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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
LIUNA STAFF AND AFFILIATES PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1962

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND

905 - 16TH STREET, NW
WASHINGTON, DC 20006-1703

905 - 16TH STREET, NW
WASHINGTON, DC 20006-1703

2b Employer Identification Number (EIN)
52-0743575

2c Plan Sponsor's telephone number
202-737-1664

2d Business code (see instructions)
813930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/28/2026	MICHAEL SABITONI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2026	BRENT BOOKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] 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	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	11372
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)**	3600
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3626
b	Retired or separated participants receiving benefits	**6b**	4317
c	Other retired or separated participants entitled to future benefits	**6c**	2784
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	10727
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	820
f	Total. Add lines **6d** and **6e**.	**6f**	11547
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)**	
g(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**	491

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

1A 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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) [X]	Trust	**(3)** [X]	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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
LIUNA STAFF AND AFFILIATES PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND

D Employer Identification Number (EIN)
52-0743575

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2025		
b	Assets		
(1)	Current value of assets	**1b(1)**	1916989463
(2)	Actuarial value of assets for funding standard account	**1b(2)**	2004265371
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	2354983627
(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)**	2148868574
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)**	3121823335
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	136161089
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	141778868
(3)	Expected plan disbursements for the plan year	**1d(3)**	147378868

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	Date: 07/23/2026
JOSHUA KAPLAN, FSA, MAAA, FCA	26-05487
Type or print name of actuary	Most recent enrollment number
SEGAL	212-251-5000
Firm name	Telephone number (including area code)
66 HUDSON BOULEVARD EAST NEW YORK, NY 10001-2192	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	1916989463
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		5137	1593936092
(2) For terminated vested participants		2784	197184107
(3) For active participants:			
(a) Non-vested benefits			75997724
(b) Vested benefits			1254705412
(c) Total active		3626	1330703136
(4) Total		11547	3121823335
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	61.41 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/15/2025	122751959				

	Totals ►	**3(b)**	122751959	**3(c)**	
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	93.3 %
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**	

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**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.25 %	7.25 %
e Salary scale	**6e**	5.00 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	3.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.3 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	5392757	
(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	93528002	9726446
3	2231164	232030

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**	57932971

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)**	648965806		89904030
(2) Funding waivers	**9c(2)**	0		0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0		0
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	10718183
e Total charges. Add lines 9a through 9d			**9e**	158555184
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	195568015
g Employer contributions. Total from column (b) of line 3			**9g**	122751959
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	102679535		24231781
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	20014431
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	741628548		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	922949822		
(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**	362566186
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	204011002
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LIUNA STAFF AND AFFILIATES PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND

D Employer Identification Number (EIN)
52-0743575

Part I Service Provider Information (see instructions)

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).. . . . . [X] Yes [ ] No

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

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

GLOBEFLEX CAPITAL, LP

33-0597629

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

APOLLO ADVISORS VIII, LP

80-0877161

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

MCMORGAN & COMPANY, LLC

52-2334338

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

57 STARS LLC

25-1913783

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

POMONA CAPITAL LLC

30-0748480

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

ROGERSCASEY TARGET SOLUTIONS LLC

20-5093397

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

ENTRUST (PERMAL) GROUP

90-0644478

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

IFM INVESTORS PTY LTD

114 WEST 47TH STREET
NEW YORK, NY 10036

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

ANGELO GORDON & COMPANY, LP

245 PARK AVENUE
NEW YORK, NY 10167

13-3478879

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

NB ALTERNATIVES ADVISORS

30-0536163

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

GCM GROSVENOR CAPITAL MGMT

36-4336976

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

WESTPORT CAPITAL PARTNERS LLC

20-3834766

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

STONEPEAK ASSOCIATES II LLC

47-4513101

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

GERDING EDLEN INVESTMENT MGMT

1477 NW EVERETT STREET
PORTLAND, OR 97209

47-3122349

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

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

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

LANDMARK EQUITY ADVISORS LLC

06-1519082

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

HAMILTON LANE GP X LLC

61-1808970

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

THE CARLYLE GROUP

98-1310689

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

ULLICO INVESTMENT ADVISORS, INC

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

90-0622302

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

THE NORTHERN TRUST COMPANY (50 SOUT

36-1561860

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

CENTERBRIDGE SPECIAL CREDIT PARTNER

84-4651725

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

MESIROW FINANCIAL

36-3741067

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

TA REALTY

87-1282125

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

OAKTREE CAPITAL MANAGEMENT, L.P.

26-0189082

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

KAYNE ANDERSON CORE REAL ESTATE, LP

1800 AVENUE OF THE STARS
LOS ANGELES, CA 90067

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

BRIGADE CAPITAL MANAGEMENT, L.P.

26-0240191

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

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

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

LOOMIS SAYLES & COMPANY, LP

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	680239	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JANUS CAPITAL MANAGEMENT, INC

75-3019302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	597305	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

HGK ASSET MANAGEMENT, INC.

52-1296988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	425706	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 68	NONE	383666	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

THE SEGAL COMPANY, INC.

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 53	NONE	366159	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SOUTHERN SUN ASSET MANAGEMENT

27-2990431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	338812	Yes [ ] No [X]	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)

GLOBEFLEX INTERNATIONAL

20-5826373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	333699	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE1

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	282966	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE2

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	279011	Yes [ ] No [X]	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)

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	256302	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE LAW OFFICES OF JAMES S. RAY

13-4315411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	248182	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALLIANCE BERNSTEIN

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	241020	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	236977	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

EMPLOYEE3

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	203458	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE4

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	184383	Yes [ ] No [X]	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)

RBC DEXIA INVESTOR SERVICES TRUST

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	180756	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	169523	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WALTER, SCOTT, & PARTNERS

98-0465834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	165321	Yes [ ] No [X]	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)

JP MORGAN INVESTMENT MGMT, INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	162311	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE5

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	161983	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE6

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	159586	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	130877	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RYAN LABS ASSET MANAGEMENT

13-3451974

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	121656	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE7

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	120263	Yes [ ] No [X]	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)

EMPLOYEE8

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	108759	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE9

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	99091	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE10

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	99038	Yes [ ] No [X]	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)

EMPLOYEE11

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	98498	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE12

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	98280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALL SYSTEMS GO, INC.

52-1765794

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	NONE	96619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE13

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	93681	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE14

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	92689	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE15

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	89313	Yes [ ] No [X]	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)

EMPLOYEE16

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	89295	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE17

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	87029	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE18

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	86964	Yes [ ] No [X]	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)

EMPLOYEE19

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	86688	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE20

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	86160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE21

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	82896	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)

EMPLOYEE22

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	82741	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 65 99	NONE	81650	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE23

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	72231	Yes [ ] No [X]	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)

EMPLOYEE24

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	69127	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

EMPLOYEE25

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	EMPLOYEE	64849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE26

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	63864	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)

EMPLOYEE27

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	57565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE28

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	57549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP, PLLC

7501 WISCONSIN AVENUE, SUITE 1200 W
BETHESDA, MD 20814

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	56546	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)

EMPLOYEE29

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	36717	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE30

52-0743575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35	EMPLOYEE	33617	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KELLY PRESS, INC.

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	27912	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STANDARD VALUATIONS, INC.

41-1327339

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

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

AMALGATRUST BANK OF CHICAGO

36-0721895

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

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

FENGATE ASSET MANAGEMENT

77 KING STREET WEST, SUITE 3410
TORONTO M5K 1H1 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	17861	Yes [ ] No [X]	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)

KOSKIE MINSKY, LLP

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	14896	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FONTANA LITHO INC., DBA MOSAIC

52-0821478

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	13807	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROXYVOTE PLUS

20-0509976

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

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	16080

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ULLICO/MARKEL 8403 COLESVILLE RD SILVER SPRING, MD 20910 13-2988846	COMMISSIONS FOR THE PROCUREMENT OF FIDUCIARY LIABILITY INSURANCE.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	4124

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	9759

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
RLI INSURANCE 9025 NORTH LINDBERGH DR PEORIA, IL 61615 37-0915434	COMMISSIONS FOR THE PROCUREMENT OF FIDUCIARY LIABILITY INSURANCE (EXCESS).

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LIUNA STAFF AND AFFILIATES PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND

D Employer Identification Number (EIN)
52-0743575

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): PNC BANK, NATIONAL ASSOCIATION

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6328901-001	C	14051509

a Name of MTIA, CCT, PSA, or 103-12 IE: J.P. MORGAN REAL ESTATE STRATEGIC

b Name of sponsor of entity listed in (a): J.P. MORGAN CHASE BANK13-6038770

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6399613-001	C	38563283

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES LARGE CAP GROWTH TRUS

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-6391546-012	C	136777564

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA ACWI EX US NL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
80-6103053-001	C	255676235

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI US NL

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6625075-001	C	-159599

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-001	C	95581731

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 3000 INDEX FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-042	C	53351659

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

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

c EIN-PN 04-6882875-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60002808

a Name of MTIA, CCT, PSA, or 103-12 IE: BRIGADE OPP CR CIT

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

c EIN-PN 82-5499317-117	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52523845

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS WRLD CRD TRST

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

c EIN-PN 20-8080381-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50732794

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI EAFE INDEX NL FUND

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

c EIN-PN 04-6832069-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33990425

a Name of MTIA, CCT, PSA, or 103-12 IE: PINESTONE INTERNATIONAL EQUITY CIT

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

c EIN-PN 99-1858262-182	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38892835

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H
(Form 5500)

Department of the Treasury
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LIUNA STAFF AND AFFILIATES PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND

D Employer Identification Number (EIN)
52-0743575

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13992097	13762990
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	17375435	15831343
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	29996949	48189932
(2) U.S. Government securities	1c(2)	61087947	58725365
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	49161644	58974549
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	317724371	343749169
(5) Partnership/joint venture interests	1c(5)	628725332	748824950
(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)	679673805	829985089
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	121304676	59074978
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1659589	1671093

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	1800327	1634929
1f Total assets (add all amounts in lines 1a through 1e)	1f	1922502172	2180424387
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	5512709	2463452
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	5512709	2463452
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1916989463	2177960935

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)	122751959	
(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)		122751959
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	909539	
(B) U.S. Government securities	2b(1)(B)	2464660	
(C) Corporate debt instruments	2b(1)(C)	4879561	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8253760
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	5554659	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5554659
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	190963059	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	134638849	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		56324210
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	73173541	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		73173541

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		56634762
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		50741317
c Other income	2c		31703174
d Total income. Add all **income** amounts in column (b) and enter total	2d		405137382
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	134282391	
(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)		134282391
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)	3131301	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	56546	
(5) Investment advisory and investment management fees	2i(5)	4080026	
(6) Bank or trust company trustee/custodial fees	2i(6)	487794	
(7) Actuarial fees	2i(7)	366159	
(8) Legal fees	2i(8)	263078	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	51055	
(11) Other expenses	2i(11)	1447560	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		9883519
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		144165910
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		260971472
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		748824950
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591513.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
LIUNA STAFF AND AFFILIATES PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PENSION FUND

D Employer Identification Number (EIN)
52-0743575

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 57

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer LIUNA STAFF

b EIN 53-0088501 **c** Dollar amount contributed by employer 9144999

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer LOCAL UNION 79

b EIN 13-3882419 **c** Dollar amount contributed by employer 1792478

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer LOCAL UNION 300

b EIN 95-0918060 **c** Dollar amount contributed by employer 1421491

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer NEW ENGLAND LABORERS TRAINING

b EIN 04-2454286 **c** Dollar amount contributed by employer 1356679

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer NORTHWEST LABORERS TRAINI

b EIN 91-6092087 **c** Dollar amount contributed by employer 1395661

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

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

b EIN 10-7581209 **c** Dollar amount contributed by employer 8111672

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

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

b EIN 81-7516834 **c** Dollar amount contributed by employer 2182787

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer LOCAL UNION 242

b EIN 91-0256840 **c** Dollar amount contributed by employer 1268655

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer E. REGION ORGANIZING FUND

b EIN 22-3640887 **c** Dollar amount contributed by employer 1251981

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer GREAT LAKES ORGANIZING CO.

b EIN 36-4465366 **c** Dollar amount contributed by employer 1210896

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF GROSS ANNUAL SALARY

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 55.6 % Private Equity: 8.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 11.2 %
High-Yield Debt: 8.1 % Real Assets: 16.2 % Cash or Cash Equivalents: 0.3 % Other: 0.2 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

LIUNA STAFF AND AFFILIATES PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025

LIUNA STAFF AND AFFILIATES PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2025 AND 2024

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
LIUNA Staff and Affiliates Pension Fund

Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Calibre CPA Group, PLLC

Bethesda, MD
July 27, 2026

LIUNA STAFF AND AFFILIATES PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments - at fair value (Note 7)	$ 2,114,425,074	$ 1,875,196,451
Receivables		
Employer contributions	13,762,990	13,992,097
Accrued interest and dividends	1,969,935	1,846,649
Due from LIUNA National (Industrial) Pension Fund	4,651,323	4,587,523
Due from LIUNA National 401(k) Savings Plan	180,260	173,569
Due from LIUNA SERP Plan	36,710	39,024
Due from Laborers' National Health and Welfare Fund	4,987	13,777
Due from broker for pending investment transactions	620,006	2,714,651
Other	(56,072)	(13,209)
Total receivables	21,170,139	23,354,081
Cash	34,770,051	14,137,862
Other assets		
Prepaid pensions	8,424,194	8,013,451
Prepaid expenses - other	1,586,116	1,701,536
Property and equipment (net of accumulated depreciation of $710,845 and $651,731)	48,813	98,791
Total other assets	10,059,123	9,813,778
Total assets	2,180,424,387	1,922,502,172
Liabilities		
Accounts payable	566,697	762,340
Due to broker for pending investment transactions	325,803	2,959,832
Investment management fees payable	1,310,921	1,507,481
Accrued severance plan costs	260,031	283,056
Total liabilities	2,463,452	5,512,709
Net assets available for benefits	$ 2,177,960,935	$ 1,916,989,463

See accompanying notes to financial statements.

LIUNA STAFF AND AFFILIATES PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 236,873,830	$ 141,908,767
Interest	8,208,717	6,364,360
Dividends	5,599,702	5,395,637
	250,682,249	153,668,764
Less: investment expenses	(4,497,759)	(4,569,876)
Net investment income	246,184,490	149,098,888
Other additions		
Employer contributions	122,751,959	117,246,949
Other income	51,849	104,321
Currency translation adjustment	31,651,325	(25,705,201)
Total other additions	154,455,133	91,646,069
Total additions	400,639,623	240,744,957
Deductions		
Pension benefits	133,880,858	129,176,164
Death benefits	401,533	589,069
Administrative expenses	5,385,760	5,430,251
Total deductions	139,668,151	135,195,484
Net change	260,971,472	105,549,473
Net assets available for benefits		
Beginning of year	1,916,989,463	1,811,439,990
End of year	$ 2,177,960,935	$ 1,916,989,463

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

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

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

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

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

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

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

NOTE 3. FUNDING POLICY

The international union, local unions, and district councils, on behalf of eligible full-time officers and employees, made contributions of 29% of gross salary for the year ended December 31, 2025 and 2024. Contributions at the same rate are also made for eligible full-time employees of approved building trade councils, central bodies, and laborer's training, pension, prepaid legal, political league, and education, and cooperation trust funds. The contributions made in the years ended December 31, 2025 and 2024 exceed the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

NOTE 4. PRIORITIES UPON TERMINATION

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

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

NOTE 5. TAX STATUS

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

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

NOTE 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

Actuarial valuations of the Plan covering both the U.S. and Canadian segments as of January 1, 2025 were made by The Segal Consulting Company. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants or beneficiaries currently receiving payments	$ 1,224,006,334
Other vested benefits	883,742,026
	2,107,748,360
Non-vested benefits	41,120,214
Total actuarial present value of accumulated plan benefits	$ 2,148,868,574

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

Actuarial present value of accumulated plan benefits at January 1, 2024	$ 2,066,063,843
Change during the year attributed to	
Benefits accumulated, net experience gain or loss, and changes in data	67,352,739
Interest	144,693,640
Plan amendments	523,585
Benefits paid	(129,765,233)
Net change	82,804,731
Actuarial present value of accumulated plan benefits at January 1, 2025	$ 2,148,868,574

Some of the actuarial assumptions used in the valuation as of January 1, 2025, are listed below. The actuary used the aggregate cost method:

Net investment return	7.25%.
Contribution rate	29% of salary.
Retirement rates	Ranges from ages 40 to 70 and over, based on probability of retirement at specific ages.
Percent married	75%.
Administrative expenses	$5,600,000 for the year beginning January 1, 2025.

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

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

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

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

Since the information on the accumulated plan benefits at December 31, 2025 and the changes in accumulated plan benefits for the year then ended are not presented, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2025, and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2025. The complete financial status is presented as of December 31, 2024.

NOTE 7. FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025:

	Assets at Fair Value as of December 31, 2025			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 13,419,881	$ -	$ 13,419,881	$ -
United States Government and government agency obligations	58,725,365	32,566,135	26,159,230	-
Corporate bonds and notes	58,974,549	-	58,974,549	-
Common and preferred stocks	343,749,169	332,517,399	-	11,231,770
Total assets in the fair value hierarchy	474,868,964	$ 365,083,534	$ 98,553,660	$ 11,231,770
Investments measured at NAV*	1,639,556,110			
Investments at fair value	$ 2,114,425,074			

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

Sales of investments, whose fair value has been determined using significant unobservable inputs (Level 3), were $-0- for the years ended December 31, 2025 and 2024.

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2025 and 2024, respectively:

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts	$ 829,985,089	$ -	Daily	1 day - 30 days
Registered investment companies	59,074,978	-	Daily	1 day - 30 days
Pooled fixed income funds	1,671,093	-	Daily	1 day - 30 days
Limited partnerships/other	748,824,950	137,939,098	N/A	N/A
Total	$ 1,639,556,110	$ 137,939,098		

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

NOTE 8. PROPERTY AND EQUIPMENT

Property and equipment of the Plan at December 31, 2025 and 2024 were comprised of the following:

	2025	2024
Property and equipment	$ 759,658	$ 750,522
Less: accumulated depreciation	(710,845)	(651,731)
Property and equipment - net	$ 48,813	$ 98,791

Depreciation expense for the years ended December 31, 2025 and 2024 amounted to $59,114 and $66,104, respectively.

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

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

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

For the years ended December 31, 2025 and 2024, the expenses allocated to the LIUNA National (Industrial) Pension Fund were $4,586,548 and $4,591,805 respectively. At December 31, 2025 and 2024, the LIUNA National (Industrial) Pension Fund owed the Plan $4,651,323 and $4,587,523, respectively.

For the years ended December 31, 2025 and 2024, the expenses allocated to the LIUNA National 401(k) Savings Plan were $176,215 and $171,052, respectively. At December 31, 2025 and 2024, the LIUNA National 401(k) Savings Plan owed the Plan $180,260 and $173,569, respectively.

For the years ended December 31, 2025 and 2024, the expenses allocated to the LIUNA SERP Plan were $36,710 and $39,024, respectively. At December 31, 2025 and 2024, the LIUNA SERP Plan owed the Plan $36,710 and $39,024, respectively.

For the years ended December 31, 2025 and 2024, the expenses allocated to the Laborers' National Health and Welfare Fund were $307,656 and $225,960. At December 31, 2025 and 2024, the Laborers' National Health and Welfare Fund owed the Plan $4,987 and $13,777, respectively.

The Plan leases office space from LIUNA under a lease which commenced on March 1, 2016 that expires on March 1, 2026. Annual rent expense for the years ended December 31, 2025 and 2024 amounted to $606,730 and $592,931, respectively.

Minimum annual rental and lease commitments under this lease at December 31, 2025 are as follows:

December 31,	
2026	$ 103,142

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

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

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

NOTE 10. DERIVATIVE FINANCIAL INSTRUMENTS

The Plan utilizes forward currency contracts to manage its exposure to fluctuations in foreign currency exchange rates. These derivative financial instruments are subject to market risk resulting from changes in foreign currency exchange rates and credit risk associated with the potential inability of counterparties to satisfy the terms of the contracts. Because the notional amounts of the contracts may exceed the amounts recognized in the financial statements, losses resulting from market movements or counterparty nonperformance could exceed the amounts currently recorded

At December 31, 2025 and 2024, the Canadian Plan held forward currency contracts with total notional amounts of $275,341,104 and $272,013,706, respectively. The fair value of these contracts is recorded on a gross basis in the accompanying statement of net assets available for benefits and totaled $275,074,976 and $272,523,069 at December 31, 2025 and 2024, respectively. Changes in the fair value of these contracts are included in net investment income.

While the Plan records these contracts on a gross basis, the net unrealized (loss) gain on forward currency contracts was approximately $(266,129) and $509,364 at December 31, 2025 and 2024, respectively.

These contracts are subject to market risk due to changes in foreign currency exchange rates and to credit risk associated with counterparty nonperformance.

