATIONAL BANK HOLD CL A	EQUITY	N/A	N/A	13,885	534,243	522,215
	NATIONAL FUEL GAS CO	EQUITY	N/A	N/A	2,597	184,390	219,992
	NATIONAL GRID PLC	EQUITY	N/A	N/A	145,218	1,511,613	2,212,832
	NATIONAL GRID PLC-NIL RIGHTS	EQUITY	N/A	N/A	38,072	-	91,373
	NATIONAL STORAGE AFFILIATES	EQUITY	N/A	N/A	2,039	85,490	65,228
	NATIONAL VISION HOLDINGS INC	EQUITY	N/A	N/A	8,846	202,959	203,546
	NATURAL GROCERS BY VITAMIN C	EQUITY	N/A	N/A	18,584	725,227	729,422
	NCINO INC	EQUITY	N/A	N/A	2,654	77,449	74,232
	NET POWER INC	EQUITY	N/A	N/A	11,323	128,333	27,968
	NETAPP INC	EQUITY	N/A	N/A	3,558	314,771	379,105
	NETFLIX INC	EQUITY	N/A	N/A	15,203	5,384,190	20,358,793
	NEUROCRINE BIOSCIENCES INC	EQUITY	N/A	N/A	405	50,795	50,904
	NEW LINDE PLC	EQUITY	N/A	N/A	1,787	433,872	838,425
	NEW MARKET CORPORATION	EQUITY	N/A	N/A	172	82,657	118,828
	NEW YORK TIMES CO CLASS A	EQUITY	N/A	N/A	4,648	224,304	260,195
	NEWAMSTERDAM PHARMA CO NV	EQUITY	N/A	N/A	6,399	151,973	115,886
	NEWELL BRANDS, INC.	EQUITY	N/A	N/A	11,974	138,139	64,660
	NEWMARK GROUP INC-CLASS A	EQUITY	N/A	N/A	21,500	262,597	261,225
	NEWS CORP/NEW-CL A	EQUITY	N/A	N/A	10,965	268,406	325,880
	NEWS CORP/NEW-CL B	EQUITY	N/A	N/A	3,238	86,502	111,096
	NEXSTAR MEDIA GROUP INC	EQUITY	N/A	N/A	767	128,967	132,653
	NEXTRACKER INC-CL A	EQUITY	N/A	N/A	24,462	1,119,913	1,329,999
	NIKE INC CLASS B	EQUITY	N/A	N/A	26,213	1,920,237	1,862,172
	NINTENDO CO LTD	EQUITY	N/A	N/A	38,000	2,090,140	3,661,300
	NISOURCE INC	EQUITY	N/A	N/A	13,628	467,852	549,754
	NITORI HOLDINGS CO LTD	EQUITY	N/A	N/A	16,800	2,008,102	1,591,380
	NNN REIT INC	EQUITY	N/A	N/A	5,415	223,059	233,820
	NOMAD FOODS LTD-WHEN ISSUED	EQUITY	N/A	N/A	54,954	924,522	933,668
	NORDSON CORPORATION	EQUITY	N/A	N/A	1,561	331,324	334,632
	NORSK HYDRO ASA	EQUITY	N/A	N/A	226,240	1,585,592	1,305,405
	NORTHEAST BANK	EQUITY	N/A	N/A	4,503	220,890	400,722
	NORTHERN TRUST CORP	EQUITY	N/A	N/A	5,600	559,744	710,024
	NORWEGIAN CRUISE LINE HLDGS LTD	EQUITY	N/A	N/A	1,248	25,181	25,309
	NOV INC	EQUITY	N/A	N/A	10,821	164,830	134,505
	NOVAGOLD RESOURCES INC	EQUITY	N/A	N/A	34,727	244,194	142,033
	NOVANTA INC	EQUITY	N/A	N/A	6,474	929,567	834,693
	NOVO NORDISK A S ADR	EQUITY	N/A	N/A	39,778	2,237,047	2,745,478
	NOVO NORDISK A/S-B	EQUITY	N/A	N/A	61,384	4,067,349	4,264,960
	NPK INTERNATIONAL INC	EQUITY	N/A	N/A	99,986	547,899	850,881
	NU HOLDINGS LTD/CAYMAN ISL-A	EQUITY	N/A	N/A	57,989	595,282	795,609
	NUCOR CORP	EQUITY	N/A	N/A	6,652	692,920	861,700

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	NUTANIX INC - A	EQUITY	N/A	N/A	5,570	\$ 317,459	\$ 425,771
	NUTRIEN LTD	EQUITY	N/A	N/A	36,885	2,119,458	2,148,182
	NUVALENT INC-A	EQUITY	N/A	N/A	5,123	231,827	390,885
	NVENT ELECTRIC PLC	EQUITY	N/A	N/A	4,717	221,530	345,520
	NVIDIA CORP	EQUITY	N/A	N/A	357,304	5,873,734	56,450,458
	NVR INC	EQUITY	N/A	N/A	81	537,658	598,238
	O REILLY AUTOMOTIVE INC	EQUITY	N/A	N/A	29,460	1,828,164	2,655,230
	OCCIDENTAL PETROLEUM CORP	EQUITY	N/A	N/A	19,506	830,893	819,447
	OCEANEERING INTERNATIONAL INC	EQUITY	N/A	N/A	13,885	415,613	287,697
	OGE ENERGY CORP	EQUITY	N/A	N/A	5,818	236,903	258,203
	OKLO INC	EQUITY	N/A	N/A	13,550	819,601	758,665
	OKTA INC	EQUITY	N/A	N/A	2,892	305,418	289,113
	OLD DOMINION FGHT LINES INC	EQUITY	N/A	N/A	8,252	1,273,173	1,339,299
	OLD REPUBLIC INTERNATIONAL CORP	EQUITY	N/A	N/A	6,618	216,497	254,396
	OLIN CORP PAR \$1	EQUITY	N/A	N/A	3,352	84,865	67,342
	OLLIE'S BARGAIN OUTLET HOLDI	EQUITY	N/A	N/A	1,768	179,478	232,987
	OLO INC - CLASS A	EQUITY	N/A	N/A	53,900	466,596	479,710
	OMEGA HEALTHCARE INVS INC	EQUITY	N/A	N/A	8,317	289,711	304,818
	OMNICELL INC	EQUITY	N/A	N/A	11,274	341,707	331,456
	OMNICOM GROUP	EQUITY	N/A	N/A	5,598	424,574	402,720
	ON SEMICONDUCTOR CORPORATION	EQUITY	N/A	N/A	12,210	635,704	639,926
	ONE GAS INC-W/I	EQUITY	N/A	N/A	17,024	1,070,077	1,223,345
	ONEMAIN HOLDINGS INC	EQUITY	N/A	N/A	3,449	173,735	196,593
	ONEOK INC NEW	EQUITY	N/A	N/A	18,099	1,530,929	1,477,421
	ONESPAWORLD HOLDINGS LTD	EQUITY	N/A	N/A	39,809	635,672	811,706
	ONTO INNOVATION INC	EQUITY	N/A	N/A	1,093	179,365	110,316
	OPTION CARE HEALTH INC	EQUITY	N/A	N/A	84,495	2,515,101	2,744,398
	ORGANON & CO	EQUITY	N/A	N/A	7,563	152,166	73,210
	OSHKOSH CORPORATION CLASS B	EQUITY	N/A	N/A	22,152	2,448,790	2,515,138
	OTIS WORLDWIDE CORP	EQUITY	N/A	N/A	11,445	1,029,391	1,133,284
	OUTFRONT MEDIA INC	EQUITY	N/A	N/A	67,428	1,166,026	1,100,425
	OVINTIV INC	EQUITY	N/A	N/A	7,519	333,640	286,098
	OWENS CORNING INC	EQUITY	N/A	N/A	2,458	292,797	338,024
	PACIFIC ANDES RESOURCES DEVE	EQUITY	N/A	N/A	1,533,000	-	24,007
	PACKGING CORP PKG	EQUITY	N/A	N/A	2,558	410,977	482,055
	PACS GROUP INC	EQUITY	N/A	N/A	12,053	418,533	155,725
	PAGERDUTY INC	EQUITY	N/A	N/A	33,618	718,873	513,683
	PALANTIR TECHNOLOGIES INC-A	EQUITY	N/A	N/A	2,579	307,296	351,569
	PANDORA A/S	EQUITY	N/A	N/A	6,909	1,152,725	1,212,995
	PARAMOUNT GLOBAL CLASS A	EQUITY	N/A	N/A	293	8,465	6,724
	PARAMOUNT GLOBAL CLASS B	EQUITY	N/A	N/A	17,244	366,114	222,448
	PARK HOTELS & RESORTS INC-	EQUITY	N/A	N/A	5,745	78,102	58,771
	PARKER HANNIFIN CORP	EQUITY	N/A	N/A	10,400	3,017,457	7,264,088
	PARSONS CORP	EQUITY	N/A	N/A	1,534	106,194	110,095
	PAYCHEX INC	EQUITY	N/A	N/A	6,421	894,537	933,999
	PAYCOM SOFTWARE INC	EQUITY	N/A	N/A	13,241	3,953,143	3,063,968
	PAYLOCITY HOLDING CORP	EQUITY	N/A	N/A	12,324	2,213,877	2,232,986
	PEABODY ENERGY CORP	EQUITY	N/A	N/A	10,796	264,629	144,882
	PEGASYS INC	EQUITY	N/A	N/A	1,683	89,744	91,101
	PENN ENTERTAINMENT INC	EQUITY	N/A	N/A	4,320	154,993	77,198
	PENSKE AUTO GROUP INC	EQUITY	N/A	N/A	534	64,341	91,747
	PENTAIR PLC	EQUITY	N/A	N/A	4,737	368,938	486,300
	PERELLA WEINBERG PARTNERS CLASS A	EQUITY	N/A	N/A	90,510	1,685,087	1,757,704
	PERFORMANCE FOOD GROUP CO	EQUITY	N/A	N/A	3,873	271,642	338,771
	PERMIAN RESOURCES CORP	EQUITY	N/A	N/A	18,456	266,345	251,371
	PERRIGO CO LTD	EQUITY	N/A	N/A	3,945	135,394	105,410
	PG&E CORP	EQUITY	N/A	N/A	63,498	1,003,583	885,162
	PHILLIPS 66	EQUITY	N/A	N/A	10,963	1,307,391	1,307,886
	PHILLIPS EDISON & COMPANY	EQUITY	N/A	N/A	30,397	1,082,424	1,064,807
	PILGRIM'S PRIDE CORP	EQUITY	N/A	N/A	1,198	49,142	53,886
	PINNACLE FINANCIAL	EQUITY	N/A	N/A	13,204	610,968	1,457,854
	PINNACLE WEST CAPITAL CORP	EQUITY	N/A	N/A	3,450	306,124	308,672
	PINTEREST INC- CLASS A	EQUITY	N/A	N/A	8,611	309,547	308,790
	PNC FINANCIAL SERVICES GROUP INC	EQUITY	N/A	N/A	16,000	3,224,229	2,982,720
	POOL CORP	EQUITY	N/A	N/A	846	247,678	246,592
	POPULAR INC	EQUITY	N/A	N/A	13,108	533,276	1,444,632
	POST HOLDINGS INC-W CLASS I	EQUITY	N/A	N/A	9,043	941,441	985,958
	POTLATCHDELTIC CORP	EQUITY	N/A	N/A	19,674	839,900	754,891
	POWELL INDUSTRIES INC	EQUITY	N/A	N/A	3,153	527,752	663,549
	PPG INDUSTRIES INC	EQUITY	N/A	N/A	6,582	804,684	748,703
	PPL CORPORATION	EQUITY	N/A	N/A	21,436	708,505	726,466
	PRICE T ROWE GROUP INC	EQUITY	N/A	N/A	6,335	702,329	611,328
	PRIMERICA INC	EQUITY	N/A	N/A	955	249,018	261,355

