

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 06/27/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan AFL-CIO APPALACHIAN COUNCIL COLLECTIVELY BARGAINED EMPLOYEES PENSION PLAN & TRUST	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 11/01/1973
		2b	Employer Identification Number (EIN) 55-0487053
		2c	Plan Sponsor's telephone number 304-342-4138
		2d	Business code (see instructions) 541990
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) AFL-CIO APPALACHIAN COUNCIL 501 LEON SULLIVAN WAY CHARLESTON, WV 25301		

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.	04/09/2024	JOSHUA SWORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 487
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) 0
a(2) Total number of active participants at the end of the plan year		6a(2) 0
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 0
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 2F 2G 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 06/27/2023	
A Name of plan AFL-CIO APPALACHIAN COUNCIL COLLECTIVELY BARGAINED EMPLOYEES PENSION PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AFL-CIO APPALACHIAN COUNCIL	D Employer Identification Number (EIN) 55-0487053

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☒ Yes ☐ 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	
JANUS CAPITAL GROUP	151 DETROIT ST DENVER, CO 80206

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMG FUNDS LLC	C/O BNY MELLON ASSET SERVICING PO BOX 9769 PROVIDENCE, RI 02940

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HARBOR CAPITAL ADVISORS INC	111 SOUTH WACKER DR 34TH FLOOR CHICAGO, IL 60606

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIRST EAGLE FUNDS	1345 AVENUE OF THE AMERICAS 48TH FLOOR NEW YORK, NY 10105

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

T ROWE PRICE

100 EAST PRATT ST
BALTIMORE, MD 21202

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

CALVERT INVESTMENTS

4550 MONTGOMERY AVE
BETHESDA, MD 20814

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

WELLS FARGO ADVANTAGE FUNDS

PO BOX 8266
BOSTON, MA 02266

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

PRIMECAP ODYSSEY FUNDS

C/O US BANCORP FUND SERVICES
PO BOX 701
MILWAUKEE, WI 53201

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

DODGE AND COX FUNDS

C/O BOSTON FINANCIAL
PO BOX 8422
BOSTON, MA 02266

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

LOOMIS SAYLES FUNDS

PO BOX 219594
KANSAS CITY, MO 64121

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

PIMCO

1633 BROADWAY
NEW YORK, NY 10019

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

FEDERATED FUNDS

PO BOX 8600
BOSTON, MA 02266

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

NATIXIS GLOBAL ASSET MANAGEMENT

399 BOYLSTON ST
BOSTON, MA 02116

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

GOLDMAN SACHS & CO

200 WEST ST
29TH FLOOR
NEW YORK, NY 10282

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

VANGUARD INVESTMENTS

PO BOX 2600
VALLEY FORGE, PA 19482

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

FIDELITY INVESTMENTS

PO BOX 770001
CINCINNATI, OH 45277

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

ALLIANCE BERNSTEIN

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

ROBECO INVESTMENTS MANAGEMENT

ONE BEACON ST
30TH FLOOR
BOSTON, MA 02108

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

VIRTUS INVESTMENT PARTNERS

100 PEARL ST
9TH FLOOR
HARTFORD, CT 06103

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

OAKMARK FUNDS

PO BOX 219558
KANSAS CITY, MO 64121

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

INVESCO

1555 PEACHTREE STREET
N.E. SUITE 1800
ATLANTA, GA 30309

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

EDGEWOOD FUNDS

535 MADISON AVE 15TH FL
NEW YORK, NY 10022

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

JOHN HANCOK FUNDS

PO BOX 17603
BALTIMORE, MD 21297

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

BOSTON PARTNERS

ONE BEACON ST 30TH FL
BOSTON, MA 02108

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

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

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

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

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

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

AMERISERV TRUST & FINANCIAL SERVICE

216 FRANKLIN ST
JOHNSTOWN, PA 15901

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 21	N/A	21711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIXON HUGHES GOODMAN LLP

56-0747981

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

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

UNITY INSURANCE GROUP

20-5392565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	N/A	0	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
(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.	
(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 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 06/27/2023		
A Name of plan AFL-CIO APPALACHIAN COUNCIL COLLECTIVELY BARGAINED EMPLOYEES PENSION PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AFL-CIO APPALACHIAN COUNCIL		
D Employer Identification Number (EIN) 55-0487053		