NOTE 11. RISKS AND UNCERTAINTIES

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

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

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

The following table is a reconciliation for additions per the financial statements to income per the Form 5500 for the year ended December 31, 2025:

Additions per financial statements	$ 400,639,623
Add: investment expenses	4,497,759
Income per Form 5500	$ 405,137,382

The following table is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the year ended December 31, 2025:

Deductions per financial statements	$ 139,668,151
Add: investment expenses	4,497,759
Expenses per Form 5500	$ 144,165,910

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

NOTE 13. POST-EMPLOYMENT BENEFITS

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

Benefit obligation at December 31, 2025:	$ 260,031
Weighted average assumption for discount rate as of December 31, 2025 for benefit obligation:	4.75%
Expected annual increase in salaries as of December 31, 2025:	5.00%

NOTE 13. POST-EMPLOYMENT BENEFITS (CONTINUED)

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

Year ending December 31,		
2026	$	31,415
2027		38,205
2028		36,237
2029		37,745
2030		38,377
2031-2035		168,368

NOTE 14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 27, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

Appendix B: Summary of plan provisions

Schedule MB, Line 6

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

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

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

Appendix B: Summary of plan provisions

Service pension

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

Early retirement

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

Disability

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

Vesting

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

Spouse's pre-retirement death benefit

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

Sixty month pre-retirement guarantee (for active participants only and if not eligible for spouse's benefit)

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

Pre-retirement lump-sum death benefit (for active participants only)

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

Appendix B: Summary of plan provisions

Post-retirement death benefit

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

Optional forms of benefits

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

Participation

First day after receiving compensation for full-time employment

Service credit

One year for $10,000 of earnings

Appendix B: Summary of plan provisions

Vesting credit

One year for $10,000 of earnings

Contribution rate

29% of salary

Section 415(b) limit

$280,000 (previously $275,000)

Section 401(a)(17) limit

$350,000 (previously $345,000)

Changes in plan provisions

The increased limit in Section 401(a)(17) and Section 415(b) were reflected in this actuarial valuation.

LIUNA STAFF AND AFFILIATES PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	Short-term investments						
	Investment Manager - Ryan Labs Asset Management						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	310,439	$ 310,439	$ 310,439
	Investment Manager - LSV Asset Management						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	502,376	502,376	502,376
	Investment Manager - Janus U.S. Mid Cap Growth						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	2,222,163	2,222,163	2,222,163
	Investment Manager - Alliance Bernstein						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	241,585	241,585	241,585
	Investment Manager - Loomis Sayles						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	12,563	12,563	12,563
	Investment Management - J. P. Morgan						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	16,601	16,601	16,601
	Investment Manager - SouthernSun Asset Management						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	913,488	913,488	913,488
	Investment Manager - ULLICO						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	66	66	66
	Investment Manager - HGK/GLG Asset Management (Large Cap)						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	2,266,783	2,266,783	2,266,783
	Investment Manager - Income Research & Management						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	596,958	596,958	596,958
	Investment Manager - Franklin Templeton						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	16,852	16,852	16,852
	Investment Manager - Federated Investment Counseling						
	EB TEMPORARY INVESTMENT FUND	N/A	N/A	Varies	15,380	15,380	15,380
	Working Account						
	EB TEMP INV FD	N/A	N/A	Varies	6,304,627	6,304,627	6,304,627
	Total short-term investments					13,419,881	13,419,881
	U.S. Government, government guaranteed and government agency obligations						
	Investment Manager - Ryan Labs Asset Management						
	FHLMC POOL #G0-7416	N/A	07/01/2043	3.500%	45,157	45,969	43,243
	FHLMC POOL #G0-7426	N/A	06/01/2043	4.000%	52,626	55,224	51,585
	FHLMC POOL #G0-8572	N/A	02/01/2044	3.500%	15,447	15,882	14,757
	FHLMC POOL #G0-8677	N/A	11/01/2045	4.000%	22,280	23,589	21,611
	FHLMC POOL #G0-8707	N/A	05/01/2046	4.000%	26,905	28,435	26,081
	FHLMC POOL #G0-8772	N/A	07/01/2047	4.500%	24,255	26,165	24,007
	FHLMC POOL #Q1-9470	N/A	06/01/2043	3.000%	66,368	66,617	61,530
	FHLMC POOL #QD-5507	N/A	01/01/2052	2.000%	59,643	58,502	48,983
	FHLMC POOL #QD-9791	N/A	04/01/2052	2.000%	80,205	70,838	64,994
	FHLMC POOL #QE-0359	N/A	04/01/2052	3.500%	69,668	69,592	64,966
	FHLMC POOL #RA-3580	N/A	09/01/2050	2.000%	50,414	52,375	41,623
	FHLMC POOL #RA-4245	N/A	12/01/2050	2.000%	50,942	52,932	42,017
	FHLMC POOL #RA-7773	N/A	08/01/2052	4.000%	175,187	160,351	167,456
	FHLMC POOL #RB-5145	N/A	01/01/2042	2.000%	65,999	65,123	57,250
	FHLMC POOL #RJ-0867	N/A	02/01/2054	7.000%	206,212	215,550	217,159
	FHLMC POOL #SD-1470	N/A	03/01/2052	2.000%	140,994	118,501	116,083
	FHLMC POOL #SD-1556	N/A	06/01/2052	2.000%	86,043	69,275	69,856
	FHLMC POOL #SD-1601	N/A	09/01/2052	4.500%	163,636	156,298	161,126
	FHLMC POOL #SD-1844	N/A	06/01/2052	3.000%	179,204	158,064	159,908
	FHLMC POOL #SD-1919	N/A	03/01/2052	3.000%	61,395	56,368	55,292
	FHLMC POOL #SD-2282	N/A	01/01/2052	3.500%	60,409	55,473	56,430
	FHLMC POOL #SD-3875	N/A	04/01/2051	3.500%	107,561	99,443	100,177
	FHLMC POOL #SD-3937	N/A	05/01/2052	2.500%	135,960	105,709	117,695
	FHLMC POOL #SD-4880	N/A	09/01/2053	4.500%	344,051	331,203	338,773
	FHLMC POOL #SD-5012	N/A	03/01/2054	5.000%	267,771	262,708	268,917
	FHLMC POOL #SD-5603	N/A	06/01/2054	5.500%	82,543	84,097	85,085
	FHLMC POOL #SD-7528	N/A	11/01/2050	2.000%	53,247	55,284	44,127
	FHLMC POOL #SD-8044	N/A	02/01/2050	3.000%	312,279	274,692	280,261
	FHLMC POOL #SD-8108	N/A	11/01/2050	3.000%	115,035	96,181	102,847

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	FHLMC POOL #SD-8196	N/A	01/01/2052	3.500%	16,408	$ 17,323	$ 15,270
	FNMA POOL #0890813	N/A	12/01/2047	3.500%	42,853	41,748	40,494
	FNMA POOL #0931792	N/A	08/01/2039	5.000%	16,681	18,123	17,173
	FNMA POOL #0AB5379	N/A	06/01/2042	3.500%	27,291	28,267	26,205
	FNMA POOL #0AB9350	N/A	05/01/2043	3.000%	44,739	44,892	41,448
	FNMA POOL #0AD1645	N/A	03/01/2040	5.000%	9,682	10,556	9,967
	FNMA POOL #0AJ5300	N/A	11/01/2041	4.000%	23,043	24,248	22,572
	FNMA POOL #0AJ6086	N/A	12/01/2026	3.000%	5,106	5,276	5,075
	FNMA POOL #0AL1371	N/A	01/01/2027	4.000%	1,872	1,990	1,866
	FNMA POOL #0AL5538	N/A	07/01/2044	4.000%	35,092	37,812	34,300
	FNMA POOL #0AL5625	N/A	03/01/2044	3.500%	43,983	46,114	42,178
	FNMA POOL #0AR3317	N/A	02/01/2043	3.500%	60,900	62,223	58,691
	FNMA POOL #0AS0210	N/A	08/01/2043	3.500%	65,270	66,647	62,343
	FNMA POOL #0AS7838	N/A	08/01/2046	3.000%	45,936	43,632	41,896
	FNMA POOL #0AT5860	N/A	06/01/2043	3.500%	25,709	26,589	24,548
	FNMA POOL #0AU4228	N/A	09/01/2043	4.000%	26,563	27,970	25,930
	FNMA POOL #0AV2959	N/A	12/01/2043	4.500%	32,325	35,371	32,206
	FNMA POOL #0BR2619	N/A	02/01/2051	2.000%	46,552	48,137	38,351
	FNMA POOL #0BT7339	N/A	09/01/2036	2.000%	46,365	47,987	42,946
	FNMA POOL #0BV3091	N/A	02/01/2052	2.500%	57,543	57,075	49,464
	FNMA POOL #0CA7224	N/A	10/01/2050	2.000%	80,083	65,343	65,605
	FNMA POOL #0CB0469	N/A	05/01/2041	2.500%	35,797	37,648	32,413
	FNMA POOL #0CB1842	N/A	10/01/2041	2.500%	59,854	62,455	54,060
	FNMA POOL #0CB7109	N/A	09/01/2053	5.500%	251,081	248,766	257,282
	FNMA POOL #0FM4184	N/A	07/01/2050	2.500%	72,964	61,426	63,197
	FNMA POOL #0FM4334	N/A	04/01/2050	3.000%	73,424	66,712	66,208
	FNMA POOL #0FM4422	N/A	10/01/2050	2.500%	82,328	71,977	71,180
	FNMA POOL #0FM6708	N/A	01/01/2051	2.500%	50,402	50,316	43,562
	FNMA POOL #0FM7737	N/A	02/01/2051	2.500%	94,465	78,258	81,641
	FNMA POOL #0FM8348	N/A	09/01/2051	4.500%	41,849	43,569	36,200
	FNMA POOL #0FM8595	N/A	08/01/2051	2.500%	84,553	88,450	73,248
	FNMA POOL #0FM8617	N/A	09/01/2051	2.000%	66,639	67,774	54,969
	FNMA POOL #0FM8821	N/A	09/01/2051	3.000%	316,787	272,998	283,287
	FNMA POOL #0FM8857	N/A	10/01/2051	2.000%	82,967	84,640	68,584
	FNMA POOL #0FS0328	N/A	10/01/2051	4.000%	56,816	60,909	54,371
	FNMA POOL #0FS1395	N/A	04/01/2052	4.000%	63,396	64,327	60,836
	FNMA POOL #0FS1626	N/A	04/01/2052	2.500%	74,376	65,765	64,024
	FNMA POOL #0FS1931	N/A	02/01/2052	2.500%	118,262	107,212	101,987
	FNMA POOL #0FS2572	N/A	11/01/2051	2.000%	154,702	135,651	126,413
	FNMA POOL #0FS2847	N/A	08/01/2052	4.000%	152,457	140,935	145,694
	FNMA POOL #0FS3218	N/A	03/01/2052	2.500%	79,835	68,783	68,956
	FNMA POOL #0FS3298	N/A	10/01/2051	2.500%	320,527	275,613	272,541
	FNMA POOL #0FS3381	N/A	02/01/2052	2.500%	65,186	57,445	55,593
	FNMA POOL #0FS3382	N/A	08/01/2051	2.000%	84,415	70,183	68,887
	FNMA POOL #0FS3549	N/A	01/01/2052	2.500%	386,875	332,168	329,250
	FNMA POOL #0FS4140	N/A	04/01/2052	3.000%	143,239	129,407	128,931
	FNMA POOL #0FS4269	N/A	10/01/2051	2.000%	65,016	54,380	53,721
	FNMA POOL #0FS9797	N/A	11/01/2054	5.000%	320,087	310,485	322,683
	FNMA POOL #0MA4157	N/A	09/01/2050	1.500%	75,438	73,387	58,310
	FNMA POOL #0MA4281	N/A	03/01/2051	2.000%	230,455	183,320	188,123
	FNMA POOL #0MA4379	N/A	07/01/2051	2.500%	365,751	313,962	312,523
	FNMA POOL #0MA4465	N/A	10/01/2051	2.000%	420,433	348,790	341,888
	FNMA POOL #0MA4468	N/A	10/01/2051	3.500%	50,113	53,699	46,762
	FNMA POOL #0MA4565	N/A	02/01/2052	3.500%	75,185	77,064	69,901
	GNMA POOL #0782468	N/A	11/15/2038	5.000%	11,231	12,235	11,561
	GNMA GTD REMIC P/T 24-29 AE	N/A	05/16/2064	3.500%	220,351	206,304	212,511
	GNMA II POOL #0004266	N/A	10/20/2038	5.500%	6,249	6,848	6,476
	GNMA II POOL #0005331	N/A	03/20/2042	3.500%	9,967	10,295	9,430
	GNMA II POOL #0786100	N/A	03/20/2052	2.500%	75,159	64,848	64,708
	GNMA II POOL #0786266	N/A	03/20/2052	2.500%	69,945	62,207	60,548
	GNMA II POOL #0787155	N/A	11/20/2053	6.000%	87,470	88,754	90,768
	GNMA II POOL #0BS3713	N/A	01/20/2050	3.500%	42,575	39,914	39,427
	GNMA II POOL #0BT1891	N/A	12/20/2050	2.500%	61,489	53,736	52,236
	GNMA II POOL #0BZ4054	N/A	12/20/2050	2.000%	76,867	66,586	63,160
	GNMA II POOL #0CM4722	N/A	10/20/2049	3.500%	127,322	118,112	115,804
	GNMA II POOL #0CO8601	N/A	12/20/2048	4.000%	58,602	55,859	55,914
	GNMA II POOL #0MA6994	N/A	11/20/2050	2.000%	136,354	114,754	113,156
	GNMA II POOL #0MA7135	N/A	01/20/2051	2.000%	179,623	148,729	149,058
	GNMA II POOL #0MA7367	N/A	05/20/2051	2.500%	33,003	34,202	28,547
	GNMA II POOL #0MA7368	N/A	05/20/2051	3.000%	176,354	156,564	158,999
	GNMA II POOL #0MA7420	N/A	06/20/2051	3.500%	59,475	59,420	55,042
	GNMA II POOL #0MA7473	N/A	07/20/2051	3.000%	114,372	105,508	103,116
	GNMA II POOL #0MA7534	N/A	08/20/2051	2.500%	72,934	65,561	63,086
	GNMA II POOL #0MA7648	N/A	10/20/2051	2.000%	77,713	63,895	64,486
	GNMA II POOL #0MA7650	N/A	10/20/2051	3.000%	206,141	191,094	185,853
	GNMA II POOL #0MA7829	N/A	01/20/2052	3.500%	207,330	195,451	191,046
	GNMA II POOL #0MA7830	N/A	01/20/2052	4.000%	105,214	111,256	100,332
	GNMA II POOL #0MA7883	N/A	02/20/2052	3.500%	57,349	58,863	52,694

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	GNMA II POOL #0MA7884	N/A	02/20/2052	4.000%	60,052	$ 62,755	$ 57,263
	GNMA II POOL #0MA7937	N/A	03/20/2052	3.000%	7,141	6,215	6,438
	GNMA II POOL #0MA8199	N/A	08/20/2052	3.500%	138,971	126,540	127,529
	GNMA II POOL #0MA8268	N/A	09/20/2052	4.500%	41,780	40,318	41,064
	GNMA II POOL #0MA8720	N/A	03/20/2053	2.500%	400,598	341,316	347,867
	U S TREASURY BOND	N/A	05/15/2043	2.875%	960,000	740,626	748,128
	U S TREASURY BOND	N/A	05/15/2045	3.000%	80,000	80,742	61,816
	U S TREASURY BOND	N/A	05/15/2047	3.000%	60,000	61,802	45,244
	U S TREASURY BOND	N/A	11/15/2047	2.750%	245,000	230,520	175,280
	U S TREASURY BOND	N/A	02/15/2048	3.000%	160,000	160,775	119,563
	U S TREASURY BOND	N/A	05/15/2048	3.125%	180,000	177,397	137,286
	U S TREASURY BOND	N/A	08/15/2048	3.000%	180,000	176,207	133,846
	U S TREASURY BOND	N/A	11/15/2048	3.375%	50,000	53,985	39,727
	U S TREASURY BOND	N/A	02/15/2049	3.000%	65,000	70,275	48,088
	U S TREASURY BOND	N/A	05/15/2050	1.250%	4,375,000	2,159,455	2,105,294
	U S TREASURY BOND	N/A	08/15/2050	1.375%	175,000	87,992	86,496
	U S TREASURY BOND	N/A	08/15/2040	1.125%	135,000	78,775	85,119
	U S TREASURY BOND	N/A	05/15/2040	1.125%	140,000	98,976	89,173
	U S TREASURY BOND	N/A	11/15/2050	1.625%	830,000	675,601	437,958
	U S TREASURY BOND	N/A	08/15/2041	1.750%	565,000	506,669	382,720
	U S TREASURY BOND	N/A	11/15/2041	2.000%	475,000	357,901	332,814
	U S TREASURY BOND	N/A	02/15/2055	4.625%	95,000	90,670	91,909
	U S TREASURY BOND	N/A	08/15/2055	4.750%	145,000	145,515	143,188
	U S TREASURY BOND	N/A	11/15/2055	4.625%	270,000	268,397	261,268
	U S TREASURY NOTE	N/A	11/15/2030	0.875%	1,155,000	1,091,435	1,010,671
	U S TREASURY NOTE	N/A	08/15/2031	1.250%	95,000	80,167	82,869
	U S TREASURY NOTE	N/A	11/15/2031	1.375%	1,855,000	1,516,173	1,617,987
	U S TREASURY NOTE	N/A	11/30/2028	1.500%	45,000	41,460	42,488
	U S TREASURY NOTE	N/A	02/28/2029	1.875%	1,715,000	1,598,949	1,629,524
	U S TREASURY NOTE	N/A	09/30/2030	4.625%	55,000	55,041	57,204
	U S TREASURY NOTE	N/A	05/15/2034	4.375%	1,295,000	1,291,821	1,325,860
	U S TREASURY NOTE	N/A	06/30/2031	4.250%	15,000	14,900	15,357
	U S TREASURY NOTE	N/A	07/31/2029	4.000%	725,000	729,945	734,773
	U S TREASURY NOTE	N/A	07/31/2031	4.125%	130,000	131,214	132,265
	U S TREASURY NOTE	N/A	11/15/2034	4.250%	5,000	4,880	5,063
	U S TREASURY NOTE	N/A	11/30/2029	4.125%	2,690,000	2,683,854	2,738,232
	U S TREASURY NOTE	N/A	12/15/2027	4.000%	275,000	272,927	277,706
	U S TREASURY NOTE	N/A	01/31/2032	4.375%	980,000	974,564	1,008,557
	U S TREASURY NOTE	N/A	02/15/2035	4.625%	640,000	667,048	665,677
	U S TREASURY NOTE	N/A	04/15/2028	3.750%	685,000	686,891	688,692
	U S TREASURY NOTE	N/A	05/15/2028	3.750%	255,000	254,123	256,443
	U S TREASURY NOTE	N/A	06/15/2028	3.875%	285,000	286,514	287,517
	U S TREASURY NOTE	N/A	07/15/2028	3.875%	740,000	739,924	746,445
	U S TREASURY NOTE	N/A	08/15/2035	4.250%	15,000	15,304	15,141
	U S TREASURY NOTE	N/A	08/15/2028	3.625%	115,000	115,157	115,323
	U S TREASURY NOTE	N/A	09/15/2028	3.375%	45,000	44,696	44,829
	U S TREASURY NOTE	N/A	10/31/2030	3.625%	50,000	49,852	49,836
	U S TREASURY NOTE	N/A	11/15/2035	4.000%	175,000	173,396	172,867
	U S TREASURY NOTE	N/A	12/31/2027	3.375%	295,000	294,574	294,469
						30,551,465	29,828,423
	Investment Manager - Income Research & Management						
	FHLMC POOL #84-1089	N/A	06/01/2047	6.329%	20,555	21,365	21,322
	FHLMC POOL #A9-3231	N/A	08/01/2040	4.000%	42,139	44,776	41,486
	FHLMC POOL #C0-3830	N/A	03/01/2042	4.000%	36,765	38,924	35,516
	FHLMC POOL #G0-7668	N/A	07/01/2037	4.000%	29,398	31,065	29,277
	FHLMC POOL #G6-0564	N/A	02/01/2042	5.000%	28,985	32,282	29,873
	FHLMC POOL #G6-0587	N/A	02/01/2046	4.000%	32,890	35,221	31,911
	FHLMC POOL #G6-1242	N/A	12/01/2045	4.500%	40,127	42,823	40,388
	FHLMC POOL #G6-7701	N/A	10/01/2046	3.000%	43,634	42,352	40,298
	FHLMC POOL #Q3-7573	N/A	10/01/2039	4.500%	39,631	42,876	40,067
	FHLMC POOL #QA-8518	N/A	04/01/2050	3.000%	51,205	54,413	46,165
	FHLMC POOL #QB-4847	N/A	10/01/2050	2.500%	72,857	76,990	61,879
	FHLMC POOL #RA-3607	N/A	09/01/2050	3.000%	68,083	73,285	61,475
	FHLMC POOL #RA-7706	N/A	07/01/2052	5.000%	263,226	256,389	267,485
	FHLMC POOL #SB-0307	N/A	02/01/2035	2.500%	93,403	87,931	89,002
	FHLMC POOL #SB-0359	N/A	07/01/2035	2.500%	293,614	269,544	279,602
	FHLMC POOL #SB-0744	N/A	05/01/2033	3.000%	92,995	89,552	90,819
	FHLMC POOL #SB-8031	N/A	01/01/2035	2.500%	283,243	263,018	271,047
	FHLMC POOL #SD-0499	N/A	08/01/2050	3.000%	203,734	217,613	184,701
	FHLMC POOL #SD-0558	N/A	03/01/2051	2.500%	69,561	72,517	60,375
	FHLMC POOL #SD-1100	N/A	05/01/2052	2.500%	120,837	103,033	104,216
	FHLMC POOL #SD-1357	N/A	08/01/2052	5.000%	237,307	232,153	240,515
	FHLMC POOL #SD-1674	N/A	10/01/2052	4.500%	95,996	91,917	94,966
	FHLMC POOL #SD-5063	N/A	03/01/2054	5.500%	191,666	189,150	197,420
	FHLMC POOL #SD-5250	N/A	04/01/2052	2.500%	237,901	200,320	205,372