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	PRIMO BRANDS CORP-A	EQUITY	N/A	N/A	7,436	\$ 218,244	\$	220,254
	PRINCIPAL FINANCIAL GROUP	EQUITY	N/A	N/A	6,432	428,595		510,894
	PRIVIA HEALTH GROUP INC	EQUITY	N/A	N/A	107,730	2,482,456		2,477,790
	PROCTER & GAMBLE CO	EQUITY	N/A	N/A	21,873	3,121,422		3,484,806
	PROGRESSIVE CORP OHIO	EQUITY	N/A	N/A	8,600	1,851,172		2,294,996
	PROSPERITY BANCSHARES INC	EQUITY	N/A	N/A	17,503	917,897		1,229,411
	PROTAGONIST THERAPEUTICS INC	EQUITY	N/A	N/A	9,246	428,657		511,026
	PRUDENTIAL FINANCIAL, INC.	EQUITY	N/A	N/A	10,271	1,065,205		1,103,516
	PTC INC	EQUITY	N/A	N/A	3,055	495,817		526,499
	PTC THERAPEUTICS INC	EQUITY	N/A	N/A	15,126	652,776		738,754
	PUBLIC SERVICE ENTERPRISE GROUP INC	EQUITY	N/A	N/A	14,463	1,060,155		1,217,495
	PULTE GROUP INC	EQUITY	N/A	N/A	5,784	506,002		609,981
	PURE STORAGE INC - CLASS A	EQUITY	N/A	N/A	1,278	61,512		73,587
	PURSUIT ATTRACTIONS AND HOSPITALITY INC	EQUITY	N/A	N/A	17,424	648,373		502,334
	PVH CORP	EQUITY	N/A	N/A	1,501	118,795		102,969
	QIAGEN	EQUITY	N/A	N/A	6,172	270,384		296,626
	QORVO INC	EQUITY	N/A	N/A	2,698	285,354		229,087
	QUAKER CHEMICAL CORPORATION	EQUITY	N/A	N/A	5,567	705,787		623,170
	QUALCOMM	EQUITY	N/A	N/A	22,700	2,882,575		3,615,202
	QUANEX BUILDING PRODUCTS	EQUITY	N/A	N/A	35,542	782,770		671,744
	QUANTA SVCS INC	EQUITY	N/A	N/A	961	207,982		363,335
	QUANTUMSCAPE CORP	EQUITY	N/A	N/A	11,879	87,196		79,827
	QUEST DIAGNOSTICS INC	EQUITY	N/A	N/A	3,228	493,047		579,846
	QXO INC	EQUITY	N/A	N/A	17,237	357,349		371,285
	RADIUS RECYCLING, INC	EQUITY	N/A	N/A	3,672	62,642		109,022
	RADNET INC	EQUITY	N/A	N/A	5,290	301,445		301,054
	RALLIANT CORP	EQUITY	N/A	N/A	3,276	175,592		158,869
	RALPH LAUREN CORP	EQUITY	N/A	N/A	1,050	196,649		287,994
	RAMBUS INC DEL	EQUITY	N/A	N/A	22,687	714,545		1,452,422
	RANGE RES CORP	EQUITY	N/A	N/A	6,837	246,813		278,061
	RAYMOND JAMES FINANCIAL INC	EQUITY	N/A	N/A	5,295	643,635		812,094
	RAYONIER INC	EQUITY	N/A	N/A	4,484	127,517		99,455
	RB GLOBAL INC	EQUITY	N/A	N/A	34,592	2,263,871		3,673,325
	RBC BEARINGS INC	EQUITY	N/A	N/A	716	209,687		275,517
	REALTY INCOME CORP	EQUITY	N/A	N/A	25,867	1,480,921		1,490,198
	RECKITT BENCKISER GROUP PLC	EQUITY	N/A	N/A	49,304	3,643,123		3,448,322
	RECRUIT HOLDINGS CO LTD	EQUITY	N/A	N/A	29,600	669,187		1,754,356
	REDWOOD TR INC	EQUITY	N/A	N/A	42,270	454,459		249,816
	REGAL REYNOLD CORPORATION	EQUITY	N/A	N/A	1,913	225,254		277,308
	REGENCY CENTERS CORP	EQUITY	N/A	N/A	5,228	339,590		372,390
	REGIONS FINANCIAL CORP	EQUITY	N/A	N/A	26,019	511,042		611,967
	REINSURANCE GROUP OF AMERICA	EQUITY	N/A	N/A	1,910	351,719		378,868
	RELIAANCE INC	EQUITY	N/A	N/A	1,529	326,944		479,953
	RELX PLC	EQUITY	N/A	N/A	80,798	2,501,100		4,434,679
	RENAISSANCE HOLDINGS LTD	EQUITY	N/A	N/A	1,384	307,832		336,174
	RENASANT CORP	EQUITY	N/A	N/A	47,905	1,621,258		1,721,227
	REPLIGEN CORP	EQUITY	N/A	N/A	8,841	1,427,416		1,099,644
	REPLIMUNE GROUP INC	EQUITY	N/A	N/A	19,013	216,983		176,631
	RESMED INC	EQUITY	N/A	N/A	3,229	688,745		833,082
	RESTAURANT BRANDS INTERN	EQUITY	N/A	N/A	3,389	221,467		224,657
	REVOLUTION MEDICINES INC	EQUITY	N/A	N/A	34,131	1,089,751		1,255,679
	REVVITY INC	EQUITY	N/A	N/A	3,479	424,768		336,489
	REXFORD INDUSTRIAL REALTY IN	EQUITY	N/A	N/A	6,877	301,176		244,615
	REYNOLDS CONSUMER PRODUCTS I	EQUITY	N/A	N/A	1,579	40,042		33,822
	RH	EQUITY	N/A	N/A	367	94,752		69,367
	RIO TINTO LTD	EQUITY	N/A	N/A	25,494	1,897,726		1,810,074
	RITHM CAPITAL CORP	EQUITY	N/A	N/A	15,322	168,530		172,985
	RIVIAN AUTOMOTIVE INC	EQUITY	N/A	N/A	22,447	408,666		308,422
	RLI CORP	EQUITY	N/A	N/A	2,243	163,203		161,989
	ROBERT HALF INC	EQUITY	N/A	N/A	2,864	169,590		117,567
	ROBINHOOD MARKETS INC - A	EQUITY	N/A	N/A	18,566	617,048		1,738,335
	ROCHE HOLDING AG-GENUSSCHEIN	EQUITY	N/A	N/A	19,363	5,055,581		6,284,843
	ROCKET COS INC-CLASS A	EQUITY	N/A	N/A	6,694	87,945		94,921
	ROCKWELL AUTOMATION INC	EQUITY	N/A	N/A	3,014	826,040		1,001,160
	ROIVANT SCIENCES LTD	EQUITY	N/A	N/A	10,972	117,170		123,654
	ROKU INC	EQUITY	N/A	N/A	3,248	274,033		285,467
	ROLLINS INC	EQUITY	N/A	N/A	46,615	1,630,418		2,630,018
	ROPER TECHNOLOGIES INC	EQUITY	N/A	N/A	2,061	632,903		1,168,257
	ROSS STORES INC	EQUITY	N/A	N/A	13,970	1,619,197		1,782,292
	ROYAL GOLD INC	EQUITY	N/A	N/A	1,903	273,461		338,430
	ROYALTY PHARMA PLC- CL A	EQUITY	N/A	N/A	11,295	413,108		406,959
	RPM INTERNATIONAL INC	EQUITY	N/A	N/A	33,481	2,753,830		3,677,553
	RUBRIK INC-A	EQUITY	N/A	N/A	1,133	99,106		101,505