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PATHROAD CONSERVATIVE FIX INC		
b Name of sponsor of entity listed in (a): AMERISERV TRUST AND FINANCIAL SERVICES		
c EIN-PN 54-2080030-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PATHROAD INTERMEDIATE TERM FIX INC		
b Name of sponsor of entity listed in (a): AMERISERV TRUST AND FINANCIAL SERVICES		
c EIN-PN 54-2080032-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PATHROAD CONSERVATIVE GROWTH & INC		
b Name of sponsor of entity listed in (a): AMERISERV TRUST AND FINANCIAL SERVICES		
c EIN-PN 54-2080035-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PATHROAD BALANCED GROWTH & INC		
b Name of sponsor of entity listed in (a): AMERISERV TRUST AND FINANCIAL SERVICES		
c EIN-PN 54-2080038-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PATHROAD CAPITAL APPRECIATION & INC		
b Name of sponsor of entity listed in (a): AMERISERV TRUST AND FINANCIAL SERVICES		
c EIN-PN 54-2080043-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PATHROAD LONG TERM EQUITY INC		
b Name of sponsor of entity listed in (a): AMERISERV TRUST AND FINANCIAL SERVICES		
c EIN-PN 54-2080047-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED CAPTIAL PRESERVATION FUND		
b Name of sponsor of entity listed in (a): FEDERATED INVESTORS INC		
c EIN-PN 22-2712853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: **PATHROAD STRATEGIC CONSERV GTH INC**

b Name of sponsor of entity listed in (a): **AMERISERV TRUST & FINANCIAL SERVICES**

c EIN-PN 82-1960703-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PATHROAD STRATEGIC BAL GROWTH INC**

b Name of sponsor of entity listed in (a): **AMERISERV TRUST & FINANCIAL SERVICES**

c EIN-PN 82-1945731-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PATHROAD STRATEGIC CAP APPRECIATION**

b Name of sponsor of entity listed in (a): **AMERISERV TRUST & FINANCIAL SERVICES**

c EIN-PN 82-1933023-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PATHROAD STRATEGIC LONG TERM EQUITY**

b Name of sponsor of entity listed in (a): **AMERISERV TRUST & FINANCIAL SERVICES**

c EIN-PN 82-1912135-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 06/27/2023		
A Name of plan AFL-CIO APPALACHIAN COUNCIL COLLECTIVELY BARGAINED EMPLOYEES PENSION PLAN & TRUST		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 AFL-CIO APPALACHIAN COUNCIL		D Employer Identification Number (EIN) 55-0487053

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	39	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	17338	0
(2) Participant contributions.....	1b(2)	2034	0
(3) Other.....	1b(3)	5218	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1220547	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)	4521597	0
(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)	3840385	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9607158	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9607158	0
---	-----------	---------	---

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)	277267	
(B) Participants	2a(1)(B)	52260	
(C) Others (including rollovers)	2a(1)(C)	25	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		329552
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	22883	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	428	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		23311
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	34181	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		34181
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1231507
(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)		260697
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-583766
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	184645	
(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)		184645
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	21711	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	17134	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		38845
j Total expenses. Add all expense amounts in column (b) and enter total	2j		223490
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-807256
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		8799902

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS, LLP**

(2) EIN: **44-0160260**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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	
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.)	X		
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?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
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			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
AFL-CIO APPALACHIAN COUNCIL COLLECTIVELY BARGAINED 401(K) PLAN	55-0487053	002

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 06/27/2023		
A Name of plan AFL-CIO APPALACHIAN COUNCIL COLLECTIVELY BARGAINED EMPLOYEES PENSION PLAN & TRUST		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 AFL-CIO APPALACHIAN COUNCIL		D Employer Identification Number (EIN) 55-0487053
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 0
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): 23-3060382		
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 29
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 277267
b Enter the amount contributed by the employer to the plan for this plan year.....		6b 277267
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 0
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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

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): _____

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): _____

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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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 _____



AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust

**Independent Auditor's Report, Financial Statements,
and Supplementary Information**

As of and for the Period Ended June 30, 2023
and Year Ended October 31, 2022



AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Contents

As of and for the Period Ended June 30, 2023 and Year Ended October 31, 2022

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500 Virginia Street East, Suite 800 / Charleston, WV 25301

