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

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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

D Check box if filing under:
- [X] 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 STAFF RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1964

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 STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS

815 16TH STREET, NW, ROOM 703
WASHINGTON, DC 20006-4104

2b Employer Identification Number (EIN)
53-0228172

2c Plan Sponsor's telephone number
202-637-3901

2d Business code (see instructions)
813930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/04/2024	ELIZABETH SHULER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/04/2024	FREDRICK D. REDMOND
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	4156
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)**	1054
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1116
b Retired or separated participants receiving benefits	**6b**	1693
c Other retired or separated participants entitled to future benefits	**6c**	1222
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	4031
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	215
f Total. Add lines **6d** and **6e**.	**6f**	4246
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	45

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

1A

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
AFL-CIO STAFF RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AFL-CIO STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS

D Employer Identification Number (EIN)
53-0228172

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA01232	4246	07/01/2022	06/30/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	667220

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

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

ULLICO INVESTMENT COMPANY
8403 COLESVILLE ROAD
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	667220	ASSET MANAGEMENT FEE	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	78438320

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
AFL-CIO STAFF RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AFL-CIO STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS

D Employer Identification Number (EIN)
53-0228172

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA00228	4246	07/01/2022	06/30/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	2712

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

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

ULLICO INVESTMENT COMPANY
8403 COLESVILLE ROAD
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2712	ASSET MANAGEMENT FEE	4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	438774
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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

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

A Name of plan
AFL-CIO STAFF RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AFL-CIO STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS

D Employer Identification Number (EIN)
53-0228172

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

1a	Enter the valuation date: Month 07 Day 01 Year 2022		
b	Assets		
	(1) Current value of assets	**1b(1)**	685273102
	(2) Actuarial value of assets for funding standard account	**1b(2)**	701450987
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	773073536
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	**1c(2)(a)**	
	(b) Accrued liability under entry age normal method	**1c(2)(b)**	
	(c) Normal cost under entry age normal method	**1c(2)(c)**	
	(3) Accrued liability under unit credit cost method	**1c(3)**	743898903
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
	(2) "RPA '94" information:		
	(a) Current liability	**1d(2)(a)**	1321301830
	(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	31141592
	(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	53295541
	(3) Expected plan disbursements for the plan year	**1d(3)**	54591956

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	04/12/2024 Date
DEBORAH J. MARCOTTE Type or print name of actuary	23-05560 Most recent enrollment number
SEGAL Firm name	202-833-6400 Telephone number (including area code)
1800 M STREET, NW, SUITE 900 S, WASHINGTON, DC 20036-5880 Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	685273102
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1830	727504995
(2) For terminated vested participants		1293	201953853
(3) For active participants:			
(a) Non-vested benefits			58525792
(b) Vested benefits			333317190
(c) Total active		995	391842982
(4) Total		4118	1321301830
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	51.86 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
08/31/2022	2103771	0	01/31/2023	1954763	0
09/30/2022	1794064	0	02/28/2023	2076156	0
10/31/2022	2083459	0	03/31/2023	2002535	0
11/30/2022	1990144	0	04/30/2023	2384162	0
12/31/2022	1958691	0	05/31/2023	2076895	0
			Totals ► **3(b)**	24859716	**3(c)** 0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	94.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

2 Operational information as of beginning of this plan year:

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

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
06/30/2023	2006342	0			
06/30/2023	2428734	0			
			Totals ► **3(b)**		**3(c)**
(d) Total withdrawal liability amounts included in line 3(b) total					**3(d)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☐ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.27 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	4.38 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	8.3 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-4.2 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1250000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-12235165	-1255472
3	320256	32862
8	5189841	404641