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	RXO INC	EQUITY	N/A	N/A	79,617	\$ 1,473,418	\$ 1,251,579
	RXSIGHT INC	EQUITY	N/A	N/A	16,696	261,018	217,048
	RYDER SYSTEM INC	EQUITY	N/A	N/A	21,667	2,504,280	3,445,053
	S&P GLOBAL INC	EQUITY	N/A	N/A	1,508	375,808	795,153
	SAIA INC	EQUITY	N/A	N/A	772	236,916	211,520
	SAILPOINT INC	EQUITY	N/A	N/A	1,717	39,094	39,251
	SALESFORCE INC	EQUITY	N/A	N/A	8,852	990,964	2,413,852
	SAMSUNG SDI CO LTD	EQUITY	N/A	N/A	5,217	1,334,903	667,974
	SANDISK CORP	EQUITY	N/A	N/A	3,910	180,233	177,319
	SANOI	EQUITY	N/A	N/A	33,662	3,596,525	3,197,520
	SAP SE	EQUITY	N/A	N/A	28,614	3,410,704	8,671,330
	SAREPTA THERAPEUTICS INC	EQUITY	N/A	N/A	447	7,648	7,644
	SAVARA INC	EQUITY	N/A	N/A	69,081	290,599	157,505
	SBA COMMUNICATIONS CORP	EQUITY	N/A	N/A	3,110	766,245	730,352
	SCHNEIDER ELECTRIC SE	EQUITY	N/A	N/A	19,330	1,304,814	5,230,698
	SCHNEIDER NATIONAL INC-CL B	EQUITY	N/A	N/A	1,496	34,364	36,128
	SCHOLAR ROCK HOLDING CORP	EQUITY	N/A	N/A	20,612	579,526	730,077
	SCHWAB CHARLES CORP NEW	EQUITY	N/A	N/A	9,099	529,065	830,193
	SCIENCE APPLICATIONS INTE-WI	EQUITY	N/A	N/A	1,361	139,268	153,262
	SEA LTD-ADR ADR	EQUITY	N/A	N/A	6,884	1,026,455	1,101,027
	SEABOARD CORP DEL	EQUITY	N/A	N/A	7	20,428	20,028
	SEACOAST BANKING CORP OF FLA	EQUITY	N/A	N/A	8,500	232,826	234,770
	SEADRILL LIMITED	EQUITY	N/A	N/A	14,407	563,858	378,184
	SEALED AIR CORP	EQUITY	N/A	N/A	4,211	134,763	130,667
	SEI INVESTMENT CO	EQUITY	N/A	N/A	3,012	214,515	270,658
	SELECT MEDICAL HOLDINGS CORP	EQUITY	N/A	N/A	36,920	663,298	560,446
	SEMTECH CORP	EQUITY	N/A	N/A	27,048	1,245,195	1,220,947
	SENSATA TECHNOLOGIES HOLDING	EQUITY	N/A	N/A	4,201	148,028	126,492
	SENTINELONE INC -CLASS A	EQUITY	N/A	N/A	2,348	46,722	42,921
	SERVICE CORP INTERNATIONAL	EQUITY	N/A	N/A	4,038	290,557	328,693
	SERVICE NOW INC	EQUITY	N/A	N/A	8,778	2,972,215	9,024,486
	SHAKE SHACK INC - CLASS A	EQUITY	N/A	N/A	10,565	978,655	1,485,439
	SHARKNINJA INC	EQUITY	N/A	N/A	1,690	147,016	167,293
	SHELL PLC-NEW	EQUITY	N/A	N/A	189,336	2,926,548	6,721,428
	SHERWIN-WILLIAMS CO	EQUITY	N/A	N/A	2,373	601,793	814,793
	SHIMANO INC	EQUITY	N/A	N/A	6,700	1,075,149	972,629
	SHOALS TECHNOLOGIES GROUP -A	EQUITY	N/A	N/A	83,749	387,983	355,933
	SHOPIFY INC - A W/I	EQUITY	N/A	N/A	27,079	2,735,905	3,123,563
	SHORE BANCSHARES INC	EQUITY	N/A	N/A	27,193	409,343	427,474
	SIEMENS AG	EQUITY	N/A	N/A	14,806	1,751,997	3,791,817
	SIEMENS HEALTHINEERS AG	EQUITY	N/A	N/A	27,990	1,647,610	1,539,450
	SILGAN HLDGS INC	EQUITY	N/A	N/A	2,559	112,624	138,647
	SILICON LABORATORIES INC	EQUITY	N/A	N/A	8,569	946,142	1,262,728
	SIMON PROPERTY GROUP INC	EQUITY	N/A	N/A	7,301	1,056,990	1,173,709
	SIMPSON MFG INC	EQUITY	N/A	N/A	9,071	1,608,800	1,408,817
	SIRIUSPOINT LTD	EQUITY	N/A	N/A	70,894	676,845	1,445,529
	SIRIUSXM HOLDINGS INC	EQUITY	N/A	N/A	5,497	168,342	126,266
	SITEONE LANDSCAPE SUPPLY INC	EQUITY	N/A	N/A	862	120,630	104,250
	SITIME CORP	EQUITY	N/A	N/A	4,113	837,286	876,398
	SITIO ROYALTIES CORP-A	EQUITY	N/A	N/A	43,722	874,363	803,610
	SIX FLAGS ENTERTAINMENT CORP	EQUITY	N/A	N/A	13,497	636,323	410,714
	SKECHERS U S A INC	EQUITY	N/A	N/A	3,783	193,039	238,707
	SKYWARD SPECIALTY INSURANCE	EQUITY	N/A	N/A	18,654	685,514	1,078,015
	SKYWORKS SOLUTIONS INC	EQUITY	N/A	N/A	4,437	385,638	330,645
	SL GREEN REALTY CORP	EQUITY	N/A	N/A	21,682	1,335,975	1,342,116
	SLB LIMITED	EQUITY	N/A	N/A	10,539	597,391	356,218
	SLM CORP	EQUITY	N/A	N/A	5,223	129,431	171,262
	SMARTFINANCIAL INC	EQUITY	N/A	N/A	12,517	387,107	422,824
	SMC CORP	EQUITY	N/A	N/A	3,300	1,115,467	1,167,870
	SMITH A O CORP COMMON	EQUITY	N/A	N/A	3,348	214,799	219,528
	SMITH DOUGLAS HOMES CORP	EQUITY	N/A	N/A	17,059	386,674	331,286
	SMITHFIELD FOODS INC	EQUITY	N/A	N/A	742	14,248	17,459
	SMURFIT WESTROCK PLC	EQUITY	N/A	N/A	15,089	675,550	651,090
	SNAP ON INC	EQUITY	N/A	N/A	1,484	410,552	461,791
	SNOWFLAKE INC-CLASS A	EQUITY	N/A	N/A	12,158	2,716,603	2,720,596
	SOFI TECHNOLOGIES INC	EQUITY	N/A	N/A	26,574	293,109	483,913
	SOFTBANK GROUP CORP	EQUITY	N/A	N/A	30,400	2,042,366	2,249,144
	SOFTBRANDS INC CONTRA	EQUITY	N/A	N/A	5,163	1	5
	SOLENO THERAPEUTICS INC	EQUITY	N/A	N/A	8,060	332,487	675,267
	SOLVENTUM CORP	EQUITY	N/A	N/A	4,020	269,208	304,877
	SONOCO PRODUCTS CO	EQUITY	N/A	N/A	2,851	146,277	124,190
	SONY CORP	EQUITY	N/A	N/A	221,300	2,514,957	6,022,901
	SONY GROUP CORPORATION ADR	EQUITY	N/A	N/A	171,000	3,555,294	4,451,130