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	FHLMC POOL #SD-5270	N/A	04/01/2054	5.000%	192,621	$ 185,736	$ 194,925
	FHLMC POOL #SD-5975	N/A	07/01/2054	5.500%	285,114	292,152	293,279
	FHLMC POOL #SD-7540	N/A	05/01/2051	2.500%	211,534	173,788	182,962
	FHLMC POOL #SD-7543	N/A	08/01/2051	2.500%	110,367	100,623	95,501
	FHLMC POOL #SD-7548	N/A	11/01/2051	2.500%	484,125	417,719	419,189
	FHLMC POOL #SD-7552	N/A	01/01/2052	2.500%	739,905	623,040	640,033
	FHLMC POOL #SD-7562	N/A	04/01/2053	5.500%	200,351	201,196	206,794
	FHLMC POOL #SD-7565	N/A	09/01/2053	5.500%	274,812	279,492	282,850
	FHLMC POOL #U9-9126	N/A	11/01/2043	3.000%	56,841	55,020	52,591
	FHLMC POOL #ZA-6531	N/A	03/01/2049	4.500%	19,887	21,702	19,747
	FHLMC POOL #ZS-4693	N/A	12/01/2046	3.000%	196,556	188,142	178,638
	FHLMC POOL #ZS-7738	N/A	01/01/2031	2.500%	33,939	35,705	33,023
	FHLMC POOL #ZS-7740	N/A	08/01/2030	2.500%	25,393	26,699	24,751
	FHLMC POOL #ZT-1748	N/A	01/01/2049	5.000%	23,462	25,361	23,851
	FHLMC MULTICLASS MTG K544 A2	N/A	07/25/2030	4.266%	290,000	289,694	292,439
	FNMA POOL #0254903	N/A	10/01/2033	5.000%	32,053	35,666	32,569
	FNMA POOL #0888037	N/A	10/01/2036	5.000%	29,080	31,133	29,886
	FNMA POOL #0890143	N/A	02/01/2039	5.000%	31,385	35,077	32,308
	FNMA POOL #0890711	N/A	11/01/2045	4.500%	83,433	90,734	83,779
	FNMA POOL #0995240	N/A	08/01/2037	4.500%	35,379	38,735	35,727
	FNMA POOL #0AD6431	N/A	06/01/2040	4.500%	30,749	33,641	31,052
	FNMA POOL #0AE0113	N/A	07/01/2040	4.000%	33,168	35,754	32,747
	FNMA POOL #0AL3754	N/A	07/01/2041	5.000%	34,930	38,859	35,960
	FNMA POOL #0AL6040	N/A	08/01/2038	7.500%	29,564	33,888	31,720
	FNMA POOL #0AL6301	N/A	06/01/2042	4.500%	34,436	37,506	34,641
	FNMA POOL #0AL6663	N/A	03/01/2039	4.000%	57,327	61,178	57,025
	FNMA POOL #0AL7521	N/A	06/01/2039	5.000%	83,003	90,931	84,279
	FNMA POOL #0AL8088	N/A	02/01/2046	4.000%	52,049	52,569	50,813
	FNMA POOL #0AL9127	N/A	10/01/2044	4.000%	62,848	66,570	61,314
	FNMA POOL #0AL9918	N/A	02/01/2047	3.500%	25,956	27,181	24,744
	FNMA POOL #0AY8188	N/A	04/01/2045	4.000%	36,488	37,150	35,601
	FNMA POOL #0BK1023	N/A	02/01/2048	4.500%	36,445	38,168	35,971
	FNMA POOL #0BM3286	N/A	11/01/2047	4.500%	12,951	13,583	12,963
	FNMA POOL #0BM3491	N/A	01/01/2038	4.500%	23,096	23,987	23,441
	FNMA POOL #0BM4425	N/A	07/01/2047	5.000%	27,693	29,649	28,438
	FNMA POOL #0BM4896	N/A	02/01/2047	3.000%	41,624	43,998	38,542
	FNMA POOL #0BM5019	N/A	12/01/2047	4.000%	535,749	508,375	522,285
	FNMA POOL #0BM5172	N/A	08/01/2047	4.500%	413,848	403,760	414,667
	FNMA POOL #0BM5827	N/A	04/01/2049	5.000%	20,028	21,288	20,468
	FNMA POOL #0BM5985	N/A	06/01/2046	4.500%	39,079	41,875	39,415
	FNMA POOL #0BM6585	N/A	04/01/2047	6.210%	20,943	21,911	21,777
	FNMA POOL #0BO1311	N/A	08/01/2049	3.500%	29,136	31,148	27,603
	FNMA POOL #0BO2977	N/A	09/01/2049	3.500%	72,878	75,532	68,239
	FNMA POOL #0BO6275	N/A	01/01/2050	3.500%	55,097	58,415	51,548
	FNMA POOL #0BP0661	N/A	03/01/2035	2.500%	85,443	89,355	81,672
	FNMA POOL #0BP5462	N/A	06/01/2050	2.500%	26,828	27,910	23,196
	FNMA POOL #0BQ3100	N/A	10/01/2050	3.000%	29,027	30,965	26,275
	FNMA POOL #0BQ3137	N/A	10/01/2050	2.500%	38,968	41,129	33,745
	FNMA POOL #0BR5632	N/A	03/01/2051	2.000%	89,999	91,124	74,538
	FNMA POOL #0BU9898	N/A	01/01/2052	3.500%	79,875	78,327	74,565
	FNMA POOL #0CA4950	N/A	01/01/2050	3.500%	32,518	34,850	30,445
	FNMA POOL #0CA5969	N/A	06/01/2050	2.500%	112,536	94,742	97,318
	FNMA POOL #0CA6097	N/A	06/01/2050	3.500%	53,505	56,599	49,952
	FNMA POOL #0CA6635	N/A	08/01/2050	2.500%	149,023	135,146	129,199
	FNMA POOL #0CA6738	N/A	08/01/2050	3.000%	48,398	51,158	43,300
	FNMA POOL #0CA6872	N/A	08/01/2035	2.500%	71,344	75,490	67,831
	FNMA POOL #0CA7502	N/A	10/01/2035	3.000%	40,939	43,971	39,657
	FNMA POOL #0CB2284	N/A	12/01/2051	2.500%	123,196	112,589	106,801
	FNMA POOL #0CB2857	N/A	02/01/2052	2.500%	145,792	123,536	125,607
	FNMA POOL #0CB4352	N/A	08/01/2052	5.000%	165,977	162,969	168,163
	FNMA POOL #0CB4354	N/A	08/01/2052	5.000%	290,677	293,266	294,197
	FNMA POOL #0FA1231	N/A	04/01/2053	4.500%	316,439	313,300	312,224
	FNMA POOL #0FM1000	N/A	04/01/2047	3.000%	73,818	77,693	67,111
	FNMA POOL #0FM1242	N/A	07/01/2049	5.000%	12,879	13,949	13,100
	FNMA POOL #0FM2336	N/A	01/01/2050	4.000%	21,196	22,806	20,449
	FNMA POOL #0FM2493	N/A	10/01/2049	5.000%	15,000	16,298	15,254
	FNMA POOL #0FM2674	N/A	03/01/2050	4.000%	40,402	43,445	38,927
	FNMA POOL #0FM3193	N/A	04/01/2050	4.000%	29,421	31,706	28,442
	FNMA POOL #0FM4330	N/A	10/01/2050	2.500%	55,187	58,687	47,875
	FNMA POOL #0FM4622	N/A	07/01/2050	3.000%	48,516	51,783	43,968
	FNMA POOL #0FM4726	N/A	11/01/2034	3.000%	26,517	28,241	26,041
	FNMA POOL #0FM5563	N/A	10/01/2049	5.000%	37,781	43,105	38,384
	FNMA POOL #0FM5721	N/A	12/01/2040	3.000%	50,096	52,992	46,446
	FNMA POOL #0FM5842	N/A	07/01/2048	4.500%	101,355	112,583	100,788
	FNMA POOL #0FM6497	N/A	03/01/2051	2.000%	65,864	66,147	54,585
	FNMA POOL #0FM7264	N/A	05/01/2051	3.000%	51,534	54,473	46,538
	FNMA POOL #0FM7602	N/A	06/01/2035	3.000%	119,971	114,929	117,277

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	FNMA POOL #0FM7794	N/A	01/01/2050	4.000%	125,069	$ 134,410	$ 120,720
	FNMA POOL #0FM8216	N/A	11/01/2048	4.000%	106,135	107,478	102,486
	FNMA POOL #0FM8444	N/A	06/01/2036	2.000%	147,986	133,349	137,443
	FNMA POOL #0FM8672	N/A	11/01/2046	4.000%	126,650	137,890	121,890
	FNMA POOL #0FM9728	N/A	11/01/2051	2.500%	213,517	220,039	184,325
	FNMA POOL #0FS1590	N/A	04/01/2052	2.500%	139,525	114,977	120,106
	FNMA POOL #0FS3800	N/A	01/01/2050	4.500%	123,551	122,702	124,400
	FNMA POOL #0FS4568	N/A	09/01/2037	3.000%	226,777	207,182	219,021
	FNMA POOL #0FS7237	N/A	02/01/2052	2.000%	225,960	179,320	186,466
	FNMA POOL #0FS7946	N/A	03/01/2052	2.500%	231,573	194,702	200,016
	FNMA POOL #0MA0706	N/A	04/01/2031	4.500%	14,780	15,976	14,894
	FNMA POOL #0MA2868	N/A	01/01/2032	2.500%	146,260	137,531	141,530
	FNMA POOL #0MA3305	N/A	02/01/2048	3.500%	251,474	228,955	236,549
	GNMA POOL #0734152	N/A	01/15/2041	4.000%	31,046	32,947	30,099
	GNMA POOL #0784605	N/A	01/15/2042	4.500%	15,132	15,721	15,159
	GNMA POOL #0AA6091	N/A	02/15/2043	3.000%	29,836	30,526	27,472
	GNMA II POOL #0005174	N/A	09/20/2041	4.000%	45,970	47,707	44,698
	GNMA II POOL #0005203	N/A	10/20/2041	4.000%	48,578	50,528	47,232
	GNMA II POOL #0005334	N/A	03/20/2042	5.000%	8,246	9,091	8,490
	GNMA II POOL #0785283	N/A	01/20/2051	2.500%	182,187	194,143	156,912
	GNMA II POOL #0AV9421	N/A	11/20/2046	3.500%	45,880	48,103	42,403
	GNMA II POOL #0MA2964	N/A	07/20/2045	5.000%	22,466	24,257	23,051
	GNMA II POOL #0MA3456	N/A	02/20/2046	4.500%	20,306	20,950	20,256
	GNMA II POOL #0MA5399	N/A	08/20/2048	4.500%	364,487	353,439	362,122
	GNMA II POOL #0MA7589	N/A	09/20/2051	2.500%	339,579	289,228	293,725
	GNMA II POOL #0MA7880	N/A	02/20/2052	2.000%	297,744	237,742	247,068
	GNMA II POOL #0MA8044	N/A	05/20/2052	3.500%	411,932	371,866	379,917
	GNMA II POOL #0MA8879	N/A	05/20/2053	5.500%	252,765	257,058	257,125
	GNMA II POOL #0MA9240	N/A	10/20/2053	5.000%	294,624	294,968	295,864
	SBA GTD PARTN CTFS 2009-20H 1	N/A	08/01/2029	4.450%	27,530	29,520	27,488
	SBA GTD PARTN CTFS 2013-20E 1	N/A	05/01/2033	2.070%	25,077	23,328	23,503
	SBA GTD PARTN CTFS 2014-20C 1	N/A	03/01/2034	3.210%	63,968	63,967	62,060
	SBA GTD PARTN CTFS 2014-20J 1	N/A	10/01/2034	2.740%	44,120	44,120	41,709
	SBA GTD PARTN CTFS 2015-20F 1	N/A	06/01/2035	2.980%	41,555	41,555	39,435
	SBA GTD PARTN CTFS 2015-20L 1	N/A	12/01/2035	2.820%	76,525	76,525	72,673
	SBA GTD PARTN CTFS 2022-25E 1	N/A	05/01/2047	3.940%	126,245	126,245	120,406
	SBA GTD PARTN CTFS 2022-25G 1	N/A	07/01/2047	3.930%	150,283	150,283	144,634
	SBA GTD PARTN CTFS 2023-10A 1	N/A	03/10/2033	5.168%	149,614	149,614	152,817
	SBA GTD PARTN CTFS 2023-25D 1	N/A	04/01/2048	4.480%	104,961	104,961	103,465
	SBA GTD PARTN CTFS 2023-25E 1	N/A	05/01/2048	4.620%	174,963	174,963	175,182
	SBA GTD PARTN CTFS 2023-25H 1	N/A	08/01/2048	5.150%	102,857	102,857	105,039
	SBA GTD PARTN CTFS 2023-25L 1	N/A	12/01/2048	5.280%	77,580	77,580	79,641
	SBA GTD PARTN CTFS 2024-10A 1	N/A	03/10/2034	5.035%	209,170	209,170	212,059
	SBA GTD PARTN CTFS 2025-10A 1	N/A	03/10/2035	4.963%	240,000	240,084	243,701
	U S TREASURY BILL	N/A	03/19/2026	0.000%	118,000	117,126	117,126
	U S TREASURY BOND	N/A	02/15/2041	1.875%	220,000	214,182	154,275
	U S TREASURY BOND	N/A	02/15/2052	2.250%	126,000	101,822	76,821
	U S TREASURY BOND	N/A	02/15/2042	2.375%	316,000	267,481	233,508
	U S TREASURY BOND	N/A	08/15/2052	3.000%	775,000	656,728	557,636
	U S TREASURY BOND	N/A	08/15/2042	3.375%	380,000	352,842	322,289
	U S TREASURY BOND	N/A	05/15/2053	3.625%	1,041,000	871,932	845,896
	U S TREASURY BOND	N/A	05/15/2043	3.875%	166,000	154,185	149,465
	U S TREASURY BOND	N/A	08/15/2043	4.375%	1,985,000	1,853,669	1,902,881
	U S TREASURY BOND	N/A	02/15/2054	4.250%	619,000	583,854	562,083
	U S TREASURY BOND	N/A	02/15/2044	4.500%	359,000	345,148	348,567
	U S TREASURY BOND	N/A	05/15/2044	4.625%	1,552,000	1,541,651	1,529,263
	U S TREASURY BOND	N/A	08/15/2054	4.250%	696,000	663,711	632,058
	U S TREASURY BOND	N/A	11/15/2044	4.625%	195,000	187,989	191,786
	U S TREASURY BOND	N/A	02/15/2055	4.625%	420,000	405,048	406,333
	U S TREASURY BOND	N/A	08/15/2055	4.750%	248,000	251,033	244,900
	U S TREASURY BOND	N/A	08/15/2045	4.875%	161,000	163,704	163,164
	U S TREASURY NOTE	N/A	05/15/2035	4.250%	802,000	801,312	810,397
	U S TREASURY NOTE	N/A	05/31/2030	4.000%	1,793,000	1,808,395	1,817,313
	U S TREASURY NOTE	N/A	08/31/2030	3.625%	1,598,000	1,600,612	1,593,701
	U S TREASURY NOTE	N/A	11/15/2035	4.000%	185,000	183,085	182,745
	US TREAS-CPI INFLAT	N/A	01/15/2030	0.125%	316,360	314,680	300,342
						29,496,848	28,896,942
	Total U.S. Government, government guaranteed and government agency obligations					60,048,313	58,725,365