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:		
a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	10161817

c Amortization charges as of valuation date:			Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**		194101433	32007473
(2) Funding waivers	**9c(2)**		0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**		0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**		2951850
e Total charges. Add lines 9a through 9d		**9e**		45121140
Credits to funding standard account:				
f Prior year credit balance, if any		**9f**		28395684
g Employer contributions. Total from column (b) of line 3		**9g**		24859716
			Outstanding balance	
h Amortization credits as of valuation date	**9h**		94083200	12292332
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**		3489537
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**		135202990	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**		502264927	
(3) FFL credit		**9j(3)**		0
k (1) Waived funding deficiency		**9k(1)**		0
(2) Other credits		**9k(2)**		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**		69037269
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**		23916129
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**		
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year		**9o(1)**		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**		0
(3) Total as of valuation date		**9o(3)**		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**		

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
AFL-CIO STAFF RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AFL-CIO STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS

D Employer Identification Number (EIN)
53-0228172

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FRANKLIN TEMPLETON
100 FIRST STAMFORD PLACE
STAMFORD, CT 06902

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

NEWTOWER TRUST COMPANY

30-0872552

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

BLACKROCK

20-5319476

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

SIGULER GUFF ADVISORS, LLC

13-3855629

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

LANDMARK EQUITY ADVISORS, LLC

06-1519082

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

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(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)

THE SEGAL GROUP

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 17	NONE	737734	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	647014	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	301767	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SMITH GRAHAM & CO. INVESTMENT ADV.

76-0301817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 56	NONE	271406	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68	NONE	119589	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

CALIBRE CPA GROUP LLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITORS OF EMPLOYERS	92554	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	86316	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

O'DONOGHUE & O'DONOGHUE

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	COUNSEL TO PART. EMPLOYER	60585	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 52	NONE	40878	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

BNY MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NONE	14449	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
AFL-CIO STAFF RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AFL-CIO STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS

D Employer Identification Number (EIN)
53-0228172

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6328901-001	C	59060225

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG VIEW ULTRA INVESTMENT FUND

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

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)
20-8434730-006	C	3411

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6218800-001	C	6260183

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO SEPARATE ACCOUNT E

b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE CO

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)
13-1423090-201	P	55153526

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO SEPARATE ACCOUNT J

b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE CO

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)
13-1423090-203	P	23284794

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON AFL-CIO SL STOCK INDEX

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

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)
25-6078093-340	C	213132657

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO DIVERSIFIED INTERNATIONAL EQ

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC

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)
74-3178242-001	E	26866318

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX-EXEMPT FU

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC

c EIN-PN 90-0622302-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27747497

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL ASSET ALLOCATION STR

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

c EIN-PN 20-2583973-189	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24190779

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(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

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 07/01/2022 and ending 06/30/2023

A Name of plan
AFL-CIO STAFF RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AFL-CIO STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS

D Employer Identification Number (EIN)
53-0228172

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2306140	2428734
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	74370	556561
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8631916	7603874
(2) U.S. Government securities	1c(2)	5	3
(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)	44629769	44021701
(5) Partnership/joint venture interests	1c(5)	69083158	65267973
(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)	319341716	302647255
(10) Value of interest in pooled separate accounts	1c(10)	72931570	78438320
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	49910752	54613815
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	117962693	120808862
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	568889	438774
(15) Other	1c(15)	701584	69491

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	686142562	676895363
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	822050	704001
i Acquisition indebtedness	1i		
j Other liabilities	1j	47410	
k Total liabilities (add all amounts in lines 1g through1j)	1k	869460	704001
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	685273102	676191362

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)	24825695	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		24825695
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	561218	
(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)	92	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		561310
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	663468	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3774165	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4437633
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	16563703	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9467012	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		7096691
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-5742240	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-5742240

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2491536
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		6173969
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		6789304
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-133859
c Other income	2c		34018
d Total income. Add all **income** amounts in column (b) and enter total	2d		46534057
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	52060854	
(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)		52060854
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)	766602	
(2) Contract administrator fees	2i(2)	301767	
(3) Investment advisory and management fees	2i(3)	1886886	
(4) Other	2i(4)	599688	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3554943
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		55615797
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-9081740
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CALIBRE CPA GROUP PLLC **(2)** EIN: 47-0900880

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

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

		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?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		151095731
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 530025.