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	SOTERA HEALTH CO	EQUITY	N/A	N/A	3,993	\$ 50,547	\$ 44,402
	SOUNDHOUND AI INC-A	EQUITY	N/A	N/A	16,563	311,808	177,721
	SOUTHSTATE CORPORATION	EQUITY	N/A	N/A	17,451	1,413,459	1,606,015
	SOUTHWEST AIRLINES CO	EQUITY	N/A	N/A	13,248	511,817	429,765
	SPIRE INC	EQUITY	N/A	N/A	5,723	351,152	417,722
	SPIRIT AEROSYSTEMS HOLD CL A	EQUITY	N/A	N/A	3,034	101,923	115,747
	SPOTIFY TECHNOLOGY SA	EQUITY	N/A	N/A	8,043	2,503,620	6,171,715
	SPROUTS FARMERS MARKETS INC	EQUITY	N/A	N/A	1,508	166,656	248,277
	SPS COMMERCE INC	EQUITY	N/A	N/A	9,002	1,108,465	1,225,082
	SPYRE THERAPEUTICS INC	EQUITY	N/A	N/A	14,486	273,661	216,855
	SPYRE THERAPEUTICS INC CVR	EQUITY	N/A	N/A	261,558	-	2,616
	SS&C TECHNOLOGIES HOLDINGS	EQUITY	N/A	N/A	6,125	485,879	507,150
	SSR MINING INC	EQUITY	N/A	N/A	19,974	122,080	254,469
	STAG INDUSTRIES INC	EQUITY	N/A	N/A	27,102	801,395	983,261
	STANDARDAERO INC	EQUITY	N/A	N/A	3,740	108,319	118,371
	STANLEY BLACK & DECKER INC	EQUITY	N/A	N/A	4,476	502,145	303,249
	STARBUCKS CORP	EQUITY	N/A	N/A	11,110	1,198,855	1,018,009
	STARWOOD PROPERTY TRUST INC	EQUITY	N/A	N/A	9,211	182,952	184,865
	STATE STR CORP	EQUITY	N/A	N/A	8,342	726,799	887,088
	STEEL DYNAMICS INC	EQUITY	N/A	N/A	3,678	367,290	470,821
	STEPSTONE GROUP INC-CLASS A	EQUITY	N/A	N/A	23,747	889,896	1,317,959
	STERIS PLC	EQUITY	N/A	N/A	2,844	602,131	683,186
	STIFEL FINL CORP	EQUITY	N/A	N/A	13,207	506,050	1,370,623
	STRUCTURE THERAPEUTICS INC ADR	EQUITY	N/A	N/A	7,698	243,838	159,657
	STRYKER CORP	EQUITY	N/A	N/A	3,049	454,244	1,206,276
	SUN CMNTYS INC	EQUITY	N/A	N/A	2,959	398,084	374,284
	SUPER MICRO COMPUTER INC	EQUITY	N/A	N/A	8,054	383,368	394,727
	SUPERNUS PHARMACEUTICALS INC	EQUITY	N/A	N/A	19,680	635,880	620,314
	SVENSKA HANDELSBANKEN AB PUBL	EQUITY	N/A	N/A	158,404	1,469,720	2,117,153
	SWEETGREEN INC - CLASS A	EQUITY	N/A	N/A	27,644	733,105	411,343
	SWISS FRANC CURRENCY (CHF)	EQUITY	N/A	N/A	31	39	39
	SYNCHRONY FINANCIAL	EQUITY	N/A	N/A	11,018	525,080	735,341
	SYNOPSIS INC	EQUITY	N/A	N/A	10,519	3,973,679	5,392,881
	SYNOVUS FINANCIAL CORP	EQUITY	N/A	N/A	36,267	1,437,367	1,876,817
	SYSCO CORP	EQUITY	N/A	N/A	6,531	471,398	494,658
	TAIWAN SEMICONDUCTOR MTG CO ADR	EQUITY	N/A	N/A	27,839	3,743,040	6,305,256
	TAKE TWO INTERACTIVE SOFTWARE CDT	EQUITY	N/A	N/A	3,426	656,501	832,004
	TALEN ENERGY CORP	EQUITY	N/A	N/A	6,743	1,076,509	1,960,662
	TANGER INC.	EQUITY	N/A	N/A	16,539	495,070	505,763
	TAPESTRY INC	EQUITY	N/A	N/A	496	30,493	43,554
	TD SYNEX CORP	EQUITY	N/A	N/A	10,791	951,499	1,464,338
	TE CONNECTIVITY PLC	EQUITY	N/A	N/A	5,294	685,593	892,939
	TECHNIPFMC LTD	EQUITY	N/A	N/A	12,030	306,099	414,313
	TECHTRONIC INDUSTRIES CO LTD	EQUITY	N/A	N/A	92,700	638,187	1,019,116
	TECNOGLASS INC	EQUITY	N/A	N/A	9,196	510,537	711,403
	TELEDYNE TECHNOLOGIES INC	EQUITY	N/A	N/A	8,009	3,359,509	4,103,091
	TELEFLEX INC	EQUITY	N/A	N/A	1,293	282,550	153,039
	TENCENT MUSIC ENTERTAINM-ADR ADR	EQUITY	N/A	N/A	68,972	917,025	1,344,264
	TENET HEALTHCARE CORP	EQUITY	N/A	N/A	2,652	285,330	466,752
	TERADATA CORP	EQUITY	N/A	N/A	2,129	46,665	47,498
	TERADYNE INCORPORATED	EQUITY	N/A	N/A	4,658	422,255	418,847
	TERUMO CORP	EQUITY	N/A	N/A	102,700	1,547,992	1,888,242
	TESLA INC	EQUITY	N/A	N/A	33,438	6,495,686	10,621,915
	TETRA TECH INC NEW	EQUITY	N/A	N/A	6,298	184,653	226,476
	TEVA PHARMACEUTICAL INDS LTD ADR	EQUITY	N/A	N/A	94,229	1,685,701	1,579,278
	TEXAS INSTRUMENTS INC	EQUITY	N/A	N/A	3,312	597,104	687,637
	TEXTRON INC	EQUITY	N/A	N/A	5,212	348,791	418,471
	TFS FINANCIAL CORP	EQUITY	N/A	N/A	1,517	20,935	19,645
	TG THERAPEUTICS INC	EQUITY	N/A	N/A	16,771	587,410	603,588
	THE CAMPBELL'S COMPANY	EQUITY	N/A	N/A	5,615	234,585	172,100
	THE HERSHEY COMPANY	EQUITY	N/A	N/A	3,710	643,594	615,675
	THE MARZETTI CO	EQUITY	N/A	N/A	932	151,635	161,022
	THE SAGE GROUP PLC	EQUITY	N/A	N/A	78,145	1,344,676	1,355,816
	THE SCOTTS MIRACLE-GRO COMPANY	EQUITY	N/A	N/A	1,268	75,981	83,637
	THERMO FISHER SCIENTIFIC INC	EQUITY	N/A	N/A	2,597	972,123	1,052,980
	THOR INDUSTRIES INC	EQUITY	N/A	N/A	1,468	123,251	130,373
	TIDEWATER INC	EQUITY	N/A	N/A	13,690	617,826	631,520
	TIMKEN CO	EQUITY	N/A	N/A	1,811	126,631	131,388
	TJX COMPANIES INC NEW	EQUITY	N/A	N/A	7,638	553,399	943,217
	TKO GROUP HOLDINGS INC	EQUITY	N/A	N/A	1,143	160,309	207,969
	T-MOBILE US INC	EQUITY	N/A	N/A	9,707	1,358,611	2,312,790
	TOAST INC-CLASS A	EQUITY	N/A	N/A	57,712	1,274,218	2,556,064
	TOLL BROTHERS INC	EQUITY	N/A	N/A	2,865	261,852	326,982