P 304.343.0168 / F 304.343.1895

forvis.com

Independent Auditor's Report

Pension Administration Committee
AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Charleston, West Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits – modified cash basis as of June 30, 2023 and October 31, 2022, and the related statements of changes in net assets available for benefits – modified cash basis for the periods then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the periods then ended June 30, 2023 and October 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

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.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of October 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOLs' 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOLs' Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

FORVIS, LLP

Charleston, West Virginia
April 11, 2024

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Statements of Net Assets Available for Benefits – Modified Cash Basis
June 30, 2023 and October 31, 2022

	<u>June 30, 2023</u>	<u>October 31, 2022</u>
ASSETS		
Investments at Fair Value	\$ -	\$ 9,582,529
Non-Interest Bearing Cash	-	40
Receivables		
Employer contributions	-	2,034
Participant contributions	-	17,338
Total receivables	-	19,372
Total assets	-	9,601,941
Net assets available for benefits	<u>\$ -</u>	<u>\$ 9,601,941</u>

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis
Period Ended June 30, 2023 and Year Ended October 31, 2022

	<u>June 30, 2023</u>	<u>October 31, 2022</u>
Additions to Net Assets Attributed To		
Investment income		
Interest and dividends	<u>\$ 62,709</u>	<u>\$ 64,278</u>
Employer	277,267	617,067
Participant	52,260	119,968
Other	25	-
Rollovers	<u>-</u>	<u>125,403</u>
	<u>329,552</u>	<u>862,438</u>
Total additions	<u>392,261</u>	<u>926,716</u>
Deductions to Net Assets Attributed To		
Net depreciation in fair value of investments	970,810	1,696,790
Benefits paid to participants	184,645	1,199,689
Administrative expenses	<u>38,845</u>	<u>101,423</u>
Total deductions	<u>1,194,300</u>	<u>2,997,902</u>
Net decrease before transfers	(802,039)	(2,071,186)
Transfers to Other Qualified Plans	<u>(8,799,902)</u>	<u>-</u>
Net Decrease in Net Assets Available for Benefits	(9,601,941)	(2,071,186)
Net Assets Available for Benefits		
Beginning of year	<u>9,601,941</u>	<u>11,673,127</u>
End of year	<u>\$ -</u>	<u>\$ 9,601,941</u>

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Notes to Financial Statements
As of and for the Period Ended June 30, 2023 and Year Ended October 31, 2022

Note 1. Description of the Plan

The following description of the AFL-CIO Appalachian Council, Inc. (Company) Collectively Bargained Employees Pension Plan and Trust (Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a multi-employer money purchase pension plan (defined contribution plan) covering all eligible employees of AFL-CIO Appalachian Council, Inc., Human Resource Development Foundation, Inc. (HRDF/HRDE), West Virginia AFL-CIO, Inc. (AFL-CIO), and their affiliated entities (collectively, the Employers). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The effective date of the Plan is November 1, 1973. Management controls and manages the operations of the Plan. Ameriserve Trust and Financial Services Company serves as Trustee of the Plan.

Employees of the Company and its affiliated entities and AFL-CIO are eligible to participate on the first day of their employment with the employer. Employees of HRDF/HRDE and its affiliated entities are eligible to participate after completing a probationary period as defined through a collectively bargained agreement. An employee remains a participant in the Plan until termination of employment.

For the period ended June 30, 2023 and year ended October 31, 2022, sufficient amounts were contributed to the Plan to keep it funded in accordance with the minimum funding standards of ERISA.

Effective December 2022, the Plan Pension Administration Committee approved the motion to fully merge with the AFL-CIO Appalachian Council Collectively Bargained 401(k) Plan. During the period ended June 30, 2023, assets totaling \$8,799,902 were transferred from the Plan.

Investment Options

Participants direct the investment of their accounts into various investment options offered by the Plan. The Plan has offered mutual funds, common collective trust funds, a stable value fund, and a money market fund for participants.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the employers' contributions and plan earnings (losses), and charged with benefit payments, transaction fees related to benefit payments and allocations of administrative expenses. Allocations of earnings and expenses are based on each participant's account balance in relation to the total balance for each fund at the beginning of the allocation period. The employers make contributions on behalf of participants who are employed by them in accordance with the Plan's policies.

Contributions

AFL-CIO and its affiliated entities contribute 10% of the compensation of employees eligible to participate in the plan. HRDF/HRDE and its affiliated entities contribute 10% of the compensation of employees eligible to participate in the Plan who were employed prior to December 14, 1988 and makes a contribution on behalf of its employees eligible to participate in the Plan who were employed on or after December 14, 1988 in accordance with years of service ranging from 4% for less than one year of service and increasing 2% annually to a maximum rate of 10%.