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 07/01/2022 and ending 06/30/2023

A Name of plan
AFL-CIO STAFF RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AFL-CIO STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS

D Employer Identification Number (EIN)
53-0228172

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 10

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer AFL-CIO

b EIN 53-0228172 **c** Dollar amount contributed by employer 6259051

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 03 Day 31 Year 2027

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 [X] Other (specify): 24% OF SALARY

a Name of contributing employer SOLIDARITY CENTER

b EIN 52-1984713 **c** Dollar amount contributed by employer 4047204

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 30 Year 2025

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 [X] Other (specify): 24% OF SALARY

a Name of contributing employer AFL-CIO HIT

b EIN 52-6220193 **c** Dollar amount contributed by employer 1937208

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 04 Day 01 Year 2024

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 [X] Other (specify): 24% OF SALARY

a Name of contributing employer ULLICO

b EIN 13-1423090 **c** Dollar amount contributed by employer 2451476

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 12 Day 31 Year 2024

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 [X] Other (specify): 7.5% OF SALARY

a Name of contributing employer NATIONAL AIR TRAFFIC CONTROLLERS AS

b EIN 52-1522639 **c** Dollar amount contributed by employer 1207841

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 03 Day 31 Year 2025

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 [X] Other (specify): 24% OF SALARY

a Name of contributing employer UNION PRIVILEGE BENEFITS PROGRAM

b EIN 52-1457836 **c** Dollar amount contributed by employer 979733

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 07 Day 31 Year 2025

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 [X] Other (specify): 24% OF SALARY

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer BUILDING AND CONSTRUCTION TRADES DE

b EIN 53-0025755 **c** Dollar amount contributed by employer 976730

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 06 Day 30 Year 2026

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): 21% OF SALARY

a Name of contributing employer CENTER TO PROTECT WORKERS' RIGHTS

b EIN 52-1172454 **c** Dollar amount contributed by employer 632491

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): 21% OF SALARY

a Name of contributing employer ALLIANCE OF HEALTH CARE UNIONS

b EIN 83-0817412 **c** Dollar amount contributed by employer 588437

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 12 Day 31 Year 2023

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): 24% OF SALARY

a Name of contributing employer NEW YORK STATE AFL-CIO

b EIN 14-0923720 **c** Dollar amount contributed by employer 586364

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 06 Day 30 Year 2025

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): 24% OF SALARY

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] 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: 46.5 % Investment-Grade Debt: 10.1 % High-Yield Debt: 1.3 % Real Estate: 17.8 % Other: 24.3 %

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [X] 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)?
[X] 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 [X] 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_____

Structured Attachment	Schedule MB, line 8b(3)	2022
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Employer Contributions and Withdrawal Liability Payments**	**This Form is Open to Public Inspection**

Name of Plan	AFL-CIO STAFF RETIREMENT PLAN						
Plan Year Begin Date	07/01/2022	**Plan Year End Date**	06/30/2023	**EIN**	53-0228172	**PN**	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	21489454	0	21489454
2023	21732173	0	21732173
2024	21977412	0	21977412
2025	22225461	0	22225461
2026	22553921	0	22553921
2027	22866566	0	22866566
2028	23224054	0	23224054
2029	23582415	0	23582415
2030	23964773	0	23964773
2031	24395060	0	24395060