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	TOPBUILD CORP	EQUITY	N/A	N/A	785	\$ 226,677	\$ 254,136
	TORO CO	EQUITY	N/A	N/A	2,888	235,952	204,124
	TORONTO-DOMINION BANK	EQUITY	N/A	N/A	31,607	2,117,165	2,321,534
	TOTALENERGIES SE	EQUITY	N/A	N/A	44,533	2,868,329	2,733,881
	TOWNE BANK	EQUITY	N/A	N/A	17,856	622,283	610,318
	TPG INC	EQUITY	N/A	N/A	230	10,995	12,064
	TPG RE FINANCE TRUST INC	EQUITY	N/A	N/A	28,432	250,610	219,495
	TRADE DESK INC/THE -CLASS A	EQUITY	N/A	N/A	32,558	1,904,100	2,343,850
	TRADEWEB MARKETS INC-CLASS A	EQUITY	N/A	N/A	3,093	398,772	452,815
	TRANSCAT INC	EQUITY	N/A	N/A	8,581	678,090	737,623
	TRANSDIGM GROUP INC	EQUITY	N/A	N/A	448	360,226	681,247
	TRANSUNION	EQUITY	N/A	N/A	5,645	478,203	496,760
	TRAVEL + LEISURE CO	EQUITY	N/A	N/A	1,223	55,048	63,119
	TREX COMPANY INC	EQUITY	N/A	N/A	3,090	169,564	168,034
	TRIMAS CORP	EQUITY	N/A	N/A	26,057	669,909	745,491
	TRIMBLE INCORPORATED	EQUITY	N/A	N/A	6,900	465,524	524,262
	TRINET GROUP INC	EQUITY	N/A	N/A	24,058	1,760,473	1,759,602
	TRUMP MEDIA & TECHNOLOGY GROUP CORP	EQUITY	N/A	N/A	1,363	30,899	24,589
	TRUPANION INC	EQUITY	N/A	N/A	42,553	1,424,917	2,359,050
	TRUSTMARK CORP	EQUITY	N/A	N/A	29,359	1,123,783	1,070,429
	TTM TECHNOLOGIES	EQUITY	N/A	N/A	41,248	535,407	1,683,743
	TWILIO INC - A	EQUITY	N/A	N/A	3,396	343,105	422,327
	TXNM ENERGY INC	EQUITY	N/A	N/A	28,218	1,118,297	1,589,238
	TYLER TECHNOLOGIES INC	EQUITY	N/A	N/A	6,254	2,767,176	3,707,621
	TYSON FOODS INC CLASS A	EQUITY	N/A	N/A	8,103	503,549	453,282
	UBER TECHNOLOGIES INC	EQUITY	N/A	N/A	83,884	4,870,039	7,826,377
	UCB SA	EQUITY	N/A	N/A	13,450	1,122,617	2,688,521
	UDR INC	EQUITY	N/A	N/A	9,045	393,581	369,307
	UFP INDUSTRIES INC	EQUITY	N/A	N/A	8,395	307,857	834,127
	UFP TECHNOLOGIES INC	EQUITY	N/A	N/A	1,291	86,062	315,211
	UGI HOLDING CORP NEW	EQUITY	N/A	N/A	33,603	986,568	1,223,821
	U-HAUL HOLDING COMPANY	EQUITY	N/A	N/A	138	8,031	8,357
	U-HAUL HOLDING COMPANY NON-VOTING	EQUITY	N/A	N/A	1,813	97,785	98,573
	UIPATH INC - CLASS A	EQUITY	N/A	N/A	12,615	163,698	161,472
	ULLICO INC CLASS A	EQUITY	N/A	N/A	-	35,134,155	85,730,318
	ULTA BEAUTY INC	EQUITY	N/A	N/A	981	434,476	458,931
	ULTRAGENYX PHARMACEUTICAL IN	EQUITY	N/A	N/A	8,852	475,569	321,859
	UMB FINL CORP	EQUITY	N/A	N/A	16,176	1,395,188	1,701,068
	UNDER ARMOUR INC CLASS A	EQUITY	N/A	N/A	5,469	52,408	37,353
	UNDER ARMOUR INC-CLASS C	EQUITY	N/A	N/A	5,437	46,741	35,286
	UNICHARM CORP	EQUITY	N/A	N/A	207,600	2,220,036	1,497,834
	UNILEVER PLC	EQUITY	N/A	N/A	77,263	3,467,325	4,692,922
	UNITED AIRLINES HOLDINGS INC	EQUITY	N/A	N/A	9,427	647,832	750,672
	UNITED RENTALS INC	EQUITY	N/A	N/A	1,878	1,077,996	1,414,885
	UNITED THERAPEUTICS CORP DEL	EQUITY	N/A	N/A	1,287	328,790	369,819
	UNITEDHEALTH GROUP INC	EQUITY	N/A	N/A	5,209	1,609,137	1,625,052
	UNITY SOFTWARE INC	EQUITY	N/A	N/A	8,638	230,169	209,040
	UNIVERSAL DISPLAY CORP	EQUITY	N/A	N/A	1,272	192,355	196,473
	UNIVERSAL HEALTH SERVICES INC CLASS B	EQUITY	N/A	N/A	1,595	256,387	288,934
	UNUM GROUP	EQUITY	N/A	N/A	5,012	319,912	404,769
	URANIUM ENERGY CORP	EQUITY	N/A	N/A	17,086	92,034	116,185
	US BANCORP DEL COM NEW	EQUITY	N/A	N/A	75,000	2,745,133	3,393,750
	US FOODS HOLDING CORP	EQUITY	N/A	N/A	6,650	365,494	512,117
	UWM HOLDINGS CORP	EQUITY	N/A	N/A	4,038	17,939	16,717
	V2X INC	EQUITY	N/A	N/A	14,169	585,350	687,905
	VAIL RESORTS INC	EQUITY	N/A	N/A	190	35,022	29,855
	VALERO ENERGY CORP	EQUITY	N/A	N/A	9,040	1,217,625	1,215,157
	VALLEY NATIONAL BANCORP	EQUITY	N/A	N/A	107,814	979,812	962,779
	VALMONT INDUSTRIES INC	EQUITY	N/A	N/A	575	147,023	187,778
	VALVOLINE INC	EQUITY	N/A	N/A	420	16,043	15,905
	VAXCYTE INC	EQUITY	N/A	N/A	15,679	673,136	509,724
	VEEVA SYSTEMS INC-CLASS A	EQUITY	N/A	N/A	872	247,144	251,119
	VENTAS INC	EQUITY	N/A	N/A	12,636	776,609	797,963
	VERALTO CORP	EQUITY	N/A	N/A	4,164	405,939	420,356
	VERALTO CORP-W/I	EQUITY	N/A	N/A	1,439	61,255	145,267
	VERISIGN INC	EQUITY	N/A	N/A	2,317	544,167	669,150
	VERISK ANALYTICS INC	EQUITY	N/A	N/A	6,438	1,375,956	2,005,438
	VERITEX HOLDINGS INC	EQUITY	N/A	N/A	16,573	425,770	432,555
	VERIZON COMMUNICATIONS INC	EQUITY	N/A	N/A	74,461	3,275,915	3,221,927
	VERONA PHARMA PLC - ADR	EQUITY	N/A	N/A	5,405	162,521	511,205
	VERTEX INC - CLASS A	EQUITY	N/A	N/A	25,237	937,852	891,749
	VERTEX PHARMACEUTICALS INC	EQUITY	N/A	N/A	10,488	3,899,969	4,669,258
	VESTAS WIND SYSTEMS A/S	EQUITY	N/A	N/A	113,557	2,107,165	1,719,253

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	V-F CORP	EQUITY	N/A	N/A	10,169	\$ 313,810	\$ 119,486
	VIATRIS INC	EQUITY	N/A	N/A	34,389	403,201	307,094
	VIAVI SOLUTIONS INC -W/I	EQUITY	N/A	N/A	73,312	669,251	738,252
	VICI PROPERTIES INC	EQUITY	N/A	N/A	30,587	935,418	997,136
	VIKING THERAPEUTICS INC	EQUITY	N/A	N/A	2,907	77,101	77,036
	VIPER ENERGY INC	EQUITY	N/A	N/A	37,003	1,221,749	1,410,924
	VIRTU FINANCIAL INC-CLASS A	EQUITY	N/A	N/A	2,336	82,710	104,629
	VISA INC CLASS A SHARES	EQUITY	N/A	N/A	41,019	4,616,120	14,563,796
	VISTEON CORP	EQUITY	N/A	N/A	1,567	170,716	146,201
	VITA COCO CO INC/THE	EQUITY	N/A	N/A	11,359	337,138	410,060
	VITAL FARMS INC	EQUITY	N/A	N/A	11,984	406,163	461,624
	VONTIER CORP	EQUITY	N/A	N/A	4,266	146,335	157,415
	VONTIER CORP-W/I	EQUITY	N/A	N/A	37,218	1,039,335	1,373,344
	VORNADO REALTY TRUST	EQUITY	N/A	N/A	5,108	198,249	195,330
	VOYA FINL INC COM	EQUITY	N/A	N/A	2,785	185,220	197,735
	VSE CORP	EQUITY	N/A	N/A	8,144	435,071	1,066,701
	VULCAN MATERIALS CO	EQUITY	N/A	N/A	3,829	867,604	998,680
	W P CAREY INC	EQUITY	N/A	N/A	6,277	412,731	391,559
	WABTEC CORP	EQUITY	N/A	N/A	4,911	724,192	1,028,118
	WALGREENS BOOTS ALLIANCE INC	EQUITY	N/A	N/A	20,703	376,879	237,670
	WALMART INC	EQUITY	N/A	N/A	51,680	4,225,071	5,053,270
	WARNER BROS DISCOVERY INC - A	EQUITY	N/A	N/A	64,605	816,949	740,373
	WARRIOR MET COAL INC	EQUITY	N/A	N/A	5,308	242,128	243,266
	WATERS CORP	EQUITY	N/A	N/A	823	284,432	287,260
	WATSCO INC	EQUITY	N/A	N/A	5,510	1,658,855	2,433,326
	WAYFAIR INC- CLASS A	EQUITY	N/A	N/A	2,227	157,674	113,889
	WEATHERFORD INTL LTD	EQUITY	N/A	N/A	11,352	313,933	571,119
	WEBSTER FINANCIAL CORP	EQUITY	N/A	N/A	4,846	235,793	264,592
	WEC ENERGY GROUP INC	EQUITY	N/A	N/A	9,250	939,855	963,850
	WELLS FARGO & COMPANY	EQUITY	N/A	N/A	11,862	877,467	950,383
	WENDYS COMPANY	EQUITY	N/A	N/A	2,671	40,193	30,503
	WERNER ENTERPRISES INC	EQUITY	N/A	N/A	14,063	396,927	384,764
	WESCO INTERNATIONAL INC	EQUITY	N/A	N/A	1,388	218,607	257,058
	WEST PHARMACEUTICAL SVCS INC	EQUITY	N/A	N/A	10,960	3,075,643	2,398,048
	WESTERN ALLIANCE BANCORP	EQUITY	N/A	N/A	15,375	1,348,805	1,198,943
	WESTERN DIGITAL CORP	EQUITY	N/A	N/A	10,025	420,071	641,500
	WESTERN UNION CO - W/I	EQUITY	N/A	N/A	9,561	121,905	80,504
	WESTLAKE CORPORATION	EQUITY	N/A	N/A	968	93,384	73,500
	WEX INC	EQUITY	N/A	N/A	5,415	996,909	795,410
	WEYERHAEUSER CO	EQUITY	N/A	N/A	20,991	626,806	539,259
	WHIRLPOOL CORP	EQUITY	N/A	N/A	1,554	133,700	157,607
	WHITE MOUNTAINS INSURANCE GRP	EQUITY	N/A	N/A	326	465,544	585,405
	WHITEBREAD PLC	EQUITY	N/A	N/A	42,663	1,591,299	1,653,182
	WILEY JOHN A SONS INC CLASS A	EQUITY	N/A	N/A	14,967	573,664	667,977
	WILLIAMS SONOMA INC	EQUITY	N/A	N/A	2,918	428,547	476,714
	WILLIS TOWERS WATSON PLC	EQUITY	N/A	N/A	2,870	847,749	879,655
	WILLSCOT HOLDINGS CORP CL A	EQUITY	N/A	N/A	3,841	124,318	105,243
	WINTRUST FINL CORP	EQUITY	N/A	N/A	13,548	664,877	1,679,681
	WISDOMTREE INC	EQUITY	N/A	N/A	29,327	258,731	337,554
	WOODWARD INC	EQUITY	N/A	N/A	1,716	287,943	420,574
	WORKIVA INC	EQUITY	N/A	N/A	24,064	2,284,337	1,647,181
	WORTHINGTON ENTERPRISES, INC.	EQUITY	N/A	N/A	3,053	111,672	194,293
	WORTHINGTON STEEL INC-W/I	EQUITY	N/A	N/A	3,053	56,585	91,071
	WR BERKLEY CORP	EQUITY	N/A	N/A	8,795	457,335	646,169
	WYNDHAM HOTELS & RESORTS I	EQUITY	N/A	N/A	229	18,805	18,597
	WYNN RESORTS LTD	EQUITY	N/A	N/A	2,419	186,855	226,588
	XCEL ENERGY INC	EQUITY	N/A	N/A	62,721	4,248,569	4,271,298
	XENIA HOTELS & RESORTS INC	EQUITY	N/A	N/A	71,481	1,130,010	898,516
	XERO LIMITED	EQUITY	N/A	N/A	8,217	936,266	972,362
	XP INC - CLASS A	EQUITY	N/A	N/A	10,701	187,427	216,160
	XPO INC	EQUITY	N/A	N/A	2,636	336,011	332,900
	XYLEM INC	EQUITY	N/A	N/A	7,048	802,336	911,729
	YETI HOLDINGS INC	EQUITY	N/A	N/A	25,241	952,085	795,596
	YUM! BRANDS INC	EQUITY	N/A	N/A	5,360	789,975	794,245
	ZEBRA TECHNOLOGIES CORP CLASS A	EQUITY	N/A	N/A	1,472	438,240	453,906
	ZILLOW GROUP INC - C W/I	EQUITY	N/A	N/A	4,709	283,533	329,865
	ZILLOW GROUP INC CLASS A	EQUITY	N/A	N/A	1,445	86,777	98,968
	ZIMMER BIOMET HOLDINGS, INC	EQUITY	N/A	N/A	5,743	624,502	523,819
	ZIONS BANCORPORATION N.A.	EQUITY	N/A	N/A	4,200	183,684	218,148
	ZOOM COMMUNICATIONS INC	EQUITY	N/A	N/A	7,610	632,952	593,428
	ZOOMINFO TECHNOLOGIES INC	EQUITY	N/A	N/A	8,536	116,330	86,384
	Total common and preferred stocks					1,143,889,247	1,629,423,394