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	Corporate bonds						
	Investment Manager - Ryan Labs Asset Management						
	ABBVIE INC	N/A	11/14/2048	4.875%	140,000	$ 128,194	$ 127,880
	AERCAP IRELAND CAPITAL DAC / A	N/A	01/30/2032	3.300%	130,000	124,454	120,203
	AFFIRM ASSET SECURIT X1 D 144A	N/A	04/15/2030	6.110%	215,000	214,977	216,922
	ALPHABET INC	N/A	11/15/2045	5.350%	200,000	200,735	199,328
	AMERICAN CREDIT ACCEP 1 D 144A	N/A	05/13/2030	5.860%	260,000	259,977	263,383
	AMERICAN CREDIT ACCEP 4 D 144A	N/A	09/12/2031	5.250%	270,000	269,937	271,596
	AMERICAN CREDIT ACCEP 4 D 144A	N/A	09/12/2030	7.650%	70,000	69,986	72,235
	ANGEL OAK MORTGAGE T 7 A1 144A	N/A	06/25/2070	5.509%	249,588	252,201	252,056
	ANGLO AMERICAN CAPITAL PL 144A	N/A	04/05/2034	5.750%	100,000	99,812	104,997
	ANHEUSER-BUSCH INBEV WORLDWIDE	N/A	01/23/2039	5.450%	140,000	154,886	145,233
	ARTHUR J GALLAGHER & CO	N/A	02/15/2034	6.500%	105,000	107,408	115,673
	AS MILEAGE PLAN IP LTD 144A	N/A	10/20/2029	5.021%	125,000	125,215	125,964
	AT&T INC	N/A	06/15/2045	4.350%	210,000	209,285	173,905
	BANK 2025-BNK51 BNK51 C	N/A	12/25/2067	5.946%	70,000	70,000	69,933
	BANK OF AMERICA CORP	N/A	06/19/2041	2.676%	200,000	164,520	148,020
	BANK OF AMERICA CORP	N/A	10/25/2035	5.518%	150,000	144,558	153,915
	BANK5 2024-5YR10 5YR10 D 144A	N/A	10/15/2057	4.000%	135,000	118,594	119,543
	BANK5 2024-5YR12 5YR12 D 144A	N/A	12/15/2057	4.000%	65,000	55,718	57,654
	BANK5 2025-5YR14 5YR14 C	N/A	04/15/2058	6.463%	105,000	104,998	107,816
	BARCLAYS COMMERCIAL MORTG C4 C	N/A	08/15/2052	3.469%	70,000	56,260	57,655
	BARCLAYS PLC	N/A	03/12/2028	5.674%	110,000	110,123	111,972
	BAT CAPITAL CORP	N/A	03/25/2031	2.726%	105,000	103,887	96,893
	BBCMS 2018-TALL MO TALL A 144A	N/A	03/15/2037	4.600%	105,000	100,538	99,393
	BBCMS MORTGAGE TRUS C32 D 144A	N/A	02/15/2062	4.500%	180,000	149,120	142,196
	BBCMS MORTGAGE TRUST 20 5C27 C	N/A	07/15/2057	6.700%	85,000	86,786	87,688
	BBCMS MORTGAGE TRUST 202 C17 C	N/A	09/15/2055	5.450%	125,000	118,511	120,114
	BBCMS MORTGAGE TRUST 202 C39 C	N/A	12/15/2058	5.907%	125,000	125,000	125,514
	BENCHMARK 2019-B10 B10 E 144A	N/A	03/15/2062	3.000%	60,000	50,025	37,221
	BENCHMARK 2019-B10 MORTG B10 C	N/A	03/15/2062	3.750%	90,000	74,268	74,827
	BENCHMARK 2022-B35 B35 D 144A	N/A	05/15/2055	2.500%	125,000	83,321	74,503
	BENCHMARK 2025-V15 MORTG V15 C	N/A	06/15/2058	6.268%	55,000	55,000	55,889
	BLACKSTONE PRIVATE CREDIT FUND	N/A	12/15/2026	2.625%	170,000	164,979	167,023
	BLACKSTONE REG FINANCE CO LLC	N/A	02/15/2036	4.950%	50,000	49,952	49,734
	BLUE OWL CAPITAL CORP	N/A	06/11/2028	2.875%	75,000	66,237	70,825
	BLUE OWL CREDIT INCOME CORP	N/A	01/15/2029	7.750%	155,000	158,765	163,985
	BMD2 RE-REMIC TR FRR1 6A5 144A	N/A	05/25/2052	3.248%	80,000	75,300	74,403
	BMO 2023-C7 C	N/A	12/15/2056	7.123%	276,000	290,380	291,517
	BMO 2024-5C4 MORTGAGE TR 5C4 C	N/A	05/15/2057	7.018%	204,000	208,239	211,067
	BMO 2024-5C5 MORTGA 5C5 D 144A	N/A	02/15/2057	4.500%	115,000	103,320	103,079
	BMO 2024-C9 MORTGAGE TRUS C9 C	N/A	07/15/2057	6.379%	85,000	83,918	87,440
	BMO 2025-C12 MORTGAGE TR C12 C	N/A	06/15/2058	6.393%	160,000	160,318	164,704
	BP CAPITAL MARKETS AMERICA INC	N/A	06/17/2041	3.060%	155,000	138,988	118,370
	BRCK TRUST 2025-83 830B B 144A	N/A	12/10/2042	5.357%	300,000	301,000	302,673
	BRIDGECREST LENDING AUTO S 2 D	N/A	03/17/2031	5.620%	545,000	546,445	553,720
	BX TRUST 2025-ARIA ARIA C 144A	N/A	12/13/2042	5.517%	215,000	217,084	216,664
	CAMERON LNG LLC 144A	N/A	01/15/2039	3.701%	135,000	125,566	115,348
	CAPITAL ONE FINANCIAL CORP	N/A	05/10/2033	5.268%	85,000	84,698	87,302
	CAPITAL ONE FINANCIAL CORP	N/A	06/08/2034	6.377%	80,000	81,275	86,606
	CBAMR 2019-11R LT 11RA CR 144A	N/A	03/20/2038	5.535%	230,000	230,000	230,688
	CENTERPOINT ENERGY HOUSTON ELE	N/A	04/01/2051	3.350%	120,000	97,598	84,553
	CF HIPPOLYTA ISSUER 1 A2 144A	N/A	07/15/2060	1.990%	60,073	60,045	50,367
	CF HIPPOLYTA ISSUER 1 B1 144A	N/A	07/15/2060	2.280%	193,382	196,276	120,570
	CHARTER COMMUNICATIONS OPERATI	N/A	07/01/2049	5.125%	105,000	82,293	82,451
	CHI COMMERCIAL MOR 110W A 144A	N/A	12/13/2040	5.102%	455,000	456,586	456,174
	CHNGE MORTGAGE TRUST 2 A1 144A	N/A	03/25/2067	3.757%	128,096	128,095	126,283
	CITIGROUP INC	N/A	09/29/2027	4.450%	85,000	93,588	85,558
	CITIGROUP INC	N/A	01/29/2031	2.666%	155,000	146,743	145,247
	COMMONBOND STUDENT AGS B 144A	N/A	02/25/2044	3.580%	10,549	10,545	9,344
	COMMONBOND STUDENT BGS B 144A	N/A	09/25/2045	3.990%	23,611	23,603	20,548
	CONSUMER PORTFOLIO SE B D 144A	N/A	07/15/2031	5.560%	165,000	164,966	167,190
	CONSUMER PORTFOLIO SE D D 144A	N/A	02/17/2032	5.450%	180,000	179,971	181,820
	COREBRIDGE FINANCIAL INC	N/A	12/15/2052	6.875%	45,000	46,069	46,088
	COREBRIDGE FINANCIAL INC	N/A	09/15/2054	6.375%	115,000	114,856	115,888
	COTY INC/HFC PRESTIGE PRO 144A	N/A	07/15/2030	6.625%	85,000	88,400	87,071
	CPS AUTO RECEIVABLES A D 144A	N/A	04/15/2030	6.130%	465,000	472,629	474,463
	CPS AUTO RECEIVABLES B D 144A	N/A	07/15/2030	6.420%	170,000	169,973	175,100
	CSAIL 2021-C20 COMMERCI C20 AS	N/A	03/15/2054	3.076%	80,000	71,628	71,376
	CSMC 2014-USA OA L USA A2 144A	N/A	09/15/2037	3.953%	65,000	65,969	59,727
	CSMC 2021-NQM2 NQM2 M1 144A	N/A	02/25/2066	2.282%	120,000	119,998	93,078
	CSMC 2021-NQM3 NQM3 M1 144A	N/A	04/25/2066	2.317%	120,000	119,997	92,842
	DLIC RE-REMIC T FRR1 A111 144A	N/A	04/27/2053	2.248%	170,000	146,151	146,777
	DLIC RE-REMIC T FRR1 A120 144A	N/A	09/27/2053	2.603%	170,000	146,438	146,900
	DLIC RE-REMIC T FRR1 B104 144A	N/A	12/27/2052	1.877%	170,000	145,407	146,194
	DOMINION ENERGY SOUTH CAROLINA	N/A	10/15/2053	6.250%	75,000	76,181	80,961
	DRIVE AUTO RECEIVAB S1 R2 144A	N/A	06/16/2029	6.260%	324,558	324,527	326,775

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	DRIVE AUTO RECEIVABLES TRU 2 D	N/A	12/15/2032	4.900%	265,000	$ 264,952	$ 265,093
	DTE ELECTRIC CO	N/A	04/01/2053	5.400%	140,000	139,449	136,287
	DUKE ENERGY CAROLINAS LLC	N/A	09/30/2042	4.000%	170,000	144,743	143,052
	ENERGY TRANSFER LP	N/A	02/01/2042	6.500%	60,000	59,527	63,389
	ENERGY TRANSFER LP	N/A	12/01/2028	6.100%	110,000	113,935	115,634
	ENTERGY MISSISSIPPI LLC	N/A	04/15/2055	5.800%	145,000	141,913	146,218
	EXETER AUTOMOBILE RE 2A E 144A	N/A	07/17/2028	2.900%	120,000	116,288	119,518
	EXETER AUTOMOBILE RECEIVA 1A D	N/A	06/17/2030	5.840%	265,000	264,635	269,309
	EXETER AUTOMOBILE RECEIVA 2A D	N/A	02/15/2030	5.920%	170,000	169,981	173,431
	EXETER AUTOMOBILE RECEIVA 4A D	N/A	12/17/2029	6.950%	70,000	71,608	71,560
	EXETER AUTOMOBILE RECEIVA 5A D	N/A	03/15/2032	5.160%	185,000	184,999	186,336
	EXETER AUTOMOBILE RECEIVA 5A D	N/A	02/15/2029	7.400%	211,463	211,864	213,798
	EXPAND ENERGY CORP	N/A	03/15/2030	5.375%	90,000	89,100	91,258
	FINANCE OF AMERICA S4 A2A 144A	N/A	01/25/2057	3.000%	147,878	128,481	150,274
	FORD CREDIT AUTO OWNE 1 D 144A	N/A	10/17/2033	2.310%	90,000	89,988	89,282
	FOUNDATION FINANCE T 3A D 144A	N/A	08/15/2052	5.710%	150,000	149,997	149,756
	FOUNDRY JV HOLDCO LLC 144A	N/A	01/25/2037	6.200%	200,000	199,888	210,714
	GENERAL MOTORS CO	N/A	04/15/2035	6.250%	75,000	75,402	79,702
	GLENCORE FUNDING LLC 144A	N/A	10/06/2030	6.375%	25,000	24,863	26,929
	GLENCORE FUNDING LLC 144A	N/A	04/04/2054	5.893%	140,000	140,109	139,758
	GLS AUTO RECEIVABLES 1A D 144A	N/A	01/18/2028	3.970%	51,718	49,035	51,693
	GLS AUTO RECEIVABLES 1A D 144A	N/A	01/16/2029	7.010%	80,000	79,984	81,488
	GLS AUTO RECEIVABLES 1A D 144A	N/A	11/15/2030	5.610%	420,000	419,933	426,031
	GLS AUTO RECEIVABLES 2A D 144A	N/A	03/15/2029	6.310%	350,000	349,906	358,040
	GLS AUTO RECEIVABLES 3A D 144A	N/A	06/16/2031	5.160%	140,000	139,990	139,845
	GLS AUTO RECEIVABLES 4A D 144A	N/A	08/15/2031	5.130%	310,000	309,971	311,826
	GOLDMAN SACHS GROUP INC/THE	N/A	10/31/2038	4.017%	160,000	148,604	144,163
	GOLUB CAPITAL PARTN 78A C 144A	N/A	04/21/2039	5.670%	205,000	205,000	205,256
	HOTWIRE FUNDING LLC 1A A2 144A	N/A	06/20/2054	5.893%	110,000	110,000	111,881
	HYUNDAI CAPITAL AMERICA 144A	N/A	09/21/2028	6.100%	60,000	58,884	62,799
	INT COMMERCIAL MO PLAZA A 144A	N/A	11/05/2037	5.041%	100,000	100,000	100,378
	JPMBB COMMERCIAL MORTGAG C28 C	N/A	10/15/2048	4.283%	25,228	25,300	24,851
	JPMORGAN CHASE & CO	N/A	05/13/2031	2.956%	50,000	50,142	47,208
	JPMORGAN CHASE & CO	N/A	04/22/2052	3.328%	160,000	125,365	113,822
	JPMORGAN CHASE & CO	N/A	07/22/2035	5.294%	70,000	70,519	72,337
	KEYCORP	N/A	04/06/2027	2.250%	285,000	254,812	278,590
	KYNDRYL HOLDINGS INC	N/A	10/15/2031	3.150%	110,000	91,376	100,553
	KYNDRYL HOLDINGS INC	N/A	02/20/2034	6.350%	110,000	113,781	116,804
	LYB INTERNATIONAL FINANCE III	N/A	10/01/2040	3.375%	115,000	100,826	83,434
	M&T BANK CORP	N/A	01/16/2036	5.385%	140,000	137,521	142,535
	MAD COMMERCIAL MOR 11MD C 144A	N/A	10/15/2042	5.818%	170,000	170,000	171,613
	MANULIFE FINANCIAL CORP	N/A	12/11/2035	4.986%	55,000	55,000	54,984
	MARKEL GROUP INC	N/A	05/16/2054	6.000%	85,000	85,030	85,857
	META PLATFORMS INC	N/A	08/15/2052	4.450%	195,000	169,513	159,177
	METRONET INFRASTRUC 2A A2 144A	N/A	08/20/2055	5.400%	335,000	334,972	339,821
	MIDAMERICAN ENERGY CO	N/A	07/15/2049	4.250%	140,000	117,010	115,093
	MIZUHO FINANCIAL GROUP INC	N/A	07/06/2034	5.748%	100,000	94,991	106,134
	MORGAN STANLEY	N/A	07/21/2032	2.239%	95,000	77,247	84,499
	MORGAN STANLEY	N/A	01/18/2035	5.466%	100,000	100,467	104,163
	MORGAN STANLEY	N/A	04/22/2042	3.217%	110,000	94,702	86,472
	MPLX LP	N/A	02/15/2049	5.500%	140,000	139,185	129,109
	MVW 2024-1 LLC 1A C 144A	N/A	02/20/2043	6.200%	53,689	53,689	55,000
	NATWEST GROUP PLC	N/A	09/13/2029	5.808%	195,000	195,263	203,178
	NATWEST GROUP PLC	N/A	03/01/2035	5.778%	120,000	119,753	127,127
	NEW ECONOMY ASSETS - 1 B1 144A	N/A	10/20/2061	2.410%	220,000	218,629	134,979
	NRG ENERGY INC 144A	N/A	03/15/2033	7.000%	115,000	116,013	127,281
	OAKTREE STRATEGIC CREDIT FUND	N/A	11/14/2028	8.400%	90,000	94,838	96,945
	OBX 2021-NQM4 TRU NQM4 A3 144A	N/A	10/25/2061	2.367%	104,236	86,077	90,334
	OBX 2021-NQM4 TRU NQM4 M1 144A	N/A	10/25/2061	3.248%	80,000	79,322	57,603
	OBX 2022-NQM1 TRU NQM1 M1 144A	N/A	11/25/2061	3.504%	40,000	39,999	29,953
	OCCIDENTAL PETROLEUM CORP	N/A	01/01/2032	5.375%	70,000	69,611	71,678
	OCTANE RECEIVABLES T 1A C 144A	N/A	09/20/2029	6.370%	45,000	44,988	45,702
	OCTANE RECEIVABLES T 2A C 144A	N/A	06/20/2031	6.240%	280,000	279,794	284,791
	OCTANE RECEIVABLES T 2A D 144A	N/A	07/20/2032	6.190%	100,000	99,987	102,749
	OCTANE RECEIVABLES T 3A D 144A	N/A	10/20/2031	5.860%	145,000	144,994	147,279
	OCTANE RECIEVABLES TRU RPT1 R1	N/A	02/22/2030	6.680%	560,000	559,997	559,997
	ONEOK INC	N/A	10/15/2035	5.400%	180,000	179,525	182,257
	ORACLE CORP	N/A	04/01/2040	3.600%	175,000	163,539	130,198
	ORACLE CORP	N/A	09/27/2054	5.375%	175,000	171,839	142,058
	OWS REAL ESTATE F MARG2 A 144A	N/A	08/15/2034	7.750%	400,000	400,000	400,368
	PACIFIC GAS AND ELECTRIC CO	N/A	07/01/2050	4.950%	160,000	150,257	135,627
	PAGAYA AI DEBT GRANT 10 D 144A	N/A	06/15/2032	6.429%	120,135	120,135	121,061
	PAGAYA AI DEBT GRANT R3 D 144A	N/A	01/18/2033	5.655%	535,000	535,000	535,139
	PAGAYA AI DEBT GRANTO 1 D 144A	N/A	07/15/2032	6.282%	160,469	160,469	161,185
	PAGAYA AI DEBT GRANTO 5 C 144A	N/A	10/15/2031	7.270%	118,996	118,996	119,806
	PAGAYA AI DEBT GRANTO 6 D 144A	N/A	04/15/2033	5.268%	255,000	255,105	254,225
	PAGAYA AI DEBT TRUST 3 C 144A	N/A	10/15/2031	7.297%	68,655	68,831	68,984
	PAGAYA AI DEBT TRUST 4 D 144A	N/A	01/17/2033	6.572%	199,993	199,993	202,069

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	PATTERSON-UTI ENERGY INC	N/A	10/01/2033	7.150%	105,000	$ 107,216	$ 112,609
	PDOF MSN ISSUER LLC 144A	N/A	03/01/2026	8.193%	168,473	168,473	166,842
	PECO ENERGY CO	N/A	09/15/2049	3.000%	125,000	102,978	82,283
	PFIZER INVESTMENT ENTERPRISES	N/A	05/19/2043	5.110%	75,000	73,261	72,386
	PHILIP MORRIS INTERNATIONAL IN	N/A	09/07/2033	5.625%	90,000	88,323	95,623
	RFM REREMIC TRU FRR1 AK55 144A	N/A	03/28/2049	0.000%	280,000	261,713	275,477
	RFM REREMIC TRU FRR1 AK64 144A	N/A	03/01/2050	2.761%	90,000	77,034	85,620
	RFM REREMIC TRU FRR2 A123 144A	N/A	02/27/2054	1.999%	155,000	123,613	128,829
	ROGERS COMMUNICATIONS INC	N/A	03/15/2032	3.800%	125,000	122,012	117,961
	SANTANDER DRIVE AUT S1 R1 144A	N/A	03/16/2029	6.530%	246,054	246,052	246,045
	SANTANDER DRIVE AUTO RECEI 2 D	N/A	08/15/2031	6.280%	215,000	219,304	221,912
	SANTANDER DRIVE AUTO RECEI 3 D	N/A	10/15/2031	5.970%	195,000	194,958	200,821
	SANTANDER DRIVE AUTO RECEI 4 D	N/A	01/15/2032	4.950%	75,000	74,991	75,316
	SANTANDER HOLDINGS USA INC	N/A	10/05/2026	3.244%	90,000	92,543	89,447
	SANTANDER HOLDINGS USA INC	N/A	09/06/2030	5.353%	125,000	125,000	127,964
	SBNA AUTO RECEIVABLES A D 144A	N/A	04/15/2030	6.040%	85,000	84,990	86,981
	SEMPRA	N/A	04/01/2055	6.550%	155,000	150,314	157,998
	SFAVE COMMERCIAL 5AVE A1 144A	N/A	01/05/2043	3.872%	151,000	150,701	129,618
	SFAVE COMMERCIAL 5AVE A2B 144A	N/A	01/05/2043	4.144%	60,000	51,417	51,852
	SFAVE COMMERCIAL M 5AVE C 144A	N/A	01/05/2043	4.388%	160,000	128,600	128,048
	SHOPS AT CRYSTALS CSTL D 144A	N/A	07/05/2036	3.731%	140,000	130,333	138,807
	SIERRA TIMESHARE 202 1A C 144A	N/A	01/20/2043	5.940%	38,971	38,970	39,543
	SOUND POINT CLO XXV 4A CR 144A	N/A	04/25/2033	5.918%	150,000	150,000	150,413
	TORONTO-DOMINION BANK/THE	N/A	09/10/2034	5.146%	195,000	193,833	198,210
	TOTALENERGIES CAPITAL SA	N/A	09/10/2054	5.275%	45,000	43,915	42,355
	TRUIST BANK	N/A	09/17/2029	4.632%	130,000	126,217	130,403
	UNION ELECTRIC CO	N/A	04/01/2052	3.900%	180,000	161,967	138,094
	US BANCORP	N/A	02/01/2034	4.839%	85,000	79,564	85,810
	VERIZON COMMUNICATIONS INC	N/A	11/20/2040	2.650%	165,000	136,163	118,092
	VERIZON COMMUNICATIONS INC	N/A	03/22/2051	3.550%	80,000	60,627	56,973
	VERIZON COMMUNICATIONS INC	N/A	11/30/2055	5.875%	80,000	79,686	79,270
	VERUS SECURITIZATIO R3 M1 144A	N/A	04/25/2064	2.411%	140,000	139,997	126,080
	VERUS SECURITIZATION 1 A1 144A	N/A	01/25/2066	0.815%	205,412	180,617	185,676
	VERUS SECURITIZATION 1 A3 144A	N/A	01/25/2070	5.976%	112,434	112,434	113,373
	VERUS SECURITIZATION 1 M1 144A	N/A	01/25/2066	1.968%	200,000	153,844	160,072
	VERUS SECURITIZATION 2 A3 144A	N/A	03/25/2070	5.662%	189,539	189,272	190,604
	VERUS SECURITIZATION 2 M1 144A	N/A	02/25/2066	2.187%	150,000	149,998	122,858
	VERUS SECURITIZATION 3 A2 144A	N/A	04/25/2069	6.642%	115,738	117,348	117,068
	VERUS SECURITIZATION 4 M1 144A	N/A	07/25/2066	2.195%	70,000	69,998	49,328
	VERUS SECURITIZATION 5 A2 144A	N/A	09/25/2066	1.218%	105,840	87,682	92,502
	VERUS SECURITIZATION 5 A3 144A	N/A	09/25/2066	1.373%	108,360	92,004	94,880
	VERUS SECURITIZATION 8 A1 144A	N/A	09/25/2070	4.869%	96,202	96,202	96,216
	VERUS SECURITIZATION 9 M1 144A	N/A	11/25/2069	6.198%	100,000	99,997	101,054
	VISTRA OPERATIONS CO LLC 144A	N/A	04/15/2034	6.000%	90,000	90,040	94,701
	WELLS FARGO COMMERCIAL M 5C4 C	N/A	05/15/2058	6.284%	100,000	100,315	102,441
	WELLS FARGO COMMERCIAL M C52 C	N/A	08/15/2052	3.561%	55,000	42,662	47,028
	WESTLAKE AUTOMOBILE 1A D 144A	N/A	11/15/2028	6.790%	100,000	100,461	102,281
	WESTLAKE AUTOMOBILE 1A D 144A	N/A	10/15/2029	6.020%	125,000	125,056	128,166
	WESTLAKE AUTOMOBILE 1A D 144A	N/A	11/15/2030	5.540%	245,000	244,971	248,822
	WESTLAKE AUTOMOBILE 2A D 144A	N/A	11/15/2028	7.010%	125,000	124,973	127,965
	WESTLAKE AUTOMOBILE 2A D 144A	N/A	04/15/2030	5.910%	60,000	59,976	61,264
	WHARF COMMERCIAL MOR DC D 144A	N/A	07/15/2040	6.833%	100,000	100,000	103,528
						29,033,336	28,755,450
	Investment Manager - Income Research & Management						
	ABBVIE INC	N/A	03/15/2054	5.400%	43,000	40,037	41,951
	AERCAP IRELAND CAPITAL DAC / A	N/A	10/29/2028	3.000%	305,000	294,156	295,798
	AIMCO CLO 22 LTD 22A A 144A	N/A	04/19/2037	5.168%	168,000	169,478	168,185
	AIR CANADA 2015-1 CLASS A 144A	N/A	09/15/2028	3.600%	54,704	54,762	54,087
	AMAZON.COM INC	N/A	04/13/2062	4.100%	183,000	182,144	141,208
	AMEREN MISSOURI SECURITIZATION	N/A	10/01/2041	4.850%	226,420	226,394	228,231
	AMERICAN EXPRESS CO	N/A	04/25/2031	5.016%	171,000	171,000	176,368
	AMERICAN TOWER TRUST #1 144A	N/A	03/15/2053	5.490%	210,000	210,777	213,557
	AMRIZE FINANCE US LLC	N/A	04/07/2030	4.950%	168,000	169,880	171,911
	AMSR 2021-SFR1 TRU SFR1 A 144A	N/A	06/17/2038	1.953%	100,000	99,997	94,837
	APIDOS CLO LIV 54A A1 144A	N/A	10/20/2038	4.968%	250,000	250,000	248,827
	APPLE INC	N/A	08/04/2046	3.850%	150,000	185,387	121,997
	APPLOVIN CORP	N/A	12/01/2029	5.125%	167,000	166,937	171,461
	ARES STRATEGIC INCOME FUN 144A	N/A	01/15/2029	4.850%	115,000	114,255	113,637
	ASCENSION HEALTH	N/A	11/15/2029	2.532%	42,000	43,691	39,733
	ASHTEAD CAPITAL INC 144A	N/A	08/12/2031	2.450%	330,000	277,207	294,799
	AT&T INC	N/A	09/15/2059	3.650%	58,000	38,871	38,453
	ATLAS WAREHOUSE LENDING C 144A	N/A	11/15/2028	4.625%	250,000	249,730	251,048
	AVIATION CAPITAL GROUP LL 144A	N/A	10/25/2028	6.750%	25,000	24,781	26,532
	AVIATION CAPITAL GROUP LL 144A	N/A	04/10/2030	5.125%	76,000	74,713	77,241
	AVIS BUDGET RENTAL C 3A A 144A	N/A	12/20/2030	5.230%	100,000	99,954	103,161