Structured Attachment

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2022

This Form is Open to Public Inspection

Name of Plan	AFL-CIO STAFF RETIREMENT PLAN						
Plan Year Begin Date	07/01/2022	Plan Year End Date	06/30/2023	EIN	53-0228172	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	1815842	1614840	49516913	52947595
2023	3393563	2245591	48611922	54251076
2024	4935588	3019956	47717644	55673188
2025	6425173	3639499	46784974	56849646
2026	7776338	4511991	45740729	58029058
2027	9107142	5387881	44652559	59147582
2028	10311258	6054189	43490812	59856259
2029	11408657	6734255	42265291	60408203
2030	12457170	7586036	40965878	61009084
2031	13376757	8237002	39601702	61215461
2032	14340881	8637201	38149259	61127341
2033	15144739	8936358	36622059	60703156
2034	15881824	9482962	35062244	60427030
2035	16503513	9749820	33441163	59694496
2036	17097466	10051396	31773739	58922601
2037	17636092	10114053	30053785	57803930
2038	18084073	10137451	28296442	56517966
2039	18493054	10086515	26512031	55091600
2040	18756654	10050880	24712332	53519866
2041	18969312	10009849	22914399	51893560
2042	19048804	9918386	21123880	50091070
2043	19110697	9815263	19358763	48284723
2044	19123704	9850449	17632872	46607025
2045	19008340	9871130	15959558	44839028
2046	18870800	9709181	14354974	42934955

Name of Plan	AFL-CIO STAFF RETIREMENT PLAN						
Plan Year Begin Date	07/01/2022	Plan Year End Date	06/30/2023	EIN	53-0228172	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2047	18623111	9425020	12828484	40876615
2048	18450162	9196523	11382926	39029611
2049	18087650	8932637	10037962	37058249
2050	17687015	8558732	8786368	35032115
2051	17188523	8204220	7638103	33030846
2052	16594319	7783147	6594856	30972322
2053	16012110	7404294	5656371	29072775
2054	15364652	7018004	4820573	27203229
2055	14711500	6571603	4083706	25366809
2055	14711500	6571603	4083706	25366809
2056	14014388	6143912	3440461	23598761
2056	14014388	6143912	3440461	23598761
2057	13291635	5714515	2884367	21890517
2058	12529859	5284288	2408181	20222328
2059	11798541	4860631	2004222	18663394
2060	11035168	4457394	1664657	17157219
2061	10289680	4079762	1381740	15751182
2062	9550824	3721260	1159735	14431819
2063	8823343	3385659	968489	13177491
2064	8113191	3072624	812719	11998534
2065	7427866	2781530	686525	10895921
2066	6771604	2511535	584678	9867817
2067	6146758	2261646	502637	8911041
2068	5555350	2030766	436477	8022593
2069	4998832	1817774	382903	7199509

AFL-CIO STAFF RETIREMENT PLAN

FINANCIAL STATEMENTS

JUNE 30, 2023

AFL-CIO STAFF RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED JUNE 30, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

To the Trustees of the
AFL-CIO Staff Retirement Plan

Opinion

We have audited the accompanying financial statements of the AFL-CIO Staff Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2023 and 2022, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of June 30, 2022, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2022, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

Supplemental Schedules Required by ERISA

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

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

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

Calibre CPA Group, PLLC

Bethesda, MD
April 4, 2024

AFL-CIO STAFF RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2023 AND 2022

	2023	2022
Assets		
Investments, at fair value		
Interest bearing cash	$ 7,603,874	$ 8,631,916
U.S. Government and government agency securities	3	5
Common stock	44,021,701	44,629,769
Registered investment companies	120,808,862	117,962,693
Common/collective trusts	302,647,255	319,341,716
Pooled separate accounts	78,438,320	72,931,570
Fixed income accumulation investments	438,774	568,889
Hedge fund	69,491	701,584
103-12 investment entities	54,613,815	49,910,752
Limited partnerships	65,267,973	69,083,158
Total investments	673,910,068	683,762,052
Receivables		
Accrued interest and dividends	509,937	51,013
Due from investment brokers for pending sales	21,624	23,357
Employer contributions	2,428,734	2,306,140
Total receivables	2,960,295	2,380,510
Prepaid expenses	25,000	-
Total assets	676,895,363	686,142,562
Liabilities		
Accounts payable, accrued expenses, and other liabilities	704,001	822,050
Due to investment brokers for pending purchases	-	47,410
Total liabilities	704,001	869,460
Net assets available for benefits	$ 676,191,362	$ 685,273,102

See accompanying notes to financial statements.