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
<u>Exchange traded funds</u>							
	ISHARES RUSSELL MID-CAP VALUE ETF	EXCHANGE TRADED FUND	N/A	N/A	49,639	\$ 6,224,782	\$ 6,559,297
						<u>6,224,782</u>	<u>6,559,297</u>
<u>Mutual funds</u>							
	ASB ALLEGIANCE REAL ESTATE FUND	MUTUAL FUND	N/A	N/A	2,273	3,199,063	3,289,497
	BLUEBAY EM SELECT BOND FUND	MUTUAL FUND	N/A	N/A	1,190,639	105,317,342	127,017,391
	BRIGADE LOAN OFFSHORE FUND LTD	MUTUAL FUND	N/A	N/A	77,577	86,719,880	98,106,613
	FRONTIER MFG CORE INFRASTRUCTURE FUND	MUTUAL FUND	N/A	N/A	1,536,448	22,282,532	25,044,100
	ISHARES RUSSELL 2000	MUTUAL FUND	N/A	N/A	26,578	5,606,790	5,735,267
	JPMCB SPECIAL SITUATION PROPERTY FUND	MUTUAL FUND	N/A	N/A	375,079	5,483,545	3,344,843
	LOOMIS SAYLES CORE PLUS FIXED INCOME FUND CIT CL B	MUTUAL FUND	N/A	N/A	14,259,378	248,398,369	252,390,995
	LOOMIS GROWTH Y	MUTUAL FUND	N/A	N/A	1,268,843	37,507,910	40,323,843
	VANGUARD REAL ESTATE INDEX FUND	MUTUAL FUND	N/A	N/A	14,005	<u>1,649,801</u>	<u>1,767,375</u>
	Total mutual funds					<u>516,165,232</u>	<u>557,019,924</u>
<u>Common collective trusts</u>							
	AFL-CIO BUILDING INVESTMENT TRUST	CCT	N/A	N/A	20,991	86,403,338	117,896,935
	AFL-CIO SL STOCK INDEX FUND	CCT	N/A	N/A	60,748,221	824,780,195	1,281,179,988
	BELL AUSTRALIA TRUST	103-12	N/A	N/A	806,407	12,061,937	135,542,520
	BELL INTERNATIONAL EQUITIES CIT	CCT	N/A	N/A	2,725,757	100,000,000	112,000,000
	BELL INT'L TRUST	103-12	N/A	N/A	10,000,000	70,191,607	130,767,413
	JP MORGAN EMERGING MARKETS EQUITY FOCUSED FUND	CCT	N/A	N/A	3,495,785	60,980,304	117,772,993
	LOOMIS SAYLES BOND NHIT	CCT	N/A	N/A	4,154,927	53,214,864	67,362,712
	MESIROW HIGH YIELD FUND	CCT	N/A	N/A	6,244,464	70,500,000	92,480,514
	MULTI EMPLOYER PROPERTY TRUST	CCT	N/A	N/A	12,853	20,811,614	168,145,528
	NIS PREFERRED STOCK FUND II (TITANIUM)	CCT	N/A	N/A	9,256,843	40,000,000	64,989,756
	NORTHERN TRUST COLLECTIVE BOND INDEX FUND	CCT	N/A	N/A	2,222,981	335,498,356	347,340,703
	NORTHERN TRUST COLLECTIVE RUSSELL 1000 VALUE INDEX FD	CCT	N/A	N/A	363,024	194,109,593	245,524,238
	NORTHERN TRUST COLLECTIVE RUSSELL 2000 GROWTH INDEX FD	CCT	N/A	N/A	170,895	48,346,683	94,863,854
	RBC EMERGING MARKETS EQUITY SERIES	103-12	N/A	N/A	147,308,881	101,189,995	147,308,881
	VOYA SENIOR LOAN TRUST FUND	CCT	N/A	N/A	6,209,964	<u>90,962,914</u>	<u>148,388,270</u>
	Total common collective trusts					<u>2,109,051,400</u>	<u>3,271,564,305</u>
<u>Pooled separate accounts</u>							
	ULLICO J FOR JOBS MORTGAGE FUND	PSA	N/A	N/A	6,718,883	<u>81,223,737</u>	<u>130,262,323</u>
<u>Limited partnerships</u>							
	1849 LIQUIDATING TRUST F/K/A GESD INVESTORS, LP	LP	N/A	N/A	N/A	5,624,658	2,211
	50 SOUTH CAPITAL PRIVATE EQUITY CORE FUND VIII, LP	LP	N/A	N/A	N/A	35,846,628	60,161,831
	AMERICAN CORE REALTY, LP	LP	N/A	N/A	N/A	1,959,169	1,965,062
	AMERICAN STRATEGIC VALUE REALY FUND	LP	N/A	N/A	N/A	25,000,000	21,707,140
	BOYD WATERSON GSA FUND LP (TITANIUM)	LP	N/A	N/A	N/A	68,181,402	91,742,484
	CORBIN PRIVATE CREDIT MANAGER FUND, LP	LP	N/A	N/A	N/A	36,966,902	34,130,095
	CORBIN PRIVATE CREDIT MANAGER FUND II, LP	LP	N/A	N/A	N/A	31,467,161	38,436,967
	ENTRUST CAPITAL DIVERSIFIED FUND, LTD - CLASS X	LP	N/A	N/A	N/A	1,483,406	94,701
	GCM GROSVENOR CIS II ONSHORE FEEDER FUND, LP	LP	N/A	N/A	N/A	39,191,177	39,912,390
	GCM GROSVENOR SECONDARY OPPORTUNITIES FEEDER FUND II, LP	LP	N/A	N/A	N/A	28,209,549	30,582,500
	GCM GROSVENOR OPPORTUNISTIC CREDIT FUND, LTD	LP	N/A	N/A	N/A	3,467,690	3,841,781
	GCM LABOR IMPACT FEEDER FUND, LP	LP	N/A	N/A	N/A	43,794,123	50,303,452
	GLOBAL ALPHA INTERNATIONAL SMALL CAP FUND, LP	LP	N/A	N/A	N/A	93,334,757	124,909,835
	GERDING EDLEN GREEN CITIES III, LP	LP	N/A	N/A	N/A	23,588,086	5,622,182
	GERDING EDLEN GREEN CITIES IV, LP	LP	N/A	N/A	N/A	29,682,210	14,054,028
	HAMILTON LANE SECONDARY FEEDER FUND IV, LP	LP	N/A	N/A	N/A	13,232,207	17,678,816
	HARRISON STREET REAL ESTATE PARTNERS IV, LP	LP	N/A	N/A	N/A	1,039,701	264,425
	HARRISON STREET REAL ESTATE PARTNERS VII, LP	LP	N/A	N/A	N/A	16,467,691	25,200,163
	HARRISON STREET REAL ESTATE PARTNERS VIII, LP	LP	N/A	N/A	N/A	20,975,984	22,246,450
	JP MORGAN INFRASTRUCTURE INVESTMENT FUND	LP	N/A	N/A	N/A	90,366,158	155,713,799
	LANDMARK EQUITY PARTNERS XVI LP	LP	N/A	N/A	N/A	20,378,465	24,938,762
	MC CREDIT FUND III SM LP	LP	N/A	N/A	N/A	34,422,495	45,596,845
	MC CREDIT FUND IV LP	LP	N/A	N/A	N/A	20,819,961	29,810,663
	MESIROW FINANCIAL PRIVATE EQUITY PARTNERSHIP FUND VI, LP	LP	N/A	N/A	N/A	19,357,490	84,504,690
	MESIROW FINANCIAL REAL ESTATE VALUE FUND II, LP	LP	N/A	N/A	N/A	30,585,812	77,760
	MESIROW FINANCIAL REAL ESTATE VALUE FUND III, LP	LP	N/A	N/A	N/A	32,710,885	46,833,819
	MESIROW FINANCIAL REAL ESTATE VALUE FUND IV, LP	LP	N/A	N/A	N/A	26,217,416	31,831,989
	MESIROW PRIVATE EQUITY FUND IX, LP	LP	N/A	N/A	N/A	4,600,000	5,800,559
	NB CROSSROADS FUND 23 PLAN LP	LP	N/A	N/A	N/A	1,780,000	2,364,478
	NB PRIVATE DEBT FUND IV	LP	N/A	N/A	N/A	28,992,300	29,800,242
	SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND IV, LP	LP	N/A	N/A	N/A	72,823,924	106,034,304
	TA REALTY VALUE-ADD FUND XIII	LP	N/A	N/A	N/A	21,599,150	21,998,918