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Notes to Financial Statements
As of and for the Period Ended June 30, 2023 and Year Ended October 31, 2022

Participants may voluntarily contribute between 1% to 10% of their compensation earned on an after-tax basis while participating in the Plan. Participants may also contribute amounts representing distributions from other qualified plans and certain individual retirement accounts. The voluntary contributions may be withdrawn from the Plan at the discretion of the employee.

Vesting

All participants are 100% vested in their account upon entry into the Plan.

Payment Of Benefits

Benefits are paid to employees who terminate their employment or who reach age 70½. All participants are paid their account balance at the date of distribution through either a lump-sum distribution or a qualified joint and survivor annuity.

Note 2. Significant Accounting Policies

Basis Of Accounting

The accounting records of the Plan are maintained on the modified cash basis of accounting, an accounting practice permitted by the Department of Labor (DOL). This method includes recording of Plan assets at fair value, the recording of pending trades and receivables for participant and employer contributions but excludes the recording of interest and dividends receivable on investments and accrued expenses. The effect of these items has not been determined. This practice differs in some respects from accounting principles generally accepted in the United States of America, which require that the financial statements be prepared on an accrual basis. Accordingly, the accompanying financial statements are not intended to present the financial position and changes in net assets available for benefits of the Plan in conformity with accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation And Income Recognition

Investments are reported 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. Plan management determines the Plan's valuation policies utilizing information provided by the trustee. See Note 4 for discussion of fair value measurements.

Purchase and sales of securities are recorded on a settlement-date basis. Interest and dividend income, if any, is recorded when received. Net depreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Payment Of Benefits

Benefit payments are recorded when paid.

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Notes to Financial Statements
As of and for the Period Ended June 30, 2023 and Year Ended October 31, 2022

Transfers

During 2023, \$8,799,902 of participant accounts were transferred to a qualified plan sponsored by the Company. Transfers are recorded when received or made.

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Expenses relating to specific transactions (benefit payments) are charged directly to the participants' accounts.

Subsequent Events

The Plan has evaluated subsequent events through April 11, 2024, the date the financial statements were available to be issued.

Note 3. Unaudited Information Certified By Trustee

The accompanying financial statements include the following unaudited information as of June 30, 2023 and October 31, 2022 and for the periods then ended, that was obtained from data prepared and certified to be complete and accurate by the Plan's trustee.

	<u>2023</u>	<u>2022</u>
Investments	\$ -	\$ 9,582,529
Net depreciation in fair value of investments	\$ 970,810	\$ 1,696,790
Interest and dividend income	\$ 62,709	\$ 64,278

The certification mentioned above includes all investment information discussed in Note 4.

Note 4. Fair Value Measurements

Fair value is an exit price, representing 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. Assets and liabilities are classified under a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1** Observable inputs such as quoted prices in active markets.
- Level 2** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Notes to Financial Statements
As of and for the Period Ended June 30, 2023 and Year Ended October 31, 2022

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the periods presented.

Mutual funds

Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

Stable value collective trust fund

The Plan invests in a stable value collective trust fund for which quoted prices are not available in active markets for identical instruments. The Plan utilizes the net asset value (NAV) per share provided by the trustee as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the stable value collective trust fund, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner. The stable value collective trust fund is not required to be classified within a level on the fair value hierarchy.

Common collective trust funds

These funds are valued at the NAV of units of the collective fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily.

Money market funds

These funds are valued using \$1 for the NAV. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily.

The following table sets forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of October 31, 2022. There are no assets held by the Plan as of June 30, 2023.

Assets at Fair Value as of October 31, 2022			
	Level 1	Level 2	Level 3
Mutual funds	\$ 3,840,385	\$ -	\$ -
Investments measured at net asset value (a)			5,742,144
Investments at fair value			\$ 9,582,529

(a) In accordance with the modified cash basis of accounting, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Notes to Financial Statements
As of and for the Period Ended June 30, 2023 and Year Ended October 31, 2022

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of October 31, 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value at October 31, 2022	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust funds	\$ 4,486,917	None	Daily	None
Stable value collective trust fund	34,680	None	Daily	12 months
Money market funds	<u>1,220,547</u>	None	Daily	None
	<u>\$ 5,742,144</u>			

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 5. Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated June 4, 2013, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

The modified basis of accounting requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2023 and October 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6. Plan Merge Out

Effective December 2022, the Plan Pension Administration Committee approved the motion to fully merge with the AFL-CIO Appalachian Council Collectively Bargained 401(k) Plan. This decision did not affect participant account, as individuals are already fully vested in their balances, and accounts were reestablished under the new plan with the same investment allocation.