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

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EIN No.: 52-0743575
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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	BANK OF AMERICA CORP	N/A	04/22/2042	3.311%	116,000	$ 85,659	$ 91,871
	BANK OF AMERICA CORP	N/A	04/27/2033	4.571%	289,000	276,232	288,792
	BANK OF AMERICA CORP	N/A	07/22/2028	4.948%	235,000	222,799	238,358
	BANK5 2023-5YR2 5YR2 A3	N/A	07/15/2056	6.656%	194,000	199,812	203,974
	BARCLAYS PLC	N/A	09/13/2029	6.490%	200,000	206,170	211,434
	BBCMS MORTGAGE TRUST 2 5C25 A3	N/A	03/15/2057	5.946%	220,000	229,737	230,210
	BBCMS MORTGAGE TRUST 2 5C27 A3	N/A	07/15/2057	6.014%	134,000	139,585	140,855
	BENCHMARK 2020-B20 MORT B20 A2	N/A	10/15/2053	1.750%	10,791	11,114	10,769
	BENCHMARK 2020-B22 MOR B22 ASB	N/A	01/15/2054	1.731%	150,000	130,131	141,896
	BENCHMARK 2023-V2 MORTGA V2 A3	N/A	05/15/2055	5.812%	154,000	157,327	159,084
	BENCHMARK 2024-V12 MORT V12 A3	N/A	12/15/2057	5.738%	384,000	395,520	401,979
	BENCHMARK 2024-V6 MORTGA V6 A3	N/A	03/15/2057	5.926%	268,000	276,723	280,119
	BERKSHIRE HATHAWAY ENERGY CO	N/A	01/15/2049	4.450%	260,000	221,697	217,482
	BERKSHIRE HATHAWAY ENERGY CO	N/A	04/01/2036	6.125%	108,000	120,939	117,341
	BLP COMMERCIAL MORT IND A 144A	N/A	03/15/2042	4.880%	276,338	275,777	275,131
	BMO 2023-C7 A5	N/A	12/15/2056	6.160%	192,000	197,759	206,206
	BMO 2024-5C4 MORTGAGE T 5C4 A3	N/A	05/15/2057	6.526%	214,000	223,814	227,148
	BMO 2025-5C10 MORTGAGE 5C10 A3	N/A	05/15/2058	5.578%	279,000	287,369	290,721
	BOSTON PROPERTIES LP	N/A	10/01/2026	2.750%	186,000	184,644	184,064
	BROADRIDGE FINANCIAL SOLUTIONS	N/A	05/01/2031	2.600%	255,000	226,560	231,958
	BROOKFIELD FINANCE INC	N/A	04/15/2031	2.724%	192,000	192,461	176,003
	BROWN & BROWN INC	N/A	06/23/2032	5.250%	182,000	182,740	186,315
	BX TRUST 2025-DIME DIME A 144A	N/A	02/15/2035	4.830%	310,000	309,516	309,225
	CALIFORNIA ST	N/A	04/01/2034	7.500%	120,000	174,647	139,999
	CANADIAN NATURAL RESOURCES LTD	N/A	12/15/2029	5.000%	47,000	47,146	48,222
	CANADIAN PACIFIC RAILWAY CO	N/A	09/15/2115	6.125%	112,000	112,000	112,125
	CAPITAL ONE FINANCIAL CORP	N/A	05/10/2028	4.927%	16,000	15,889	16,191
	CAPITAL ONE FINANCIAL CORP	N/A	06/08/2029	6.312%	48,000	48,000	50,389
	CAPITAL ONE FINANCIAL CORP	N/A	10/29/2027	7.149%	20,000	20,000	20,478
	CAPITAL ONE FINANCIAL CORP	N/A	10/30/2031	7.624%	23,000	25,294	26,014
	CAPITAL ONE FINANCIAL CORP	N/A	07/26/2035	5.884%	116,000	116,000	122,285
	CBRE SERVICES INC	N/A	06/15/2030	4.800%	60,000	59,522	60,893
	CHARTER COMMUNICATIONS OPERATI	N/A	10/23/2035	6.384%	170,000	181,050	175,653
	CHASE HOME LENDING 11 A4A 144A	N/A	02/25/2056	5.000%	288,794	288,184	288,825
	CITIGROUP INC	N/A	03/31/2031	4.412%	86,000	86,000	86,049
	CITIGROUP MORTGAGE LO A A 144A	N/A	01/25/2035	4.000%	131,198	127,128	128,651
	COLUMBIA PIPELINES OPERAT 144A	N/A	11/15/2033	6.036%	210,000	210,134	225,191
	COMCAST CORP	N/A	01/15/2033	4.250%	200,000	190,070	195,966
	CONNECTICUT ST	N/A	05/15/2028	4.506%	115,000	115,000	117,075
	CONOCOPHILLIPS CO	N/A	03/15/2054	5.550%	39,000	35,732	37,687
	CONOCOPHILLIPS CO	N/A	01/15/2055	5.500%	63,000	57,883	60,451
	CONSTELLATION SOFTWARE IN 144A	N/A	02/16/2029	5.158%	119,000	119,000	121,331
	CONSTELLATION SOFTWARE IN 144A	N/A	02/16/2034	5.461%	39,000	39,000	39,343
	COPT DEFENSE PROPERTIES LP	N/A	10/15/2030	4.500%	118,000	117,452	117,566
	COSTCO WHOLESALE CORP	N/A	06/20/2027	1.375%	165,000	164,629	159,923
	COX COMMUNICATIONS INC 144A	N/A	10/01/2030	1.800%	102,000	101,683	89,336
	CRH AMERICA FINANCE INC	N/A	02/09/2031	4.400%	238,000	237,510	238,581
	CVS PASS-THROUGH TRUST	N/A	01/10/2030	6.943%	110,033	127,191	114,212
	DB MASTER FINANCE 1A A2I 144A	N/A	11/20/2051	2.045%	66,240	65,653	64,977
	DB MASTER FINANCE 1A A2II 144A	N/A	11/20/2047	4.030%	78,413	83,457	77,900
	DELTA AIR LINES 2015-1 CLASS A	N/A	01/30/2029	3.625%	77,804	84,126	76,909
	DEUTSCHE TELEKOM INTERNATIONAL	N/A	06/01/2032	9.250%	155,000	229,622	193,342
	DIAMONDBACK ENERGY INC	N/A	03/15/2033	6.250%	73,000	79,370	78,793
	DIAMONDBACK ENERGY INC	N/A	04/01/2035	5.550%	107,000	111,283	110,186
	DOMINION ENERGY INC	N/A	08/01/2033	5.250%	172,000	184,592	176,596
	DOMINO'S PIZZA MA 1A A2II 144A	N/A	07/25/2055	5.217%	197,000	197,000	198,596
	DOMINO'S PIZZA MAS 1A A2I 144A	N/A	04/25/2051	2.662%	257,713	226,243	245,049
	DTE ELECTRIC SECURITIZATION FU	N/A	12/01/2027	2.640%	25,666	25,663	25,260
	DTE ENERGY CO	N/A	06/01/2034	5.850%	215,000	224,090	229,665
	DUKE ENERGY CORP	N/A	09/01/2046	3.750%	122,000	121,932	92,815
	DUKE ENERGY FLORIDA LLC	N/A	07/15/2028	3.800%	100,000	111,608	99,919
	ELEMENT FLEET MANAGEMENT 144A	N/A	03/13/2027	5.643%	174,000	174,029	176,979
	ELEVANCE HEALTH INC	N/A	10/15/2032	5.500%	98,000	97,396	103,298
	EMERSON ELECTRIC CO	N/A	10/15/2026	0.875%	183,000	182,473	178,945
	ENERGY TRANSFER LP	N/A	02/15/2033	5.750%	27,000	26,971	28,374
	ENERGY TRANSFER LP	N/A	05/15/2034	5.550%	31,000	30,273	31,910
	ENERGY TRANSFER LP	N/A	09/01/2034	5.600%	167,000	166,567	172,179
	EXELON CORP	N/A	06/15/2045	5.100%	88,000	87,704	81,616
	EXELON CORP	N/A	04/15/2046	4.450%	150,000	128,423	126,285
	FERGUSON FINANCE PLC 144A	N/A	04/20/2032	4.650%	200,000	198,636	199,454
	FIRSTKEY HOMES 202 SFR3 A 144A	N/A	12/17/2038	2.135%	293,356	278,056	287,618
	FIVE 2023-V1 MORTGAGE TR V1 A3	N/A	02/10/2056	5.668%	170,000	174,814	174,296
	FREDDIE MAC SEASONED CRED 4 MA	N/A	03/25/2058	3.500%	34,859	36,069	34,155
	GA GLOBAL FUNDING TRUST 144A	N/A	01/08/2029	5.500%	203,000	201,821	208,777
	GENERAL DYNAMICS CORP	N/A	04/01/2050	4.250%	77,000	98,673	65,245
	GENERAL MOTORS FINANCIAL CO IN	N/A	10/15/2028	2.400%	151,000	119,758	144,036
	GENERAL MOTORS FINANCIAL CO IN	N/A	02/08/2031	5.750%	90,000	88,728	94,778
	GENPACT LUXEMBOURG SARL/GENPAC	N/A	06/04/2029	6.000%	109,000	108,925	113,921

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

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	GMF FLOORPLAN OWNER R 2 A 144A	N/A	06/15/2030	5.340%	198,000	$ 197,914	$ 204,346
	GOLDMAN SACHS GROUP INC/THE	N/A	04/23/2031	5.218%	104,000	107,214	107,489
	GOLDMAN SACHS GROUP INC/THE	N/A	03/15/2030	3.800%	234,000	237,311	230,504
	GOLUB CAPITAL BDC INC	N/A	12/05/2028	7.050%	56,000	59,149	59,107
	GOLUB CAPITAL BDC INC	N/A	07/15/2029	6.000%	114,000	116,568	116,658
	GOLUB CAPITAL PART 53A AR 144A	N/A	07/20/2034	4.648%	220,000	220,000	219,940
	GS MORTGAGE-BACKE PJ11 A4 144A	N/A	05/25/2056	5.500%	304,000	305,038	305,639
	GS MORTGAGE-BACKED PJ5 A5 144A	N/A	10/25/2055	5.500%	131,724	131,657	132,556
	GULFSTREAM NATURAL GAS SY 144A	N/A	07/23/2035	5.600%	106,000	106,194	108,832
	HP INC	N/A	01/15/2028	4.750%	71,000	70,887	71,796
	HYUNDAI CAPITAL AMERICA 144A	N/A	09/26/2029	4.550%	94,000	91,643	94,507
	ING GROEP NV	N/A	09/11/2034	6.114%	200,000	210,556	216,532
	ING GROEP NV	N/A	03/19/2030	5.335%	200,000	200,000	206,444
	INTERSTATE POWER AND LIGHT CO	N/A	06/29/2035	5.600%	285,000	284,165	297,104
	J.P. MORGAN MORTGA 4 1A4A 144A	N/A	11/25/2053	5.500%	87,407	86,110	87,850
	JOHNSON & JOHNSON	N/A	09/01/2040	2.100%	170,000	168,870	120,170
	JP MORGAN MORTGAGE 3 A3A 144A	N/A	08/25/2050	3.000%	39,120	40,092	34,340
	JP MORGAN MORTGAGE T 4 A4 144A	N/A	08/25/2051	2.500%	94,752	97,446	86,261
	JPMORGAN CHASE & CO	N/A	07/23/2029	4.203%	367,000	360,869	368,141
	KINDER MORGAN INC	N/A	06/01/2035	5.850%	52,000	51,995	55,144
	KKR & CO INC	N/A	08/07/2035	5.100%	199,000	198,463	199,382
	KKR GROUP FINANCE CO II L 144A	N/A	02/01/2043	5.500%	98,000	91,571	96,027
	LLOYDS BANKING GROUP PLC	N/A	01/05/2035	5.679%	400,000	398,076	421,744
	LOUISIANA LOCAL GOVERNM ELL A1	N/A	02/01/2029	3.615%	37,192	37,192	37,093
	LOWE'S COS INC	N/A	10/15/2050	3.000%	125,000	115,746	79,558
	MARSH & MCLENNAN COS INC	N/A	03/15/2029	4.375%	170,000	195,566	171,778
	MASSACHUSETTS MUTUAL LIFE 144A	N/A	12/01/2052	5.672%	40,000	40,540	38,744
	META PLATFORMS INC	N/A	11/15/2035	4.875%	252,000	251,955	252,086
	MICROCHIP TECHNOLOGY INC	N/A	02/15/2030	5.050%	235,000	234,817	239,942
	MICROSOFT CORP	N/A	03/17/2052	2.921%	93,000	89,490	61,195
	MOODY'S CORP	N/A	11/29/2061	3.100%	153,000	150,924	95,374
	MORGAN STANLEY	N/A	02/13/2032	1.794%	145,000	145,000	127,491
	MORGAN STANLEY	N/A	04/20/2028	4.210%	320,000	297,850	320,762
	NATIONAL SECURITIES CLEAR 144A	N/A	05/30/2028	5.000%	250,000	250,220	256,003
	NEW YORK AND PRESBYTERIAN HOSP	N/A	08/01/2040	2.256%	135,000	135,000	94,735
	NEW YORK ST URBAN DEV CORP REV	N/A	03/15/2039	5.770%	105,000	123,063	108,147
	NIAGARA MOHAWK POWER CORP 144A	N/A	07/03/2055	5.996%	232,000	232,000	236,095
	NNN REIT INC	N/A	02/15/2031	4.600%	170,000	168,159	171,348
	NORTHROP GRUMMAN CORP	N/A	05/01/2050	5.250%	100,000	130,242	94,715
	NXP BV / NXP FUNDING LLC / NXP	N/A	06/18/2029	4.300%	115,000	111,908	115,251
	NXP BV / NXP FUNDING LLC / NXP	N/A	05/01/2027	3.150%	165,000	148,777	163,096
	OCP CLO 2025-45 LTD 45A A 144A	N/A	10/15/2038	5.101%	250,000	250,000	249,611
	ORACLE CORP	N/A	04/01/2030	2.950%	224,000	205,316	207,025
	ORACLE CORP	N/A	03/25/2051	3.950%	112,000	80,463	74,017
	PALMER SQUARE CLO 1A A1AR 144A	N/A	04/20/2038	4.818%	290,000	289,855	289,486
	PALMER SQUARE LOAN 1A A1 144A	N/A	10/15/2032	4.722%	192,234	192,234	192,208
	PENSKE TRUCK LEASING CO L 144A	N/A	05/01/2028	5.550%	165,000	168,178	169,773
	PG&E WILDFIRE RECOVERY FUNDING	N/A	06/01/2032	3.594%	101,406	101,404	100,430
	PG&E WILDFIRE RECOVERY FUNDING	N/A	06/01/2038	4.263%	60,000	59,998	58,434
	PG&E WILDFIRE RECOVERY FUNDING	N/A	06/01/2039	4.722%	114,000	113,993	112,998
	PLANET FITNESS MAST 1A A2 144A	N/A	12/05/2049	3.858%	105,280	99,490	100,861
	PNC FINANCIAL SERVICES GROUP I	N/A	08/18/2034	5.939%	273,000	273,000	293,546
	PPL CAPITAL FUNDING INC	N/A	09/01/2034	5.250%	230,000	232,487	236,044
	PROCTER & GAMBLE CO/THE	N/A	03/25/2040	3.550%	59,000	58,707	51,470
	PROGRESS RESIDENTI SFR3 A 144A	N/A	06/17/2041	3.000%	308,003	289,680	294,085
	PROGRESS RESIDENTI SFR4 A 144A	N/A	08/17/2042	4.300%	286,000	278,651	282,926
	PSMC 2020-2 TRUST 2 A2 144A	N/A	05/25/2050	3.000%	11,354	11,663	10,178
	QTS ISSUER ABS II L 1A A2 144A	N/A	10/05/2055	5.044%	147,000	146,995	145,833
	REALTY INCOME CORP	N/A	03/15/2028	2.100%	102,000	101,351	97,963
	RYDER SYSTEM INC	N/A	12/01/2029	4.900%	104,000	105,844	106,252
	RYDER SYSTEM INC	N/A	03/15/2030	5.000%	177,000	175,917	181,427
	SABEY DATA CENTER IS 1 A2 144A	N/A	04/20/2049	6.000%	275,000	278,545	278,028
	SBA TOWER TRUST 144A	N/A	11/15/2052	6.599%	376,000	385,732	385,020
	SEQUOIA MORTGAGE TR 7 A11 144A	N/A	08/25/2055	5.500%	144,260	144,182	144,989
	SEQUOIA MORTGAGE TRU 5 A5 144A	N/A	06/25/2055	5.500%	136,853	137,452	137,309
	SEQUOIA MORTGAGE TRU 8 A4 144A	N/A	09/25/2055	5.500%	139,469	140,537	140,289
	SEQUOIA MORTGAGE TRUST 201 2 A	N/A	02/25/2043	1.874%	33,695	33,898	29,338
	SIMON PROPERTY GROUP LP	N/A	02/01/2040	6.750%	150,000	186,531	172,824
	SOFI PROFESSIONAL L B AFX 144A	N/A	02/15/2047	1.140%	51,294	51,288	44,960
	SONOCO PRODUCTS CO	N/A	09/01/2034	5.000%	290,000	279,592	287,770
	SOUTHERN CO GAS CAPITAL CORP	N/A	09/15/2034	4.950%	170,000	167,418	170,729
	SOUTHERN CO/THE	N/A	06/15/2028	4.850%	200,000	199,696	203,666
	SOUTHERN CO/THE	N/A	03/15/2034	5.700%	130,000	132,380	137,071
	STACK INFRASTRUCTUR 1A A2 144A	N/A	03/26/2046	1.877%	169,000	169,000	167,758