UNITED ASSOCIATION NATIONAL PENSION FUND

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

JUNE 30, 2025

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares				(d)	(e)
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	THE REALTY ASSOCIATES FUND XII UTP, L.P.	LP	N/A	N/A	N/A	\$ 26,531,593	\$ 40,986,441
	ULLICO INFRASTRUCTURE FUND LP	LP	N/A	N/A	N/A	24,080,942	44,263,638
	U.S. REAL ESTATE INVESTMENT FUND	LP	N/A	N/A	N/A	<u>2,879,582</u>	<u>2,848,727</u>
	Total limited partnerships					<u>977,658,674</u>	<u>1,256,262,147</u>
<u>Guaranteed investment contract with insurance company</u>							
	BRIGHTHOUSE FINANCIAL LIFE INSURANCE COMPANY	GIC	N/A	N/A	N/A	<u>2,226,220</u>	<u>2,373,963</u>
Total assets held (at end of year)						<u>\$ 5,593,240,941</u>	<u>\$ 7,608,260,490</u>

Exhibit 5

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

Schedule of Active Participant Data as of January 1, 2024										
Attained Age	Completed Years of Credited Service									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit
Under 25	1,567	\$ 47	2,173	\$ 100	217	\$ 200	0	N/A	0	N/A
25 to 29	1,380	\$ 52	3,761	\$ 123	3,309	\$ 281	206	\$ 498	0	N/A
30 to 34	1,059	\$ 58	3,486	\$ 135	4,665	\$ 310	1,977	\$ 536	148	\$ 740
35 to 39	781	\$ 62	2,411	\$ 147	3,684	\$ 318	2,655	\$ 566	1,820	\$ 809
40 to 44	499	\$ 70	1,752	\$ 154	2,659	\$ 339	2,113	\$ 571	2,434	\$ 803
45 to 49	375	\$ 72	1,090	\$ 168	1,688	\$ 351	1,592	\$ 589	1,960	\$ 804
50 to 54	207	\$ 68	732	\$ 164	1,093	\$ 362	1,184	\$ 568	1,581	\$ 788
55 to 59	125	\$ 80	529	\$ 168	752	\$ 377	803	\$ 563	1,231	\$ 760
60 to 64	51	\$ 75	323	\$ 173	489	\$ 360	497	\$ 570	785	\$ 773
65 to 69	17	N/A	104	\$ 198	131	\$ 360	114	\$ 632	192	\$ 806
70 & Up	6	N/A	22	\$ 151	22	\$ 298	19	N/A	17	N/A
Total	6,067	\$ 57	16,383	\$ 137	18,709	\$ 320	11,160	\$ 564	10,168	\$ 793

Exhibit 5

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

Schedule of Active Participant Data as of January 1, 2024													
	Completed Years of Credited Service												
	20 to 24		25 to 29		30 to 34		35 to 39		40 & Up				Total
	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit	Number	Average Accrued Monthly Benefit
Attained Age													
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	3,957	\$	84
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	8,656	\$	181
30 to 34	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	11,335	\$	278
35 to 39	189	\$ 1,008	0	N/A	0	N/A	0	N/A	0	N/A	11,540	\$	411
40 to 44	1,329	\$ 1,063	308	\$ 1,341	1	N/A	0	N/A	0	N/A	11,095	\$	558
45 to 49	1,654	\$ 1,079	1,305	\$ 1,397	237	\$ 1,709	1	N/A	0	N/A	9,902	\$	741
50 to 54	1,464	\$ 1,080	1,600	\$ 1,380	961	\$ 1,784	183	\$ 2,423	5	N/A	9,010	\$	934
55 to 59	1,124	\$ 1,077	1,302	\$ 1,390	983	\$ 1,752	666	\$ 2,230	164	\$ 3,061	7,679	\$	1,107
60 to 64	744	\$ 1,134	698	\$ 1,437	441	\$ 1,843	411	\$ 2,190	321	\$ 2,882	4,760	\$	1,179
65 to 69	109	\$ 1,107	110	\$ 1,354	75	\$ 1,930	75	\$ 2,033	106	\$ 2,934	1,033	\$	1,136
70 & Up	22	\$ 1,219	12	N/A	9	N/A	11	N/A	26	\$ 2,873	166	\$	1,137
Total	6,635	\$ 1,081	5,335	\$ 1,391	2,707	\$ 1,780	1,347	\$ 2,235	622	\$ 2,949	79,133	\$	597

Average Age = 42.8

Average Service = 12.4

Exhibit 1

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
7/1/2024	\$12,545	\$19,252	\$31,797
8/1/2024	12,545		12,545
9/1/2024	12,545		12,545
10/1/2024	12,545		12,545
11/1/2024	12,545		12,545
12/1/2024	12,545		12,545
1/1/2025	12,545	3,736	16,281
2/1/2025	12,545		12,545
3/1/2025	12,545		12,545
4/1/2025	12,545		12,545
5/1/2025	12,545		12,545
6/1/2025	<u>12,545</u>		<u>12,545</u>
Total	\$150,540	\$22,988	\$173,528

Exhibit 7

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

Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2024				
Type of Base	Date Established	7/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES				
1. Change Assumptions	7/1/2001	\$ 3,885,762	7	\$ 678,146
2. Plan Amendment	7/1/2001	120,524,549	7	21,034,049
3. Plan Amendment	7/1/2002	65,832,338	8	10,379,339
4. Plan Amendment	7/1/2003	71,730,486	9	10,374,857
5. Benefit Level Increase	7/1/2004	61,107,420	10	8,206,188
6. Benefit Change	7/1/2006	19,421,113	12	2,310,338
7. Plan Amendment	7/1/2007	12,527,910	13	1,417,516
8. Change Assumptions	7/1/2007	50,444,992	13	5,707,784
9. Recognized Eligible Net Investment Loss	7/1/2009	647,665,841	14	70,089,955
10. Recognized Eligible Net Investment Loss	7/1/2010	39,886,273	14	4,316,465
11. Recognized Eligible Net Investment Loss	7/1/2012	56,935,934	14	6,161,568

Exhibit 7

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

Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2024				
Type of Base	Date Established	7/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES (CONTINUED)				
12. Bifurcation Base	7/1/2012	\$ 16,846,835	3	\$ 6,012,920
13. Recognized Eligible Net Investment Loss	7/1/2013	192,508,354	14	20,833,123
14. Change Assumptions	7/1/2014	5,123,077	5	1,172,817
15. Recognized Eligible Net Investment Loss	7/1/2014	202,988,048	14	21,967,228
16. Change Assumptions	7/1/2015	2,388,937	6	470,921
17. Experience Loss	7/1/2015	121,705,791	6	23,991,378
18. Plan Merger	7/1/2016	6,304,910	7	1,100,338
19. Experience Loss	7/1/2016	160,971,238	7	28,092,840
20. Experience Loss	7/1/2017	136,602,545	8	21,537,199
21. Experience Loss	7/1/2018	237,702,142	9	34,380,441
22. Experience Loss	7/1/2019	106,772,847	10	14,338,652
23. Experience Loss	7/1/2020	25,217,533	11	3,174,761
24. Change Assumptions	7/1/2021	182,113,657	12	21,664,258
25. Experience Loss	7/1/2022	303,188,781	13	34,305,405
26. Plan Amendment	7/1/2022	49,117,477	13	5,557,576
27. Experience Loss	7/1/2023	392,023,082	14	42,424,470
28. Plan Merger	7/1/2024	13,131,050	15	1,365,564
29. Experience Loss	7/1/2024	339,547,842	15	35,311,282
TOTAL CHARGES		3,644,216,764		458,377,378

Exhibit 7

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

Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2024				
Type of Base	Date Established	7/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Bifurcation Base	7/1/2014	\$ 113,059,656	5	\$ 25,882,543
2. Change Assumptions	7/1/2016	34,713,542	7	6,058,238
3. Experience Gain	7/1/2021	220,355,239	12	26,213,479
4. Method Change	7/1/2021	573,848,784	7	100,148,586
TOTAL CREDITS		<u>\$ 941,977,221</u>		<u>\$ 158,302,846</u>
NET CHARGE		\$ 2,702,239,543		\$ 300,074,532

Exhibit 8

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

The interest assumption for the measurement of the current liabilities for minimum funding was increased from 2.85% to 3.69%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was changed.