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Notes to Financial Statements
As of and for the Period Ended June 30, 2023 and Year Ended October 31, 2022

Note 7. Exempt Party-In-Interest Transactions

Certain investments of the Plan are various funds managed by Ameriserve Trust and Financial Services Company, the trustee as defined by the Plan. Such investments, therefore, qualify as exempt party-in-interest transactions.

The Company pays certain administrative expenses on behalf of the Plan, including legal and accounting fees. Other administrative services are provided by the Company at no cost to the Plan. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Fees paid by the Plan to the trustees or their affiliates for administrative services and investment holding period fees were \$17,134 for the period ended June 30, 2023 and \$56,334 for the year ended October 31, 2022. Other administrative fees charged to the Plan include auditor and ERISA bonding fees.

Note 8. Reconciliation Of Financial Statements To Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2023 and 2022 financial statements to Schedule H of Form 5500:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits reflected in the financial statements	\$ -	\$ 9,601,941
Other income receivable reflected on Form 5500	<u>-</u>	<u>5,217</u>
Net assets available for benefits reflected on Form 5500	<u>\$ -</u>	<u>\$ 9,607,158</u>

The following is a reconciliation of net decrease in net assets available for benefits before transfers per the statements of changes in net assets available for benefits to net loss per Schedule H of Form 5500:

	<u>2023</u>	<u>2022</u>
Decrease in net assets available for benefits before transfers per the financial statements	\$ (802,039)	\$ (2,071,186)
Deduct prior year other income receivable on Form 5500	(5,217)	(1,703)
Add current year other income receivable on Form 5500	<u>-</u>	<u>5,217</u>
Net loss per Form 5500	<u>\$ (807,256)</u>	<u>\$ (2,067,672)</u>

Note 9. Risks And Uncertainties

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

Supplementary Information

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN: 55-0487053
October 31, 2022

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	<i>Money market funds</i>			
	Goldman Sachs Financial Square Funds Prime Obligations Fund	1,152,874 shares		\$ 1,152,874
	Goldman Sachs Financial Square Funds Treasury Obligations Fund	67,673 shares		67,673
		Total money market funds		1,220,547
	<i>Common collective trust funds</i>			
*	Pathroad Conservative Fixed Income Employee Benefit Collective Investment Fund	308 shares		4,679
*	Pathroad Tactical Balanced Growth & Income Employee Benefit Collective Investment Fund	70,416 shares		3,041,966
*	Pathroad Tactical Capital Appreciation & Income Employee Benefit Collective Investment Fund	14,833 shares		796,818
*	Pathroad Tactical Conservative Growth & Income Employee Benefit Collective Investment Fund	7,414 shares		258,314
*	Pathroad Tactical Intermediate-Term Fixed Income Employee Benefit Collective Investment Fund	425 shares		9,221
*	Pathroad Tactical Long-Term Equity Growth Employee Benefit Collective Investment Fund	3,417 shares		201,088
*	Pathroad Strategic Conservative Growth & Income Employee Benefit Collective Investment Fund	115 shares		1,400
*	Pathroad Strategic Balanced Growth & Income Employee Benefit Collective Investment Fund	13,571 shares		168,540
*	Pathroad Strategic Capital Appreciation & Income Employee Benefit Collective Investment Fund	280 Shares		4,166
*	Pathroad Strategic Long-Term Equity Growth Employee Benefit Collective Investment Fund	50 shares		725
		Total common collective trust funds		4,486,917
	<i>Stable value collective trust fund</i>			
	Federated Hermes Capital Preservation Fund	3,468 shares		34,680
	<i>Mutual funds</i>			
	Dodge & Cox Balanced Fund	245 shares		23,599
	Calvert Equity Fund - I	85 shares		6,725
	Invesco Int Small Mid Co Fund	105 shares		3,814
	Blackrock Mid Cap Growth Equity-I	851 shares		25,522
	Fidelity Intl Small Cap Opp Fund	16 shares		272
	Fidelity Emerging Market Fund	91 shares		2,528
	Fidelity Advanced Growth Oppor-Z	7,467 shares		777,974
	Fidelity Select Software and IT Services Fund	8,613 shares		179,324
	Fidelity Low-Priced Stock Fund	21,363 shares		972,881
	John Hancock FDS III Disc Val Mcp I	1,481 shares		37,457
	Loomis Salyes Bond Inst I	29,490 shares		332,053
	Natixis Loomis Sayles LTD Gov	707 shares		7,504
	Federated Hermes Instl High Yield Bd	8,461 shares		70,395
	PIMCO GNMA Fund and Government Securities Fund	1,599 shares		14,629
	PIMCO Total Return Fund	945 shares		7,877
	PIMCO Income Fund	1,228 shares		12,577
	Primecap Odyssey Aggressive Growth	753 shares		29,299
	TIAA CREF Real Estate Securities Fund	4,127 shares		68,632
	T. Rowe PR Real Assets I	700 shares		9,084