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	SUBWAY FUNDING LLC 1A A2I 144A	N/A	07/30/2054	6.028%	284,130	$ 287,736	$ 288,057
	TACO BELL FUNDING 1A A2I 144A	N/A	08/25/2055	4.821%	166,000	166,000	165,212
	TACO BELL FUNDING 1A A2II 144A	N/A	08/25/2051	2.294%	191,588	192,755	178,684
	TEXAS DEBT CAPITAL 1A A1R 144A	N/A	07/20/2038	4.968%	303,000	304,061	302,916
	TEXAS NATURAL GAS SECURITIZTN	N/A	04/01/2035	5.102%	249,518	251,374	256,142
	T-MOBILE USA INC	N/A	04/15/2030	3.875%	213,000	202,173	209,684
	T-MOBILE USA INC	N/A	04/15/2029	3.375%	45,000	39,489	43,890
	T-MOBILE USA INC	N/A	07/15/2033	5.050%	116,000	114,166	118,576
	T-MOBILE USA INC	N/A	11/15/2055	5.875%	45,000	44,898	45,097
	TRICON RESIDENTIAL SFR4 A 144A	N/A	11/17/2041	4.300%	293,682	287,992	292,032
	TRUIST FINANCIAL CORP	N/A	01/24/2035	5.711%	215,000	221,069	226,623
	UNITED AIRLINES 2014-1 CLASS A	N/A	10/11/2027	4.000%	49,324	49,325	49,316
	US BANCORP	N/A	01/23/2035	5.678%	89,000	89,000	94,153
	VERIZON COMMUNICATIONS INC	N/A	08/10/2033	4.500%	94,000	108,656	92,664
	VERIZON MASTER TRUST 5 A1A	N/A	06/20/2031	4.400%	284,000	283,981	287,544
	WEC ENERGY GROUP INC	N/A	10/15/2027	1.375%	102,000	101,918	97,508
	WELLS FARGO COMMERCIAL C49 A5	N/A	03/15/2052	4.023%	394,000	380,456	391,947
	WELLS FARGO COMMERCIAL C64 A5	N/A	02/15/2058	5.645%	147,000	150,709	155,435
	WORLD OMNI AUTO RECEIVABL A A3	N/A	03/15/2030	4.730%	284,000	283,976	287,109
						30,449,783	30,219,099
	Total corporate bonds					59,483,119	58,974,549
	Domestic common stock						
	Investment Manager - Amalgatrust						
	ULLICO, INCORPORATED CLASS A COM	N/A	N/A	N/A	318,350	7,958,814	11,231,770
						7,958,814	11,231,770
	Investment Manager - SouthernSun Asset Management						
	AGCO CORP	N/A	N/A	N/A	13,514	1,307,730	1,409,780
	API GROUP CORP	N/A	N/A	N/A	64,621	1,539,143	2,472,399
	ARMSTRONG WORLD INDUSTRIES INC	N/A	N/A	N/A	10,112	728,260	1,932,403
	BELDEN INC	N/A	N/A	N/A	16,916	1,425,925	1,971,560
	BOOT BARN HOLDINGS INC	N/A	N/A	N/A	11,621	990,750	2,050,758
	BOSTON BEER CO INC/THE	N/A	N/A	N/A	3,310	1,222,579	645,880
	BRINK'S CO/THE	N/A	N/A	N/A	20,211	1,356,307	2,359,230
	BROADRIDGE FINANCIAL SOLUTIONS	N/A	N/A	N/A	11,507	1,217,756	2,568,017
	CRANE NXT CO	N/A	N/A	N/A	36,599	2,067,107	1,722,715
	DARLING INGREDIENTS INC	N/A	N/A	N/A	69,659	3,131,449	2,507,724
	EXTREME NETWORKS INC	N/A	N/A	N/A	82,701	1,490,611	1,376,972
	FLOOR & DECOR HOLDINGS INC	N/A	N/A	N/A	19,792	1,634,135	1,205,135
	GENERAC HOLDINGS INC	N/A	N/A	N/A	14,487	2,136,395	1,975,592
	INGEVITY CORP	N/A	N/A	N/A	16,299	1,038,331	964,575
	LIVE OAK BANCSHARES INC	N/A	N/A	N/A	28,937	867,477	993,986
	LOUISIANA-PACIFIC CORP	N/A	N/A	N/A	26,398	1,647,510	2,131,902
	MODINE MANUFACTURING CO	N/A	N/A	N/A	15,057	1,229,560	2,010,260
	MSA SAFETY INC	N/A	N/A	N/A	10,625	1,700,136	1,701,488
	MURPHY USA INC	N/A	N/A	N/A	5,376	1,178,677	2,169,324
	OSHKOSH CORP	N/A	N/A	N/A	5,246	652,021	659,055
	SEI INVESTMENTS CO	N/A	N/A	N/A	22,979	1,224,192	1,884,738
	THOR INDUSTRIES INC	N/A	N/A	N/A	8,561	748,890	878,958
	US PHYSICAL THERAPY INC	N/A	N/A	N/A	28,125	2,561,571	2,196,281
	VALMONT INDUSTRIES INC	N/A	N/A	N/A	5,265	1,229,871	2,118,215
	WATSCO INC	N/A	N/A	N/A	4,804	1,187,867	1,618,707
						35,514,250	43,525,654
	Investment Manager - LSV Asset Management						
	ABM INDUSTRIES INC	N/A	N/A	N/A	6,300	333,016	266,490
	ADOBE INC	N/A	N/A	N/A	1,400	467,065	489,986
	ALARM.COM HOLDINGS INC	N/A	N/A	N/A	9,300	500,702	474,486
	ALBERTSONS COS INC	N/A	N/A	N/A	38,900	823,822	667,913
	ALLISON TRANSMISSION HOLDINGS	N/A	N/A	N/A	12,500	576,411	1,223,750
	ALPHABET INC	N/A	N/A	N/A	1,900	382,194	594,700
	ALTRIA GROUP INC	N/A	N/A	N/A	21,400	1,056,120	1,233,924
	AMDOCS LTD	N/A	N/A	N/A	21,800	1,232,796	1,755,118
	AMERICAN ELECTRIC POWER CO INC	N/A	N/A	N/A	4,800	393,511	553,488
	ARCHER-DANIELS-MIDLAND CO	N/A	N/A	N/A	9,800	690,411	563,402
	ARROW ELECTRONICS INC	N/A	N/A	N/A	5,000	591,360	550,900
	AT&T INC	N/A	N/A	N/A	74,200	1,570,994	1,843,128

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	AUTOLIV INC	N/A	N/A	N/A	5,100	$ 610,979	$ 605,370
	AVNET INC	N/A	N/A	N/A	15,700	714,182	754,856
	AXIS CAPITAL HOLDINGS LTD	N/A	N/A	N/A	5,600	407,424	599,704
	BANK OF NEW YORK MELLON CORP/T	N/A	N/A	N/A	15,100	645,661	1,752,959
	BORGWARNER INC	N/A	N/A	N/A	17,000	552,795	766,020
	BRINK'S CO/THE	N/A	N/A	N/A	4,200	397,022	490,266
	BRISTOL-MYERS SQUIBB CO	N/A	N/A	N/A	21,000	1,225,205	1,132,740
	BROADSTONE NET LEASE INC	N/A	N/A	N/A	21,100	378,789	366,507
	BUNGE GLOBAL SA	N/A	N/A	N/A	6,200	654,407	552,296
	CAMPBELL'S COMPANY/THE	N/A	N/A	N/A	12,900	627,056	359,523
	CANADIAN IMPERIAL BK OF COMM	N/A	N/A	N/A	8,800	316,261	798,821
	CANADIAN TIRE CORP LTD	N/A	N/A	N/A	2,700	286,001	342,614
	CANON INC	N/A	N/A	N/A	33,500	905,465	990,180
	CARDINAL HEALTH INC	N/A	N/A	N/A	2,000	156,058	411,000
	CENTENE CORP	N/A	N/A	N/A	5,500	345,014	226,325
	CENTRAL GARDEN & PET CO	N/A	N/A	N/A	11,700	387,283	341,523
	CF INDUSTRIES HOLDINGS INC	N/A	N/A	N/A	6,300	541,660	487,242
	CIGNA GROUP/THE	N/A	N/A	N/A	1,900	628,378	522,937
	CISCO SYSTEMS INC	N/A	N/A	N/A	31,400	1,057,561	2,418,742
	CITIGROUP INC	N/A	N/A	N/A	11,100	914,340	1,295,259
	COGECO COMMUNICATIONS INC	N/A	N/A	N/A	5,300	296,016	257,006
	COGNIZANT TECHNOLOGY SOLUTIONS	N/A	N/A	N/A	13,600	926,020	1,128,800
	COMCAST CORP	N/A	N/A	N/A	26,900	1,077,069	804,041
	CONAGRA BRANDS INC	N/A	N/A	N/A	14,500	524,406	250,995
	CONSENSUS CLOUD SOLUTIONS INC	N/A	N/A	N/A	833	32,050	18,176
	CUMMINS INC	N/A	N/A	N/A	700	140,685	357,315
	CVS HEALTH CORP	N/A	N/A	N/A	9,100	733,001	722,176
	DOLE PLC	N/A	N/A	N/A	23,300	347,674	349,267
	DROPBOX INC	N/A	N/A	N/A	41,920	1,070,029	1,165,376
	EBAY INC	N/A	N/A	N/A	12,000	633,365	1,045,200
	ENI SPA	N/A	N/A	N/A	9,700	272,220	368,018
	EOG RESOURCES INC	N/A	N/A	N/A	5,000	572,255	525,050
	EVEREST GROUP LTD	N/A	N/A	N/A	1,000	387,380	339,350
	EVERGY INC	N/A	N/A	N/A	10,600	613,950	768,394
	EVERSOURCE ENERGY	N/A	N/A	N/A	10,300	612,045	693,499
	EXELIXIS INC	N/A	N/A	N/A	24,800	561,292	1,086,984
	EXELON CORP	N/A	N/A	N/A	11,400	517,432	496,926
	EXXON MOBIL CORP	N/A	N/A	N/A	8,000	794,241	962,720
	F5 INC	N/A	N/A	N/A	2,700	554,758	689,202
	FEDERATED HERMES INC	N/A	N/A	N/A	12,000	421,097	624,840
	FOX CORP	N/A	N/A	N/A	10,500	365,236	767,235
	FRESH DEL MONTE PRODUCE INC	N/A	N/A	N/A	15,700	528,338	559,391
	GEN DIGITAL INC	N/A	N/A	N/A	37,800	1,076,966	1,027,782
	GENERAL MILLS INC	N/A	N/A	N/A	8,600	521,673	399,900
	GENPACT LTD	N/A	N/A	N/A	13,100	582,575	612,818
	GILEAD SCIENCES INC	N/A	N/A	N/A	13,800	1,032,361	1,693,812
	GSK PLC	N/A	N/A	N/A	8,900	359,769	436,456
	H&R BLOCK INC	N/A	N/A	N/A	16,400	754,940	714,712
	HARTFORD INSURANCE GROUP INC/T	N/A	N/A	N/A	6,200	412,202	854,360
	HEWLETT PACKARD ENTERPRISE CO	N/A	N/A	N/A	58,700	918,853	1,409,974
	HONDA MOTOR CO LTD	N/A	N/A	N/A	28,200	735,280	831,336
	HP INC	N/A	N/A	N/A	29,800	896,884	663,944
	HSBC HOLDINGS PLC	N/A	N/A	N/A	10,848	560,057	853,412
	INCYTE CORP	N/A	N/A	N/A	10,400	606,266	1,027,208
	INGREDION INC	N/A	N/A	N/A	4,000	461,797	441,040
	INTERNATIONAL BUSINESS MACHINE	N/A	N/A	N/A	3,200	528,032	947,872
	JAZZ PHARMACEUTICALS PLC	N/A	N/A	N/A	3,000	466,583	510,000
	JOHNSON & JOHNSON	N/A	N/A	N/A	6,700	588,715	1,386,565
	KORN FERRY	N/A	N/A	N/A	7,100	462,907	468,742
	KRAFT HEINZ CO/THE	N/A	N/A	N/A	21,300	641,647	516,525
	KROGER CO/THE	N/A	N/A	N/A	19,100	459,382	1,193,368
	LEAR CORP	N/A	N/A	N/A	3,200	418,789	366,720
	MATTEL INC	N/A	N/A	N/A	32,700	616,068	648,768
	MERCK & CO INC	N/A	N/A	N/A	12,100	658,483	1,273,646
	METLIFE INC	N/A	N/A	N/A	2,800	176,265	221,032
	MGIC INVESTMENT CORP	N/A	N/A	N/A	14,800	378,482	432,456
	MOLSON COORS BEVERAGE CO	N/A	N/A	N/A	21,400	1,146,904	998,952
	MURPHY USA INC	N/A	N/A	N/A	1,100	405,281	443,872
	NATIONAL FUEL GAS CO	N/A	N/A	N/A	8,200	469,029	656,492
	NETAPP INC	N/A	N/A	N/A	7,700	663,170	824,593
	NETSCOUT SYSTEMS INC	N/A	N/A	N/A	19,300	462,096	522,258
	NEWMARKET CORP	N/A	N/A	N/A	1,600	571,733	1,099,616
	OLD REPUBLIC INTERNATIONAL COR	N/A	N/A	N/A	24,100	738,604	1,099,924
	OMNICOM GROUP INC	N/A	N/A	N/A	4,100	413,362	331,075
	OPEN TEXT CORPORATION	N/A	N/A	N/A	25,249	800,175	823,367
	ORGANON & CO	N/A	N/A	N/A	2,240	51,552	16,061
	PFIZER INC	N/A	N/A	N/A	40,200	1,031,650	1,000,980
	PINNACLE WEST CAPITAL CORP	N/A	N/A	N/A	5,400	497,415	478,980

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	PORTLAND GENERAL ELECTRIC CO	N/A	N/A	N/A	11,700	$ 538,324	$ 561,483
	POST HOLDINGS INC	N/A	N/A	N/A	2,900	306,192	287,245
	PROGRESS SOFTWARE CORP	N/A	N/A	N/A	10,700	453,969	459,672
	SCIENCE APPLICATIONS INTERNATI	N/A	N/A	N/A	5,000	565,185	503,300
	SHELL PLC	N/A	N/A	N/A	7,300	481,023	536,404
	SK TELECOM CO LTD	N/A	N/A	N/A	13,200	322,137	270,996
	SONOCO PRODUCTS CO	N/A	N/A	N/A	10,300	575,390	449,492
	STATE STREET CORP	N/A	N/A	N/A	6,300	505,563	812,763
	TD SYNNEX CORP	N/A	N/A	N/A	7,700	1,004,722	1,156,771
	TEXTRON INC	N/A	N/A	N/A	11,500	917,995	1,002,455
	TOTALENERGIES SE	N/A	N/A	N/A	10,400	677,277	680,368
	TOYOTA MOTOR CORP	N/A	N/A	N/A	2,900	385,129	620,774
	UGI CORP	N/A	N/A	N/A	14,700	507,065	550,221
	UNUM GROUP	N/A	N/A	N/A	9,900	604,763	767,250
	VERIZON COMMUNICATIONS INC	N/A	N/A	N/A	40,600	1,878,955	1,653,638
	VONTIER CORP	N/A	N/A	N/A	11,700	497,255	435,006
	VOYA FINANCIAL INC	N/A	N/A	N/A	7,500	597,200	558,675
	WESTERN UNION CO/THE	N/A	N/A	N/A	46,300	868,991	431,053
	YELP INC	N/A	N/A	N/A	8,700	305,505	264,393
						65,909,089	78,642,707
	Janus Capital Management, LLC						
	89BIO INC	N/A	N/A	N/A	32,905	-	11,188
	AKERO THERAPEUT CONTRA	N/A	N/A	N/A	5,644	-	3,669
	ALKAMI TECHNOLOGY INC	N/A	N/A	N/A	26,538	706,108	612,232
	API GROUP CORP	N/A	N/A	N/A	30,693	754,092	1,174,314
	ARAMARK	N/A	N/A	N/A	36,526	1,110,144	1,346,348
	ARCELLX INC	N/A	N/A	N/A	2,778	187,275	181,126
	ASCENDIS PHARMA A/S	N/A	N/A	N/A	4,230	512,361	902,005
	AST SPACEMOBILE INC	N/A	N/A	N/A	11,278	119,794	819,121
	AVIDITY BIOSCIENCES INC	N/A	N/A	N/A	18,952	714,238	1,367,008
	AXIS CAPITAL HOLDINGS LTD	N/A	N/A	N/A	10,876	673,707	1,164,711
	BELLRING BRANDS INC	N/A	N/A	N/A	14,425	439,452	385,580
	BLACKBAUD INC	N/A	N/A	N/A	12,944	808,563	819,614
	BRIDGEBIO PHARMA INC	N/A	N/A	N/A	12,746	435,566	974,942
	BRIGHT HORIZONS FAMILY SOLUTIO	N/A	N/A	N/A	5,187	540,188	525,962
	BROADRIDGE FINANCIAL SOLUTIONS	N/A	N/A	N/A	5,918	529,192	1,320,720
	CACI INTERNATIONAL INC	N/A	N/A	N/A	1,615	594,987	860,488
	CARLISLE COS INC	N/A	N/A	N/A	1,912	302,608	611,572
	CASEY'S GENERAL STORES INC	N/A	N/A	N/A	1,920	327,768	1,061,203
	CAVCO INDUSTRIES INC	N/A	N/A	N/A	805	414,192	475,546
	CBIZ INC	N/A	N/A	N/A	7,636	535,999	385,236
	CBOE GLOBAL MARKETS INC	N/A	N/A	N/A	4,848	540,292	1,216,848
	CENTESSA PHARMACEUTICALS PLC	N/A	N/A	N/A	14,076	239,680	352,041
	CHURCHILL DOWNS INC	N/A	N/A	N/A	5,945	617,160	676,422
	CLEAN HARBORS INC	N/A	N/A	N/A	4,243	638,932	994,899
	CLEARWATER ANALYTICS HOLDINGS	N/A	N/A	N/A	21,989	412,596	530,375
	COLLIERS INTERNATIONAL GROUP I	N/A	N/A	N/A	3,803	487,064	559,079
	CONSENSUS CLOUD SOLUTIONS INC	N/A	N/A	N/A	18,492	577,872	403,495
	CRANE CO	N/A	N/A	N/A	3,242	549,075	597,922
	CREDO TECHNOLOGY GROUP HOLDING	N/A	N/A	N/A	5,590	953,726	804,345
	CRINETICS PHARMACEUTICALS INC	N/A	N/A	N/A	7,927	377,956	369,002
	CROWN HOLDINGS INC	N/A	N/A	N/A	14,567	940,792	1,499,964
	DONALDSON CO INC	N/A	N/A	N/A	5,998	333,404	531,783
	DREAM FINDERS HOMES INC	N/A	N/A	N/A	15,727	500,734	268,932
	DRIVEN BRANDS HOLDINGS INC	N/A	N/A	N/A	37,766	638,399	559,692
	DYNATRACE INC	N/A	N/A	N/A	18,427	716,724	798,626
	EDGEWISE THERAPEUTICS INC	N/A	N/A	N/A	5,177	97,131	128,467
	ELF BEAUTY INC	N/A	N/A	N/A	1,922	218,130	146,149
	ENTEGRIS INC	N/A	N/A	N/A	4,870	235,008	410,298
	EURONET WORLDWIDE INC	N/A	N/A	N/A	11,516	884,704	876,483
	FLEX LTD	N/A	N/A	N/A	38,670	658,931	2,336,441
	GATES INDUSTRIAL CORP PLC	N/A	N/A	N/A	37,567	544,000	806,563
	GILDAN ACTIVEWEAR INC	N/A	N/A	N/A	19,605	976,043	1,224,528
	GLAUKOS CORP	N/A	N/A	N/A	17,482	1,351,429	1,973,893
	GLOBAL-E ONLINE LTD	N/A	N/A	N/A	17,526	632,067	688,947
	GLOBUS MEDICAL INC	N/A	N/A	N/A	17,152	911,058	1,497,541
	GS ACQUISITION HOLDINGS CORP	N/A	N/A	N/A	37,172	371,720	-
	HAMILTON LANE INC	N/A	N/A	N/A	3,586	491,216	481,636
	HEALTHEQUITY INC	N/A	N/A	N/A	5,705	323,122	522,635
	ICU MEDICAL INC	N/A	N/A	N/A	6,045	977,175	862,440
	IDEAYA BIOSCIENCES INC	N/A	N/A	N/A	14,039	471,219	485,328
	INSMED INC	N/A	N/A	N/A	3,025	108,563	526,471
	INSPIRE MEDICAL SYSTEMS INC	N/A	N/A	N/A	3,106	586,089	286,466
	ITRON INC	N/A	N/A	N/A	4,471	329,725	415,177
	ITT INC	N/A	N/A	N/A	6,200	418,252	1,075,762