The assumed administrative expenses were increased from \$29,033,000 as of July 1, 2023, to \$29,929,000 as of July 1, 2024.

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

3. Rate of Retirement

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

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

Terminated vested participants are assumed to retire as follows:

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

4. Rate of Turnover

Illustrative rates of terminations are shown below:

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

5. Disability

Illustrative disability incidence rates are shown below:

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

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

6. Percent Married

Social Security awards during 1972. Sample rates as follows:

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

7. Spouse's Age

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

8. Administrative Expenses

\$29,929,000 as of the beginning of the year is added to the normal cost.

9. Average Annual Service Credits

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

10. Load for New Entrants

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

11. Assumption for Suspended Retirees

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

12. Future Benefit Accruals

The benefit accrual rate is calculated based on the contribution rate and benefit accrual schedule in effect as of January 1, 2024. We were provided information on those employers adopting the higher contribution rate for their members to be eligible for accrual under Schedule D of the Plan. Employers who did not adopt the higher contribution rate for their members would be eligible for accrual under Schedule G of the Plan, which is a 75% reduction of the accrual under Schedule D. We assumed that this rate remained the same for benefit accrual on future service.

13. Changes in Assumptions Since Last Valuation

The interest assumption for the measurement of the current liabilities for minimum funding was increased from 2.85% to 3.69%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

The current year assumed administrative expenses were increased for this valuation from \$29,033,000 as of July 1, 2023 to \$29,929,000 as of July 1, 2024.

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

B. Actuarial Methods

1. Asset Valuation Method

The Actuarial asset value was reset to the market value concurrent with the July 1, 2021 actuarial valuation. Starting with the Plan Year ending June 30, 2022, the Actuarial asset value will be based on the Market Value of Assets less a phased in portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. The 25% differences will be phased in over the next four years. The actuarial value is further adjusted to be within 20% of the market value. If such an adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

2. Funding Method: Unit Credit Cost Method

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

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

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

3. Active Participants

- (a) Active Data Collection Date: January 1, 2024
- (b) Active participants include all employees who had at least one year of earned future service credit as of the data collection date.
- (c) For purposes of the valuation, the active data was rolled forwarded by six months to the valuation date.

4. PRA 2010 Funding Relief

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

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

Exhibit 3

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

5. Modeling Disclosures

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

Proval

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

Projection Model

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

6. Changes in Methods Since Last Valuation

None.

Exhibit 4

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

Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$40,588,490	\$25,991,638	\$650,523,879	\$717,104,007
2025	71,308,855	36,313,557	629,937,725	737,560,137
2026	98,616,719	45,749,039	607,977,871	752,343,629
2027	122,616,007	53,958,745	584,706,841	761,281,593
2028	143,659,371	61,954,015	560,400,141	766,013,527
2029	161,634,638	67,171,539	535,737,715	764,543,892
2030	177,888,549	73,539,898	510,777,099	762,205,546
2031	192,579,084	79,919,194	485,283,687	757,781,965
2032	206,369,842	86,485,561	459,368,814	752,224,217
2033	219,234,172	92,577,281	433,189,786	745,001,239
2034	231,163,718	98,211,386	407,123,190	736,498,294
2035	242,317,516	103,368,307	381,204,359	726,890,182
2036	252,906,597	107,634,170	355,406,871	715,947,638
2037	262,899,189	111,395,548	329,864,515	704,159,252
2038	272,024,086	114,518,623	304,692,363	691,235,072
2039	280,342,109	116,970,431	280,014,715	677,327,255
2040	287,985,971	118,971,557	255,954,843	662,912,371
2041	295,012,012	120,364,339	232,630,026	648,006,377
2042	300,858,691	121,144,752	210,156,873	632,160,316
2043	305,810,095	121,397,955	188,648,070	615,856,120
2044	309,697,856	120,890,766	168,205,556	598,794,178
2045	312,415,032	119,727,761	148,921,564	581,064,357
2046	313,751,739	117,988,573	130,877,382	562,617,694
2047	313,879,655	115,758,020	114,137,845	543,775,520
2048	312,784,670	113,070,764	98,748,127	524,603,561

Exhibit 4

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

Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	310,362,507	109,884,839	84,738,677	504,986,023
2050	306,948,780	106,352,439	72,119,274	485,420,493
2051	302,763,291	102,346,084	60,877,045	465,986,420
2052	297,669,927	97,921,210	50,973,995	446,565,132
2053	291,634,348	93,249,249	42,351,724	427,235,321
2054	284,827,319	88,319,192	34,931,639	408,078,150
2055	277,295,665	83,254,995	28,617,734	389,168,394
2056	268,990,130	78,116,008	23,305,226	370,411,364
2057	260,054,430	72,979,438	18,883,992	351,917,860
2058	250,495,142	67,862,101	15,240,526	333,597,769
2059	240,386,580	62,779,945	12,265,028	315,431,553
2060	230,001,852	57,813,211	9,854,359	297,669,422
2061	219,175,642	52,989,508	7,914,754	280,079,904
2062	207,977,538	48,335,116	6,362,689	262,675,343
2063	196,617,971	43,894,994	5,126,110	245,639,075
2064	185,094,736	39,690,863	4,144,358	228,929,957
2065	173,534,003	35,727,428	3,366,587	212,628,018
2066	162,031,541	32,013,438	2,750,797	196,795,776
2067	150,710,421	28,550,252	2,263,048	181,523,721
2068	139,660,221	25,334,579	1,875,975	166,870,775
2069	128,948,285	22,363,229	1,567,676	152,879,190
2070	118,645,662	19,632,108	1,320,843	139,598,613
2071	108,769,656	17,135,258	1,121,904	127,026,818
2072	99,333,575	14,865,594	960,288	115,159,457
2073	90,348,199	12,813,938	827,840	103,989,977

Notes on the Expected Annual Benefit Payments:

- Based on the 2024 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants or expected expenses

Exhibit 6

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 471,896,508	\$ 0	\$ 471,896,508
2025	474,255,990	0	474,255,990
2026	476,627,270	0	476,627,270
2027	479,010,407	0	479,010,407
2028	481,405,459	0	481,405,459
2029	483,812,486	0	483,812,486
2030	486,231,548	0	486,231,548
2031	488,662,706	0	488,662,706
2032	491,106,020	0	491,106,020
2033	493,561,550	0	493,561,550

Notes on the Projected Employer Contributions:

- Based on the 2024 PPA Zone Status Certification assumptions
- Employer contributions are assumed payable mid-year

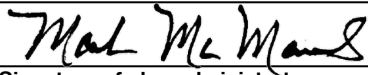
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

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

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

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

SIGN HERE		2/6/2026	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2/6/2026	SMITTY G. BELCHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

5 Total number of participants at the beginning of the plan year	5	190,666
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	88,454
a (2) Total number of active participants at the end of the plan year	6a(2)	93,165
b Retired or separated participants receiving benefits	6b	47,884
c Other retired or separated participants entitled to future benefits	6c	45,174
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	186,223
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	10,614
f Total. Add lines 6d and 6e	6f	196,837
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	4,594

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

1A

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

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

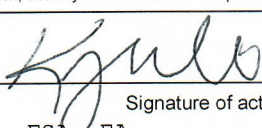
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan United Association National Pension Fund		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF B/O/T United Association National Pension Fund		D Employer Identification Number (EIN) 52-6152779
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2024</u>		
b Assets		
(1) Current value of assets.....	1b(1)	7,090,438,944
(2) Actuarial value of assets for funding standard account.....	1b(2)	7,337,941,445
c (1) Accrued liability for plan using immediate gain methods.....		
(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)	9,169,119,101
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)	15,476,245,230
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	350,784,254
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	702,381,555
(3) Expected plan disbursements for the plan year.....	1d(3)	748,043,686
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE  Signature of actuary Kevin Woodrich, FSA, EA Type or print name of actuary	<u>3/30/2026</u> Date 23-07086 Most recent enrollment number (703) 893-1456 Telephone number (including area code)	
Cheiron, Inc. Firm name 9115 Harris Corners Parkway Suite 380 Charlotte NC 28269 Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		Schedule MB (Form 5500) 2024 v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	7,090,438,944
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	56,400	7,942,577,931
(2) For terminated vested participants	30,961	2,074,281,479
(3) For active participants:		
(a) Non-vested benefits		290,472,417
(b) Vested benefits		5,168,913,403
(c) Total active	79,133	5,459,385,820
(4) Total	166,494	15,476,245,230
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	45.81 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2025	514,619,028				
Totals ▶			3(b)	514,619,028	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 173,528

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	80.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, 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	3.69 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.1%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.9%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	29,929,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	339,547,842	35,311,282
1	13,131,050	1,365,564

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	182,648,710

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)	3,644,216,764	458,377,378
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		46,474,391
e Total charges. Add lines 9a through 9d.....	9e		687,500,479
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		871,061,887
g Employer contributions. Total from column (b) of line 3.....	9g		514,619,028
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	941,977,221	158,302,846
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		92,957,490
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	3,359,489,084	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	7,019,216,323	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		1,636,941,251
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		949,440,772
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

Attachments to Schedule MB (Form 5500)
Actuarial Information

Plan: United Association National Pension Fund
PN: 001
EIN: 52-6152779

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