AFL-CIO STAFF RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2023 AND 2022

	2023	2022
Additions		
Investment income		
Interest	$ 561,310	$ 303,325
Dividends	4,437,633	4,551,148
Net appreciation (depreciation) in fair value of investments	16,675,401	(33,685,311)
	21,674,344	(28,830,838)
Less: investment expenses	(1,886,886)	(2,113,692)
Investment income (loss) - net	19,787,458	(30,944,530)
Contributions	24,825,695	24,623,682
Other	34,018	17,756
Total additions	44,647,171	(6,303,092)
Deductions		
Payments to pensioners	50,919,037	48,987,605
Lump sum payments to participants withdrawing during the year	1,141,817	1,465,172
Administrative expenses		
Actuarial services	612,734	516,964
Administrative services	301,767	312,262
Other professional services	153,868	149,304
PBGC insurance	132,992	127,534
Unrelated business income tax	346,849	-
Other	119,847	113,309
Total deductions	53,728,911	51,672,150
Net change	(9,081,740)	(57,975,242)
Net assets available for benefits		
Beginning of year	685,273,102	743,248,344
End of year	$ 676,191,362	$ 685,273,102

See accompanying notes to financial statements.

AFL-CIO STAFF RETIREMENT PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

JUNE 30, 2022

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 481,478,869
Other vested benefits	239,112,800
Total vested benefits	720,591,669
Nonvested benefits	23,307,234
Total actuarial present value of accumulated plan benefits as of June 30, 2022 actuarial valuation	$ 743,898,903

See accompanying notes to financial statements.

AFL-CIO STAFF RETIREMENT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEAR ENDED JUNE 30, 2022

Actuarial present value of accumulated plan benefits, July 1, 2021	$ 730,941,190
Benefits accumulated, net of experience gain or loss, changes in data	13,868,925
Plan amendments	141,529
Interest	49,400,036
Benefits paid	(50,452,777)
Net change	12,957,713
Actuarial present value of accumulated plan benefits, June 30, 2022	$ 743,898,903

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the AFL-CIO Staff Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description or the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory multiemployer defined benefit pension plan covering substantially all employees of the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) and those affiliated departments, related organizations, affiliates, and state and local central bodies which have elected to participate (AFL-CIO component of Plan). Effective July 1, 2012 and as a result of a merger, the Plan includes the employees of Union Labor Life Insurance Company, a for profit insurance company (ULLICO Inc. component of Plan). Established in 1964, the Plan provides pension, death, disability, and termination benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits - The AFL-CIO and NABTU components of the Plan provide for normal, early, and disability pensions, a death benefit for survivors, and benefits for participants who leave employment before retirement. The ULLICO Inc. component of the Plan provides for normal, early, and surviving spouse benefits for participants. Both components of the Plan provide various payment options based on the benefit the participant is eligible to receive.

Plan Termination - It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time, and the priority of these benefits. In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting. Under this basis of accounting, revenue is recognized when earned and expenses are recognized when incurred, except for benefit payments which are recognized when approved for payment.

Investment Valuation and Income Recognition - Investments are reported at fair value. The fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

The Plan's investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. In addition, due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions Receivable - Contributions receivable represent amounts received during July 2023 and 2022, attributed to contributions for June 2023 and 2022, respectively. No allowance for uncollectible contributions receivable is deemed necessary for the years ended June 30, 2023 and 2022.

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

NOTE 3. FUNDING POLICY

The Plan includes three components: the AFL-CIO component covering employees and former employees of the majority of participating employers, the ULLICO component covering employees and former employees of ULLICO, and the NABTU component covering employees and former employees of NABTU, NCCMP, Fair Contracting, and CPWR. Each component has a separate plan of benefits and a separate contribution rate specific to the component.