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	JANUX THERAPEUTICS INC	N/A	N/A	N/A	7,222	$ 310,666	$ 99,664
	KLAVIYO INC	N/A	N/A	N/A	10,022	339,405	325,414
	LAMAR ADVERTISING CO	N/A	N/A	N/A	5,915	415,837	748,721
	LANTHEUS HOLDINGS INC	N/A	N/A	N/A	13,964	1,003,693	929,304
	LEGENCE CORP	N/A	N/A	N/A	22,719	769,277	977,826
	LIGAND PHARMACEUTICALS INC	N/A	N/A	N/A	7,463	688,788	1,411,029
	LPL FINANCIAL HOLDINGS INC	N/A	N/A	N/A	4,256	346,095	1,520,116
	LUMEXA IMAGING HOLDINGS INC	N/A	N/A	N/A	16,673	308,451	308,451
	MACOM TECHNOLOGY SOLUTIONS HOL	N/A	N/A	N/A	5,291	578,586	906,242
	MADRIGAL PHARMACEUTICALS INC	N/A	N/A	N/A	1,506	342,649	877,004
	MAGNOLIA OIL & GAS CORP	N/A	N/A	N/A	43,009	1,125,786	941,467
	MAXIMUS INC	N/A	N/A	N/A	5,740	390,817	495,477
	METSERA INC CONTRA	N/A	N/A	N/A	8,969	-	43,948
	MIRION TECHNOLOGIES INC	N/A	N/A	N/A	72,119	734,733	1,689,027
	MIRUM PHARMACEUTICALS INC	N/A	N/A	N/A	12,347	469,010	975,290
	NRG ENERGY INC	N/A	N/A	N/A	8,439	322,982	1,343,826
	NUVALENT INC	N/A	N/A	N/A	3,176	254,166	319,474
	ODDITY TECH LTD	N/A	N/A	N/A	10,188	450,703	409,354
	OMNIAB INC/OLD	N/A	N/A	N/A	1,642	2,366	945
	OMNIAB INC/OLD	N/A	N/A	N/A	1,641	2,365	784
	ON HOLDING AG	N/A	N/A	N/A	8,610	254,515	400,193
	ON SEMICONDUCTOR CORP	N/A	N/A	N/A	17,034	410,173	922,391
	OSI SYSTEMS INC	N/A	N/A	N/A	6,567	604,463	1,674,979
	PALOMAR HOLDINGS INC	N/A	N/A	N/A	3,202	392,499	431,502
	PARSONS CORP	N/A	N/A	N/A	5,981	416,797	369,626
	PENUMBRA INC	N/A	N/A	N/A	2,937	634,614	913,143
	PERIMETER SOLUTIONS INC	N/A	N/A	N/A	16,550	466,656	455,622
	PRAXIS PRECISION MEDICINES INC	N/A	N/A	N/A	3,995	378,150	1,177,486
	PROCORE TECHNOLOGIES INC	N/A	N/A	N/A	7,210	538,983	524,455
	PROTAGONIST THERAPEUTICS INC	N/A	N/A	N/A	8,335	737,949	727,979
	PTC THERAPEUTICS INC	N/A	N/A	N/A	6,067	463,404	460,849
	RENTOKIL INITIAL PLC	N/A	N/A	N/A	55,877	1,315,656	1,646,136
	REVOLUTION MEDICINES INC	N/A	N/A	N/A	11,172	336,574	889,850
	REVVITY INC	N/A	N/A	N/A	3,876	353,423	375,003
	SAIA INC	N/A	N/A	N/A	3,089	583,617	1,008,620
	SENSIENT TECHNOLOGIES CORP	N/A	N/A	N/A	17,355	1,138,585	1,630,502
	SHIFT4 PAYMENTS INC	N/A	N/A	N/A	14,039	1,045,291	884,036
	SILGAN HOLDINGS INC	N/A	N/A	N/A	21,785	1,045,680	879,460
	SITEONE LANDSCAPE SUPPLY INC	N/A	N/A	N/A	3,379	432,309	420,888
	SOLENO THERAPEUTICS INC	N/A	N/A	N/A	9,248	392,965	428,182
	SPORTRADAR GROUP AG	N/A	N/A	N/A	24,418	495,961	580,416
	SPX TECHNOLOGIES INC	N/A	N/A	N/A	6,241	566,111	1,248,574
	SS&C TECHNOLOGIES HOLDINGS INC	N/A	N/A	N/A	27,396	1,381,432	2,394,958
	STANDARDAERO INC	N/A	N/A	N/A	11,610	321,188	332,975
	STANDARDAERO INC	N/A	N/A	N/A	16,029	393,403	459,712
	STERIS PLC	N/A	N/A	N/A	2,130	291,016	539,998
	STERLING INFRASTRUCTURE INC	N/A	N/A	N/A	3,038	703,551	930,327
	STRIDE INC	N/A	N/A	N/A	14,599	701,566	947,913
	STRUCTURE THERAPEUTICS INC	N/A	N/A	N/A	7,247	197,553	504,029
	STRUCTURE THERAPEUTICS PIPE	N/A	N/A	N/A	4,566	57,029	-
	TARSUS PHARMACEUTICALS INC	N/A	N/A	N/A	4,598	378,140	376,484
	TELEDYNE TECHNOLOGIES INC	N/A	N/A	N/A	3,931	1,227,153	2,007,680
	TOWER SEMICONDUCTOR LTD	N/A	N/A	N/A	8,027	602,581	942,530
	TRAVERE THERAPEUTICS INC	N/A	N/A	N/A	19,168	334,199	732,409
	UL SOLUTIONS INC	N/A	N/A	N/A	12,002	433,258	946,478
	VAXCYTE INC	N/A	N/A	N/A	10,696	344,559	493,513
	VOYAGER TECHNOLOGIES INC	N/A	N/A	N/A	8,123	251,813	212,335
	WALKER & DUNLOP INC	N/A	N/A	N/A	5,125	361,498	308,269
	WEX INC	N/A	N/A	N/A	3,547	550,787	528,432
	WINGSTOP INC	N/A	N/A	N/A	2,726	698,880	650,124
	XENON PHARMACEUTICALS INC	N/A	N/A	N/A	7,298	313,717	327,096
	ZIFF DAVIS INC	N/A	N/A	N/A	10,867	844,118	381,975
	ZURN ELKAY WATER SOLUTIONS COR	N/A	N/A	N/A	27,561	597,290	1,281,310
						61,661,703	87,583,037
	Investment Manager - Alliance Bernstein						
	ACI WORLDWIDE INC	N/A	N/A	N/A	8,706	303,883	416,234
	ADT INC	N/A	N/A	N/A	66,861	510,328	539,568
	AMERICAN FINANCIAL GROUP INC/O	N/A	N/A	N/A	4,197	504,402	573,646
	AMERICAN HEALTHCARE REIT INC	N/A	N/A	N/A	8,760	265,968	412,246
	ARCBEST CORP	N/A	N/A	N/A	6,230	652,072	462,204
	AUTONATION INC	N/A	N/A	N/A	1,989	348,321	410,689
	AVIENT CORP	N/A	N/A	N/A	12,257	525,877	382,909
	AVNET INC	N/A	N/A	N/A	9,714	422,132	467,049
	BATH & BODY WORKS INC	N/A	N/A	N/A	19,254	700,361	386,620
	BIO-TECHNE CORP	N/A	N/A	N/A	9,866	576,918	580,219
	BJ'S WHOLESALE CLUB HOLDINGS I	N/A	N/A	N/A	7,332	708,134	660,100
	BOISE CASCADE CO	N/A	N/A	N/A	5,228	392,815	384,781

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

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(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	BORGWARNER INC	N/A	N/A	N/A	12,711	$ 409,841	$ 572,758
	BROADSTONE NET LEASE INC	N/A	N/A	N/A	14,584	354,288	253,324
	BRUNSWICK CORP/DE	N/A	N/A	N/A	6,072	439,800	450,785
	CACI INTERNATIONAL INC	N/A	N/A	N/A	896	388,797	477,398
	CALIX INC	N/A	N/A	N/A	6,298	282,716	333,353
	CBOE GLOBAL MARKETS INC	N/A	N/A	N/A	970	137,240	243,470
	CH ROBINSON WORLDWIDE INC	N/A	N/A	N/A	4,068	367,717	653,972
	CHESAPEAKE UTILITIES CORP	N/A	N/A	N/A	3,324	435,161	414,702
	CNH INDUSTRIAL NV	N/A	N/A	N/A	34,300	443,548	316,246
	COPT DEFENSE PROPERTIES	N/A	N/A	N/A	19,630	623,969	545,714
	CORE & MAIN INC	N/A	N/A	N/A	8,845	390,149	459,675
	CRANE NXT CO	N/A	N/A	N/A	8,205	449,483	386,209
	CRITEO SA	N/A	N/A	N/A	10,180	331,999	209,810
	CUBESMART	N/A	N/A	N/A	5,935	245,709	213,957
	DOLLAR TREE INC	N/A	N/A	N/A	5,263	395,392	647,402
	ENCOMPASS HEALTH CORP	N/A	N/A	N/A	4,619	429,650	490,261
	ENVISTA HOLDINGS CORP	N/A	N/A	N/A	25,408	453,747	551,608
	FIRST ADVANTAGE CORP	N/A	N/A	N/A	29,976	439,710	435,551
	FIRST BANCORP/PUERTO RICO	N/A	N/A	N/A	15,425	216,877	319,760
	FIRST CITIZENS BANCSHARES INC/	N/A	N/A	N/A	328	328,683	703,947
	FIRST HAWAIIAN INC	N/A	N/A	N/A	9,803	262,736	248,016
	FLAGSTAR BANK NA	N/A	N/A	N/A	25,686	312,048	323,387
	FORMFACTOR INC	N/A	N/A	N/A	5,396	194,188	300,989
	FRONTDOOR INC	N/A	N/A	N/A	1,180	68,547	68,074
	GATX CORP	N/A	N/A	N/A	3,079	524,194	522,198
	GIBRALTAR INDUSTRIES INC	N/A	N/A	N/A	7,217	470,846	356,808
	GLOBANT SA	N/A	N/A	N/A	6,561	537,325	428,893
	GLOBUS MEDICAL INC	N/A	N/A	N/A	7,626	452,182	665,826
	GRAPHIC PACKAGING HOLDING CO	N/A	N/A	N/A	34,600	887,860	521,076
	GROUP 1 AUTOMOTIVE INC	N/A	N/A	N/A	347	127,195	136,475
	GXO LOGISTICS INC	N/A	N/A	N/A	10,515	411,595	553,510
	HA SUSTAINABLE INFRASTRUCTURE	N/A	N/A	N/A	18,240	486,175	573,283
	HANOVER INSURANCE GROUP INC/TH	N/A	N/A	N/A	3,767	512,021	688,495
	HASBRO INC	N/A	N/A	N/A	6,468	529,619	530,376
	HEXCEL CORP	N/A	N/A	N/A	7,496	421,785	553,954
	HF SINCLAIR CORP	N/A	N/A	N/A	5,636	231,237	259,707
	ICON PLC	N/A	N/A	N/A	3,397	697,410	619,001
	IDACORP INC	N/A	N/A	N/A	5,620	557,108	711,267
	INDEPENDENCE REALTY TRUST INC	N/A	N/A	N/A	26,390	474,352	461,297
	INDEPENDENT BANK CORP	N/A	N/A	N/A	5,723	364,287	418,237
	INTEGER HOLDINGS CORP	N/A	N/A	N/A	5,266	600,192	413,012
	INVESCO LTD	N/A	N/A	N/A	24,503	405,334	643,694
	IPG PHOTONICS CORP	N/A	N/A	N/A	6,000	374,170	429,600
	JBT MAREL CORP	N/A	N/A	N/A	3,559	347,366	536,235
	JONES LANG LASALLE INC	N/A	N/A	N/A	2,193	356,715	737,879
	KIRBY CORP	N/A	N/A	N/A	5,343	566,787	588,692
	KNIGHT-SWIFT TRANSPORTATION HO	N/A	N/A	N/A	11,971	521,875	625,844
	LAUREATE EDUCATION INC	N/A	N/A	N/A	18,879	466,012	635,656
	MAGNOLIA OIL & GAS CORP	N/A	N/A	N/A	18,246	410,255	399,405
	MATADOR RESOURCES CO	N/A	N/A	N/A	9,730	596,880	412,941
	NCR ATLEOS CORP	N/A	N/A	N/A	13,840	400,565	527,442
	NEXSTAR MEDIA GROUP INC	N/A	N/A	N/A	1,925	319,363	390,871
	NICE LTD	N/A	N/A	N/A	2,310	334,770	261,122
	NOMAD FOODS LTD	N/A	N/A	N/A	23,882	523,684	298,764
	NORTHERN OIL & GAS INC	N/A	N/A	N/A	14,234	547,846	305,604
	O-I GLASS INC	N/A	N/A	N/A	31,508	460,668	465,058
	ON SEMICONDUCTOR CORP	N/A	N/A	N/A	9,531	487,705	516,104
	ONE GAS INC	N/A	N/A	N/A	5,805	431,766	448,436
	OSHKOSH CORP	N/A	N/A	N/A	4,711	594,303	591,843
	PENTAIR PLC	N/A	N/A	N/A	3,871	300,497	403,126
	REGAL REXNORD CORP	N/A	N/A	N/A	3,644	446,410	511,326
	RELIANCE INC	N/A	N/A	N/A	2,524	813,074	729,108
	ROBERT HALF INC	N/A	N/A	N/A	15,988	427,375	434,234
	RPM INTERNATIONAL INC	N/A	N/A	N/A	5,624	621,575	584,896
	RYMAN HOSPITALITY PROPERTIES I	N/A	N/A	N/A	2,647	225,958	250,459
	STAG INDUSTRIAL INC	N/A	N/A	N/A	11,223	372,920	412,557
	STAR BULK CARRIERS CORP	N/A	N/A	N/A	26,208	455,235	503,718
	STIFEL FINANCIAL CORP	N/A	N/A	N/A	4,099	243,910	513,277
	TAYLOR MORRISON HOME CORP	N/A	N/A	N/A	4,280	299,739	251,964
	TD SYNNEX CORP	N/A	N/A	N/A	3,600	464,859	540,828
	TECHNIPFMC PLC	N/A	N/A	N/A	16,541	611,522	737,067
	TENET HEALTHCARE CORP	N/A	N/A	N/A	3,582	601,135	711,815
	TEREX CORP	N/A	N/A	N/A	5,431	295,611	289,907
	TEXAS CAPITAL BANCSHARES INC	N/A	N/A	N/A	4,658	320,344	421,735
	UMB FINANCIAL CORP	N/A	N/A	N/A	5,011	506,614	576,465
	WAFD INC	N/A	N/A	N/A	12,522	387,397	401,080

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	WALKER & DUNLOP INC	N/A	N/A	N/A	4,650	$ 432,182	$ 279,698
	WD-40 CO	N/A	N/A	N/A	2,160	512,909	425,304
	WEBSTER FINANCIAL CORP	N/A	N/A	N/A	6,855	336,974	431,454
	WILLSCOT HOLDINGS CORP	N/A	N/A	N/A	23,751	869,414	447,231
	WINTRUST FINANCIAL CORP	N/A	N/A	N/A	3,503	264,412	489,788
						40,554,719	42,872,275
	Investment Manager - Raymond James & Associates						
	INVESTRUST PROPERTIES CORP	N/A	N/A	N/A	15,000	114,619	49,350
	NHB HOLDINGS INC	N/A	N/A	N/A	25,000	250,000	250,000
	XENIA HOTELS & RESORTS INC	N/A	N/A	N/A	1,875	35,381	40,481
	RAYMOND JAMES	N/A	N/A	N/A	15,000	-	5,400
						400,000	345,231
	Total domestic common stock					211,998,575	264,200,674
	Global common stock						
	Investment Manager - HGK (GLG) Investment Management						
	ASML HOLDING NV	N/A	N/A	N/A	2,839	2,669,292	3,072,190
	BAE SYSTEMS PLC	N/A	N/A	N/A	104,120	1,080,477	2,400,399
	CELLNEX TELECOM SA	N/A	N/A	N/A	75,851	2,645,263	2,443,552
	CIE DE SAINT-GOBAIN SA	N/A	N/A	N/A	23,480	2,255,579	2,398,016
	DAVIDE CAMPARI-MILANO NV	N/A	N/A	N/A	227,405	2,251,690	1,479,066
	DNB BANK ASA	N/A	N/A	N/A	85,169	2,061,678	2,376,864
	DR ING HC F PORSCHE AG	N/A	N/A	N/A	39,737	3,046,005	2,129,045
	EISAI CO LTD	N/A	N/A	N/A	17,671	996,398	525,356
	FRANCO-NEVADA CORP	N/A	N/A	N/A	14,000	1,823,816	2,905,811
	GETLINK SE	N/A	N/A	N/A	95,437	1,324,018	1,763,113
	HDFC BANK LTD	N/A	N/A	N/A	64,600	1,780,617	2,360,484
	ICON PLC	N/A	N/A	N/A	11,252	2,291,067	2,050,339
	INFOSYS LTD	N/A	N/A	N/A	123,170	2,199,350	2,194,889
	KB FINANCIAL GROUP INC	N/A	N/A	N/A	27,750	1,293,457	2,402,154
	KEYENCE CORP	N/A	N/A	N/A	6,400	2,439,416	2,314,281
	KOMATSU LTD	N/A	N/A	N/A	70,136	1,717,257	2,237,264
	LONDON STOCK EXCHANGE GROUP PL	N/A	N/A	N/A	18,588	2,167,569	2,238,160
	LVMH MOET HENNESSY LOUIS VUITT	N/A	N/A	N/A	4,072	2,345,581	3,084,622
	RECRUIT HOLDINGS CO LTD	N/A	N/A	N/A	41,000	2,442,520	2,314,122
	RENTOKIL INITIAL PLC	N/A	N/A	N/A	389,298	2,246,845	2,343,223
	RHEINMETALL AG	N/A	N/A	N/A	1,105	207,518	2,025,815
	RYANAIR HOLDINGS PLC	N/A	N/A	N/A	40,650	1,539,506	2,934,524
	SAMSUNG ELECTRONICS CO LTD	N/A	N/A	N/A	47,931	2,275,797	3,989,396
	SHELL PLC	N/A	N/A	N/A	64,298	2,313,767	2,369,662
	SIEMENS HEALTHINEERS AG	N/A	N/A	N/A	47,119	2,519,852	2,485,824
	SMURFIT WESTROCK PLC	N/A	N/A	N/A	1,351	58,572	52,171
	SMURFIT WESTROCK PLC	N/A	N/A	N/A	51,271	2,011,998	1,979,901
	STMICROELECTRONICS NV	N/A	N/A	N/A	97,892	3,288,677	2,579,910
	SUZUKI MOTOR CORP	N/A	N/A	N/A	170,600	1,896,553	2,540,851
	TAIWAN SEMICONDUCTOR MANUFACTU	N/A	N/A	N/A	10,328	1,074,519	3,138,576
	THALES SA	N/A	N/A	N/A	8,478	946,198	2,288,116
	TOKYO ELECTRON LTD	N/A	N/A	N/A	12,000	2,141,685	2,627,452
	UNIVERSAL MUSIC GROUP NV	N/A	N/A	N/A	92,262	2,271,958	2,408,778
	VESTAS WIND SYSTEMS A/S	N/A	N/A	N/A	113,496	2,656,049	3,094,569
	Total global common stock					66,280,544	79,548,495
	Total common stock					278,279,119	343,749,169
	Registered investment companies						
	AFL-CIO HOUSING INVESTMENT TRUST	N/A	N/A	N/A	37,912	62,850,895	59,074,978
	Total registered investment companies					62,850,895	59,074,978
	Pooled fixed income funds						
	UBS CANADIAN BOND FUND SERIES A	N/A	N/A	N/A	355,963	1,883,601	1,671,093
	Common collective trust funds						
	AFL-CIO BUILDING INVESTMENT TRUST	N/A	N/A	N/A	2,468	2,947,636	14,051,509
	BRIGADE OPP CR CIT	N/A	N/A	N/A	3,345,218	42,000,000	52,523,845
	J.P. MORGAN STATEGIC PROPERTY FUND	N/A	N/A	N/A	3,385,603	33,093,693	38,563,283