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN: 55-0487053
October 31, 2022

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
<i>Mutual funds (continued)</i>				
	T. Rowe Price Capital Appreciation I	258 shares		\$ 8,287
	T. Rowe Price Financial Services Fund	340 shares		11,004
	T. Rowe Price Health Sciences Fund	2,392 shares		216,467
	T. Rowe Price Retirement 2015	32 shares		378
	T. Rowe Price Retirement 2020	1,757 shares		21,770
	T. Rowe Price Retirement 2025	189 shares		2,493
	T. Rowe Price Retirement 2030	1,045 shares		14,168
	T. Rowe Price Retirement 2035	8,326 shares		116,653
	T. Rowe Price Retirement 2040	3,109 shares		44,432
	T. Rowe Price Retirement 2045	5,589 shares		81,707
	T. Rowe Price Retirement 2050	1,561 shares		22,746
	T. Rowe Price Retirement 2055	1,321 shares		19,476
	T. Rowe Price Retirement 2060	161 shares		2,396
	T. Rowe Price International Discovery	54 shares		2,896
	Vanguard Small Cap Index Fund - Adm	642 shares		57,803
	Vanguard Intl Gr Fd Adm Cl	75 shares		6,585
	Vanguard Instl Index Fund	133 shares		43,579
	Vanguard Equity Income Fund	3,291 shares		289,112
	Vanguard Mid Cap Index-Adm	55 shares		13,934
	Vanguard Total Bond Market Index Adm	6,244 shares		57,694
	Vanguard Emerging Mkts Bd-Adm	1,931 shares		39,460
	Virtus Kar Small Cap Growth I	5,178 shares		185,199
		Total mutual funds		<u>3,840,385</u>
		Total investments		<u>\$ 9,582,529</u>

* Party-in-interest

** Cost information omitted for participant-directed investments.

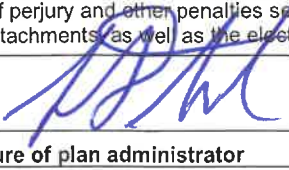
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 11/01/2022 and ending 06/27/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan AFL-CIO APPALACHIAN COUNCIL COLLECTIVELY BARGAINED EMPLOYEES PENSION PLAN & TRUST	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 11/01/1973
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) AFL-CIO APPALACHIAN COUNCIL 501 LEON SULLIVAN WAY CHARLESTON WV 25301	2b Employer Identification Number (EIN) 55-0487053 2c Plan Sponsor's telephone number (304) 342-4138 2d Business code (see instructions) 541990

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		4/10/24	JOSHUA SWORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN: 55-0487053
October 31, 2022