LIUNA STAFF AND AFFILIATES PENSION FUND

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

DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line i

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

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, shares/par value: Collateral	Maturity Date	Interest Rate	Shares/ Par Value	(d) Cost	(e) Current Value
	LOOMIS SAYLES LARGE CAP GROWTH TRUST FUND	N/A	N/A	N/A	1,884,496	$ 72,272,409	$ 136,777,564
	LOOMIS SAYLES WORLD CREDIT ASSET TRUST FUND	N/A	N/A	N/A	2,430,032	41,650,672	50,732,794
	PINESTONE INTERNATIONAL EQUITY CIT	N/A	N/A	N/A	3,535,712	36,594,622	38,892,835
	SSGA ACWI EX USA NL FUND	N/A	N/A	N/A	13,998,606	127,985,314	255,676,235
	SSGA MSCI EAFE INDEX NL FUND	N/A	N/A	N/A	189,924	29,078,170	33,990,425
	SSGA MSCI UNITED STATES INDEX NL FUND	N/A	N/A	N/A	(159,599)	-	(159,599)
	SSGA RUSSELL 1000 INDEX FUND	N/A	N/A	N/A	602,947	61,837,378	95,581,731
	SSGA RUSSELL 3000 INDEX FUND	N/A	N/A	N/A	114,496	43,267,841	53,351,659
	SSGA WORLD GOVERNMENT BOND INDEX FUND	N/A	N/A	N/A	5,612,999	52,029,088	60,002,808
	Total common collective trust funds					542,756,823	829,985,089
	Limited partnerships and other investments						
	50 SOUTH PRIVATE EQUITY CORE FUND X (OFFSHORE), LP	N/A	N/A	N/A	N/A	17,628,218	19,540,147
	57 STARS GLOBAL OPPORTUNITY FUND 3, LP	N/A	N/A	N/A	N/A	4,482,965	5,575,540
	AG REALTY FUND IX, LP	N/A	N/A	N/A	N/A	333,542	2,018,008
	APOLLO INVESTMENT FUND VIII, LP	N/A	N/A	N/A	N/A	608,892	2,579,446
	CARLYLE GLOBAL INFRASTRUCTURE FUND LP	N/A	N/A	N/A	N/A	12,122,635	18,288,936
	CENTERBRIDGE SPECIAL CREDIT PARTNERS IV, LP	N/A	N/A	N/A	N/A	15,912,124	21,324,912
	ENTRUST CAPITAL DIVERSIFIED FUND QP LTD	N/A	N/A	N/A	N/A	1,049,363	71,657
	FENGATE INFRASTRUCTURE YIELD FUND VCOC L.P.	N/A	N/A	N/A	N/A	20,000,000	20,141,779
	GCM GROSVENOR INFRASTRUCTURE ADV. FEEDER FUND II, L.P.	N/A	N/A	N/A	N/A	7,024,577	5,818,109
	GCM GROSVENOR SECONDARY OPPORTUNITIES FUND III, LP	N/A	N/A	N/A	N/A	22,994,364	27,415,692
	GERDING EDLEN GREEN CITIES III, LP	N/A	N/A	N/A	N/A	9,949,706	1,827,245
	GLOBEFLEX INT'L ALL CAP COMMINGLED TRUST	N/A	N/A	N/A	N/A	20,378,583	46,939,148
	GROSVENOR CIS II ONSHORE FUND, LP	N/A	N/A	N/A	N/A	1,675,514	9,054,661
	HAMILTON LANE PRIVATE EQUITY FUND IX, LP	N/A	N/A	N/A	N/A	160,176	4,177,240
	HAMILTON LANE PRIVATE EQUITY FUND X, LP	N/A	N/A	N/A	N/A	9,969,486	21,439,342
	HAMILTON LANE STRATEGIC OPPS VII, LP	N/A	N/A	N/A	N/A	12,059,540	19,897,468
	IFM GLOBAL INFRASTRUCTURE FUND, LP	N/A	N/A	N/A	N/A	17,022,301	51,675,209
	INTERCONTINENTAL U.S. REAL ESTATE INV. FUND, LLC	N/A	N/A	N/A	N/A	15,000,000	17,450,424
	KANYE ANDERSON CORE REAL ESTATE, L.P.	N/A	N/A	N/A	N/A	25,000,000	25,076,735
	LANDMARK EQUITY PARTNERS XVI, LP	N/A	N/A	N/A	N/A	12,498,951	16,586,894
	LANDMARK EQUITY PARTNERS XVII, LP	N/A	N/A	N/A	N/A	19,857,007	28,058,276
	MCMORGAN INFRASTRUCTURE FUND I, LP	N/A	N/A	N/A	N/A	3,061,219	8,223,075
	MESIROW FINANCIAL PRIVATE EQUITY FUND VIII A, LP	N/A	N/A	N/A	N/A	15,052,143	17,889,180
	MESIROW FINANCIAL PRIVATE EQUITY FUND VIII B, LP	N/A	N/A	N/A	N/A	9,318,247	10,065,296
	NB CROSSROADS FUND XXI, LP	N/A	N/A	N/A	N/A	33,297	6,328,993
	NB PRIVATE DEBT FUND IV (A) LP	N/A	N/A	N/A	N/A	19,163,274	29,371,184
	OAKTREE REAL ESTATE INCOME FUND (PARALLEL III), L.P.	N/A	N/A	N/A	N/A	25,000,000	25,232,401
	OAKTREE REAL ESTATE INCOME FUND (PARALLEL III), L.P.	N/A	N/A	N/A	N/A	10,000,000	10,092,960
	POMONA CAPITAL IX (OFFSHORE), LP	N/A	N/A	N/A	N/A	783,973	4,445,529
	POMONA CAPITAL VIII (OFFSHORE) LP	N/A	N/A	N/A	N/A	45,501	18,902
	POMONA CAPITAL X	N/A	N/A	N/A	N/A	18,945,613	23,855,658
	RCTS EMERGING MARKETS EQUITY	N/A	N/A	N/A	N/A	88,879,200	170,061,773
	STONEPEAK INFRASTRUCTURE FUND II, LP	N/A	N/A	N/A	N/A	964,767	418,991
	TA REALTY LOGISTICS FUND, LP	N/A	N/A	N/A	N/A	27,500,000	25,699,120
	ULLICO INFRASTRUCTURE FUND, LP	N/A	N/A	N/A	N/A	30,000,000	44,643,321
	WCP SPECIAL CORE PLUS FUND, LP	N/A	N/A	N/A	N/A	4,036,106	805,515
	FORWARD CURRENCY DERIVATIVES	N/A	N/A	N/A	N/A	6,716,184	6,716,184
	Total limited partnerships and other investments					505,227,468	748,824,950
	Total assets (held at end of year)					$ 1,523,949,219	$ 2,114,425,074

Schedule of active participant data

The following table shows the distribution of active participant data by age and pension credits as of December 31, 2024. The table also shows average salary as limited by IRC section 401(a)(17).

Schedule MB, Line 8b(2)

Actives by Age and Years of Service

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	67	60	6	1	—	—	—	—	—	—
	$40,469	$38,685	—	—	—	—	—	—	—	—
25 - 29	159	115	42	2	—	—	—	—	—	—
	$66,352	$61,172	$78,188	—	—	—	—	—	—	—
30 - 34	264	144	93	27	—	—	—	—	—	—
	$82,630	$69,079	$94,368	$114,466	—	—	—	—	—	—
35 - 39	367	135	129	66	35	2	—	—	—	—
	$93,388	$74,032	$98,600	$106,699	$123,056	—	—	—	—	—
40 - 44	476	165	145	82	63	20	1	—	—	—
	$102,915	$77,125	$105,771	$122,074	$126,766	$139,070	—	—	—	—
45 - 49	525	182	128	80	74	45	16	—	—	—
	$102,854	$77,574	$105,461	$121,962	$125,066	$118,030	—	—	—	—
50 - 54	648	146	153	94	117	81	45	10	2	—
	$113,985	$75,613	$96,125	$128,743	$117,894	$153,635	$170,297	—	—	—
55 - 59	564	108	110	102	88	73	48	25	7	3
	$125,119	$73,251	$97,929	$114,313	$145,687	$158,349	$187,416	$192,229	—	—
60 - 64	394	59	73	87	66	56	36	10	6	1
	$122,062	$61,944	$99,016	$117,059	$125,170	$130,993	$217,456	—	—	—
65 - 69	130	14	26	20	23	19	16	6	2	4
	$133,394	—	$72,428	$118,193	$149,734	—	—	—	—	—
70 & over	26	5	4	4	4	1	2	—	1	5
	$166,760	—	—	—	—	—	—	—	—	—
Unknown	6	2	1	1	—	—	1	1	—	—
	—	—	—	—	—	—	—	—	—	—
Totals	**3,626**	**1,135**	**910**	**566**	**470**	**297**	**165**	**52**	**18**	**13**
	$106,721	**$70,274**	**$97,825**	**$118,521**	**$128,643**	**$144,851**	**$181,102**	**$195,632**	**—**	**—**

Section 3: Actuarial Valuation Results

The following table shows the distribution of active participant data by age and pension credits as of December 31, 2024. The table also shows average monthly accrued benefits.

Schedule MB, Line 8b(2)

Actives by Age and Years of Service

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	67	60	6	1	—	—	—	—	—	—
	$137	$95	—	—	—	—	—	—	—	—
25 - 29	159	115	42	2	—	—	—	—	—	—
	$386	$195	$832	—	—	—	—	—	—	—
30 - 34	264	144	93	27	—	—	—	—	—	—
	$720	$214	$1,055	$2,264	—	—	—	—	—	—
35 - 39	367	135	129	66	35	2	—	—	—	—
	$1,285	$223	$1,129	$2,367	$3,774	—	—	—	—	—
40 - 44	476	165	145	82	63	20	1	—	—	—
	$1,680	222	$1,278	$2,598	$3,987	$5,319	—	—	—	—
45 - 49	525	182	128	80	74	45	16	—	—	—
	$1,975	$232	$1,259	$2,662	$3,971	$4,995	—	—	—	—
50 - 54	648	146	153	94	117	81	45	10	2	—
	$2,998	$261	$1,138	$2,798	$3,784	$6,337	$8,532	—	—	—
55 - 59	564	108	110	102	88	73	48	25	7	3
	$3,893	$230	$1,194	$2,465	$4,659	$6,581	$9,686	$11,665	—	—
60 - 64	394	59	73	87	66	56	36	10	6	1
	$3,839	$224	$1,224	$2,520	$3,889	$5,503	$10,989	—	—	—
65 - 69	130	14	26	20	23	19	16	6	2	4
	$5,302	—	$862	$2,675	$5,029	—	—	—	—	—
70 & over	26	5	4	4	4	1	2	—	1	5
	$8,167	—	—	—	—	—	—	—	—	—
Unknown	6	2	1	1	—	—	1	1	—	—
	—	—	—	—	—	—	—	—	—	—
Totals	**3,626**	**1,135**	**910**	**566**	**470**	**297**	**165**	**52**	**18**	**13**
	$2,519	**$217**	**$1,154**	**$2,557**	**$4,089**	**$6,007**	**$9,230**	**$11,847**	**—**	**—**

Schedule MB, Line 9c

Schedule of Funding Standard Account Bases – Charges

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Investment loss subject to relief	01/01/2009	$124,501,787	13	$14,087,211
Plan amendment	01/01/2012	334,579	2	173,142
Actuarial loss	01/01/2012	11,097,179	2	5,742,690
Plan amendment	01/01/2013	506,999	3	180,957
Actuarial loss	01/01/2013	2,287,116	3	816,310
Plan amendment	01/01/2014	648,239	4	179,450
Actuarial loss	01/01/2014	9,660,168	4	2,674,187
Plan amendment	01/01/2015	495,244	5	113,375
Actuarial loss	01/01/2015	10,703,401	5	2,450,310
Assumption change	01/01/2015	22,650,280	5	5,185,288
Actuarial loss	01/01/2016	31,484,455	6	6,206,405
Plan amendment	01/01/2017	1,157,710	7	202,045
Actuarial loss	01/01/2017	20,783,692	7	3,627,188
Plan amendment	01/01/2018	1,359,933	8	214,411
Actuarial loss	01/01/2018	19,366,390	8	3,053,368
Plan amendment	01/01/2019	1,455,376	9	210,501
Actuarial loss	01/01/2019	30,462,414	9	4,405,982
Plan amendment	01/01/2020	1,637,064	10	219,843
Actuarial loss	01/01/2020	17,700,153	10	2,376,974
Plan amendment	01/01/2021	1,354,038	11	170,467
Assumption change	01/01/2021	43,723,773	11	5,504,604
Plan amendment	01/01/2022	6,388,012	12	759,919
Plan amendment	01/01/2023	9,320,726	13	1,054,628

Section 3: Actuarial Valuation Results

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	01/01/2023	83,195,978	13	9,413,514
Plan amendment	01/01/2024	5,508,813	14	596,160
Actuarial loss	01/01/2024	95,423,121	14	10,326,625
Plan amendment	01/01/2025	2,231,164	15	232,030
Actuarial loss	01/01/2025	93,528,002	15	9,726,446
Total		**$648,965,806**		**$89,904,030**

Schedule MB, Line 9h

Schedule of Funding Standard Account Bases – Credits

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Combined base	01/01/2022	$102,679,535	4.82	$24,231,781
Total		**$102,679,535**		**$24,231,781**

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

For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2025:

- Annual administrative expenses, previously $5,200,000.

Appendix A: Actuarial assumptions, methods and models

Schedule MB, Line 6

Economic assumptions

Net investment return

7.25%

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

Annual administrative expenses

$5,600,000 for the year beginning January 1, 2025 (equivalent to $5,392,757 payable at the beginning of the year).

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

Demographic and noneconomic assumptions

Mortality rates

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

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

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

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

Appendix A: Actuarial assumptions, methods and models

Termination rates

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

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

[1] Mortality rates shown for base table without reflecting generational projection.
[2] Disability rates cut out at the earlier of Normal Retirement Age or eligibility for the Service Pension.
[3] Withdrawal rates cut out at the early retirement age.

Appendix A: Actuarial assumptions, methods and models

Retirement rates for active participants

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

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

Description of weighted average retirement age

Age 61, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2025 actuarial valuation.

Retirement age for inactive vested participants

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

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

[1] 15% if eligible for the Service Pension

Appendix A: Actuarial assumptions, methods and models

Future benefit accruals

One pension credit per year.

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

Salary Scale

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

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

Unknown data for participants

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

Definition of active participants

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

Percent married

75%

Age of spouse

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

Benefit election

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

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

Delayed retirement factors

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

Methods, models and other information

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years beginning with the year January 1, 2022. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

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

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Appendix B.

Appendix A: Actuarial assumptions, methods and models

Canadian Assets and Liabilities

All Canadian assets and liabilities included in the valuation were converted to their U.S. dollar equivalent. The conversion factor as of the valuation date is 0.6969 U.S. dollars for each Canadian dollar.

Current liability assumptions

- **Interest:** 4.01%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using the Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023.

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 3.9%, for the plan year ending December 31, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 8.3%, for the plan year ending December 31, 2024

FSA contribution timing (Schedule MB, line 3a)

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

Actuarial models

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2025	$12,126,304	$4,029,003	$126,027,908	$142,183,215
2026	21,667,912	4,564,879	123,756,505	149,989,296
2027	30,556,297	4,935,550	121,319,823	156,811,670
2028	38,876,699	5,622,864	118,692,546	163,192,109
2029	45,882,846	6,358,549	115,911,760	168,153,155
2030	52,112,285	6,841,237	113,111,049	172,064,571
2031	57,469,146	7,587,722	110,219,333	175,276,201
2032	62,132,950	8,224,295	107,207,168	177,564,413
2033	66,085,153	8,912,775	104,081,402	179,079,330
2034	69,696,624	9,450,491	100,829,007	179,976,122
2035	72,637,159	9,969,471	97,453,192	180,059,822
2036	75,282,398	10,415,374	93,958,612	179,656,384
2037	77,652,044	10,909,100	90,351,187	178,912,331
2038	79,558,378	11,252,215	86,638,917	177,449,510
2039	81,176,186	11,577,933	82,831,934	175,586,053
2040	82,561,493	12,048,447	78,942,864	173,552,804
2041	83,615,779	12,232,253	74,986,274	170,834,306
2042	84,485,771	12,387,462	70,978,499	167,851,732

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

Segal

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2043	$85,167,488	$12,665,254	$66,937,124	$164,769,866
2044	85,522,155	12,725,976	62,880,686	161,128,817
2045	85,846,590	12,728,409	58,829,081	157,404,080
2046	85,525,702	12,717,041	54,802,814	153,045,557
2047	85,025,696	12,639,479	50,822,670	148,487,845
2048	84,248,132	12,530,754	46,909,626	143,688,512
2049	83,308,863	12,426,748	43,084,265	138,819,876
2050	81,889,038	12,259,791	39,366,154	133,514,983
2051	80,414,163	12,040,630	35,774,409	128,229,202
2052	78,522,777	11,795,987	32,326,513	122,645,277
2053	76,371,972	11,562,257	29,038,606	116,972,835
2054	74,074,670	11,265,320	25,924,913	111,264,903
2055	71,694,118	10,952,103	22,997,794	105,644,015
2056	69,001,545	10,632,268	20,266,614	99,900,427
2057	66,210,029	10,262,144	17,738,105	94,210,278
2058	63,251,576	9,877,358	15,416,371	88,545,305
2059	60,209,282	9,481,813	13,302,296	82,993,391
2060	57,037,032	9,071,467	11,394,176	77,502,675

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2061	$53,884,603	$8,649,594	$9,687,012	$72,221,209
2062	50,660,244	8,217,519	8,173,257	67,051,020
2063	47,445,397	7,780,092	6,843,233	62,068,722
2064	44,264,182	7,333,545	5,685,790	57,283,517
2065	41,141,680	6,883,927	4,688,236	52,713,843
2066	38,085,757	6,433,722	3,836,780	48,356,259
2067	35,123,548	5,985,573	3,116,844	44,225,965
2068	32,271,693	5,542,034	2,513,454	40,327,181
2069	29,543,599	5,106,019	2,012,398	36,662,016
2070	26,949,536	4,679,938	1,599,921	33,229,395
2071	24,497,422	4,266,302	1,263,442	30,027,166
2072	22,190,829	3,867,523	991,202	27,049,554
2073	20,031,942	3,485,739	772,779	24,290,460
2074	18,020,384	3,122,816	598,922	21,742,122

This assumes the following:

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

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$114,993,553	$0	$114,993,553
2026	$118,504,204	$0	$118,504,204
2027	$122,119,748	$0	$122,119,748
2028	$125,843,088	$0	$125,843,088
2029	$129,677,165	$0	$129,677,165
2030	$133,624,963	$0	$133,624,963
2031	$137,689,552	$0	$137,689,552
2032	$141,874,094	$0	$141,874,094
2033	$146,181,849	$0	$146,181,849
2034	$150,616,241	$0	$150,616,241

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] 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 ▶ [X]

D Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
LIUNA STAFF AND AFFILIATES PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1962

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF LIUNA STAFF AND AFFILIATES PEN

905 - 16TH STREET, NW

WASHINGTON DC 200061703

2b Employer Identification Number (EIN) 52-0743575

2c Plan Sponsor's telephone number 202-737-1664

2d Business code (see instructions) 813930

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

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

SIGN HERE	Signature of plan administrator	7/28/2026 Date	Michael F. Sabitoni Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	7/27/2026 Date	Brent Booker Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025) v. 250312**

518401 12-22-25

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	11,372
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	3,600
a (2) Total number of active participants at the end of the plan year	**6a(2)**	3,626
b Retired or separated participants receiving benefits	**6b**	4,317
c Other retired or separated participants entitled to future benefits	**6c**	2,784
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	10,727
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	820
f Total. Add lines **6d** and **6e**	**6f**	11,547
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**	491

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I

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

9a Plan funding arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules
- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [ ] **A** (Insurance Information) - Number Attached ____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

LIUNA STAFF AND AFFILIATES PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Line j

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

(a) Identity of Party Involved	(b) Description of Assets (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	BNY Mellon Cash (Reserve)	$ 101,147,559	$ -	$ -	$ -	$ 101,147,559	$ 101,147,559	$ -
N/A	BNY Mellon Cash (Reserve)	-	95,021,307	-	-	95,021,307	95,021,307	-
N/A	EB Temporary Investment Fund Deposit Account	352,343,293	-	-	-	352,343,293	352,343,293	-
N/A	EB Temporary Investment Fund Deposit Account	-	360,972,084	-	-	360,972,084	360,972,084	-

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning and ending

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
LIUNA STAFF AND AFFILIATES PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
B.O.T. OF THE LIUNA STAFF & AFFILIATES PENSION FD

D Employer Identification Number (EIN)
52-0743575

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2025		
b	Assets		
(1)	Current value of assets	**1b(1)**	1,916,989,463
(2)	Actuarial value of assets for funding standard account	**1b(2)**	2,004,265,371
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	2,354,983,627
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	2,148,868,574
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	3,121,823,335
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	136,161,089
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	141,778,868
(3)	Expected plan disbursements for the plan year	**1d(3)**	147,378,868

Statement by Enrolled Actuary

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

SIGN HERE JOSHUA KAPLAN JK — 07/23/2026

Signature of actuary — Date

JOSHUA KAPLAN, FSA, FCA, MAAA — 2605487

Type or print name of actuary — Most recent enrollment number

SEGAL — 212-251-5000

Firm name — Telephone number (including area code)

66 HUDSON BOULEVARD EAST
NEW YORK NY 10001-2192

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	1,916,989,463
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		5,137	1,593,936,092
(2) For terminated vested participants		2,784	197,184,107
(3) For active participants:			
(a) Non-vested benefits			75,997,724
(b) Vested benefits			1,254,705,412
(c) Total active		3,626	1,330,703,136
(4) Total		11,547	3,121,823,335
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	61.40 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/15/2025	122,751,959				

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** 4.01 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.25 %	7.25 %
e Salary scale	**6e**	5.00 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	3.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.3 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	5,392,757	
(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	93,528,002	9,726,446
3	2,231,164	232,030

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**	57,932,971
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)**	648,965,806	89,904,030
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	10,718,183
e Total charges. Add lines 9a through 9d		**9e**	158,555,184
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	195,568,015
g Employer contributions. Total from column (b) of line 3		**9g**	122,751,959
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	102,679,535	24,231,781
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	20,014,431
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	741,628,548	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	922,949,822	
(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**	362,566,186
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	204,011,002
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No