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	<i>Money market funds</i>			
	Goldman Sachs Financial Square Funds Prime Obligations Fund	1,152,874 shares		\$ 1,152,874
	Goldman Sachs Financial Square Funds Treasury Obligations Fund	67,673 shares		67,673
		Total money market funds		1,220,547
	<i>Common collective trust funds</i>			
*	Pathroad Conservative Fixed Income Employee Benefit Collective Investment Fund	308 shares		4,679
*	Pathroad Tactical Balanced Growth & Income Employee Benefit Collective Investment Fund	70,416 shares		3,041,966
*	Pathroad Tactical Capital Appreciation & Income Employee Benefit Collective Investment Fund	14,833 shares		796,818
*	Pathroad Tactical Conservative Growth & Income Employee Benefit Collective Investment Fund	7,414 shares		258,314
*	Pathroad Tactical Intermediate-Term Fixed Income Employee Benefit Collective Investment Fund	425 shares		9,221
*	Pathroad Tactical Long-Term Equity Growth Employee Benefit Collective Investment Fund	3,417 shares		201,088
*	Pathroad Strategic Conservative Growth & Income Employee Benefit Collective Investment Fund	115 shares		1,400
*	Pathroad Strategic Balanced Growth & Income Employee Benefit Collective Investment Fund	13,571 shares		168,540
*	Pathroad Strategic Capital Appreciation & Income Employee Benefit Collective Investment Fund	280 Shares		4,166
*	Pathroad Strategic Long-Term Equity Growth Employee Benefit Collective Investment Fund	50 shares		725
		Total common collective trust funds		4,486,917
	<i>Stable value collective trust fund</i>			
	Federated Hermes Capital Preservation Fund	3,468 shares		34,680
	<i>Mutual funds</i>			
	Dodge & Cox Balanced Fund	245 shares		23,599
	Calvert Equity Fund - I	85 shares		6,725
	Invesco Int Small Mid Co Fund	105 shares		3,814
	Blackrock Mid Cap Growth Equity-I	851 shares		25,522
	Fidelity Intl Small Cap Opp Fund	16 shares		272
	Fidelity Emerging Market Fund	91 shares		2,528
	Fidelity Advanced Growth Oppor-Z	7,467 shares		777,974
	Fidelity Select Software and IT Services Fund	8,613 shares		179,324
	Fidelity Low-Priced Stock Fund	21,363 shares		972,881
	John Hancock FDS III Disc Val Mcp I	1,481 shares		37,457
	Loomis Salyes Bond Inst I	29,490 shares		332,053
	Natixis Loomis Sayles LTD Gov	707 shares		7,504
	Federated Hermes Instl High Yield Bd	8,461 shares		70,395
	PIMCO GNMA Fund and Government Securities Fund	1,599 shares		14,629
	PIMCO Total Return Fund	945 shares		7,877
	PIMCO Income Fund	1,228 shares		12,577
	Primecap Odyssey Aggressive Growth	753 shares		29,299
	TIAA CREF Real Estate Securities Fund	4,127 shares		68,632
	T. Rowe PR Real Assets I	700 shares		9,084

AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust
Schedule of Assets (Held at End of Year)
Schedule H, Line 4i
EIN: 55-0487053
October 31, 2022

Plan No. 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
<i>Mutual funds (continued)</i>				
	T. Rowe Price Capital Appreciation I	258 shares		\$ 8,287
	T. Rowe Price Financial Services Fund	340 shares		11,004
	T. Rowe Price Health Sciences Fund	2,392 shares		216,467
	T. Rowe Price Retirement 2015	32 shares		378
	T. Rowe Price Retirement 2020	1,757 shares		21,770
	T. Rowe Price Retirement 2025	189 shares		2,493
	T. Rowe Price Retirement 2030	1,045 shares		14,168
	T. Rowe Price Retirement 2035	8,326 shares		116,653
	T. Rowe Price Retirement 2040	3,109 shares		44,432
	T. Rowe Price Retirement 2045	5,589 shares		81,707
	T. Rowe Price Retirement 2050	1,561 shares		22,746
	T. Rowe Price Retirement 2055	1,321 shares		19,476
	T. Rowe Price Retirement 2060	161 shares		2,396
	T. Rowe Price International Discovery	54 shares		2,896
	Vanguard Small Cap Index Fund - Adm	642 shares		57,803
	Vanguard Intl Gr Fd Adm Cl	75 shares		6,585
	Vanguard Instl Index Fund	133 shares		43,579
	Vanguard Equity Income Fund	3,291 shares		289,112
	Vanguard Mid Cap Index-Adm	55 shares		13,934
	Vanguard Total Bond Market Index Adm	6,244 shares		57,694
	Vanguard Emerging Mkts Bd-Adm	1,931 shares		39,460
	Virtus Kar Small Cap Growth I	5,178 shares		185,199
		Total mutual funds		<u>3,840,385</u>
		Total investments		<u>\$ 9,582,529</u>

* Party-in-interest

** Cost information omitted for participant-directed investments.