NOTE 3. FUNDING POLICY (CONTINUED)

The Plan is valued utilizing the entry age normal actuarial cost method of funding. Contributions to the Plan are based on a percentage of employees' pay. For the years ended June 30, 2023 and 2022:

- Contributions for the AFL-CIO component of the Plan were 24.0% of pay.
- Contributions for the ULLICO component of the Plan were 7.5% and 14.8% of pay, respectively.
- Contributions for the NABTU component of the Plan were 21.0% of pay.

Contributions for the fiscal years ended June 30, 2023 and 2022 exceeded the minimum funding requirements of ERISA.

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered. These benefits include those expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of deceased participants, and (c) present participants or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent that they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of July 1, 2022 were for both components, unless otherwise noted:

- Net investment return of 7.00%;
- Annual administrative expenses of $1,250,000 for the year beginning July 1, 2022;
- Entry age normal actuarial cost method; and
- Retirement rates.

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

2022

AFL-CIO and NABTU Component

Age	Rate
50 - 54	25%
55 - 60	20
61	15
62	25
63 - 64	18
65	25
66 - 69	25
70	100

ULLICO Inc. Component (Active)

Age	Rate
55 - 61	6%
62	15
63 - 64	10
65	35
66 - 69	17
70	100

ULLICO Inc. Component (Inactive)

Age	Rate
55 - 59	5%
60 - 61	8
62 - 64	25
65	100

- Mortality rates are the unprojected experience rates (as of 2006) for the RP-2014 White Collar Employee and Healthy Annuitant Mortality Tables projected generationally from 2018 with Scale SSA 2018-2D for Healthy Participants. Healthy table is set forward 10 years for disabled participants; and

- The salary scale is based on a review of the assumed rate compared to recent historical experience, advice from the Trustees and Plan Administrator, and professional judgement. It reflects a reasonable expectation for the future.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Since the information on the accumulated Plan benefits at June 30, 2023 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2023 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended. As permitted by Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), the complete financial status is presented as of June 30, 2022.

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Based on past experience and future expectations, the following actuarial assumptions were changed for the June 30, 2022 valuation:

- Current liability interest rate was changed from 2.33% to 2.27% due to a change in permissible range and recognizing that any rate within the permissible range satisfies the requirements of Internal Revenue Code (IRC) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations.
- The annual administrative expenses were changed from $1,300,000 to $1,250,000.

NOTE 5. INVESTMENTS

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

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

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

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

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

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

NOTE 5. INVESTMENTS (CONTINUED)

The following tables set forth by level within the fair value hierarchy, the Plan's investment assets at fair value as of June 30, 2023 and 2022. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement:

Description	June 30, 2023 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stock	$ 44,021,701	$ 36,165,454	$ -	$ 7,856,247
U.S. Government and government agency securities	3	3	-	-
Registered investment companies	105,907,593	105,907,593	-	-
Fixed income accumulation investments	438,774	-	438,774	-
Interest bearing cash	7,603,874	7,603,874	-	-
Total	157,971,945	$ 149,676,924	$ 438,774	$ 7,856,247
Investments measured at net asset value*	515,938,123			
Total	$ 673,910,068			

Description	June 30, 2022 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stock	$ 44,629,769	$ 36,773,522	$ -	$ 7,856,247
U.S. Government and government agency securities	5	5	-	-
Registered investment companies	102,249,205	102,249,205	-	-
Fixed income accumulation investments	568,889	-	568,889	-
Interest bearing cash	8,631,916	8,631,916	-	-
Total	156,079,784	$ 147,654,648	$ 568,889	$ 7,856,247
Investments measured at net asset value*	527,682,268			
Total	$ 683,762,052			

*In accordance with ASC, 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 these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The Plan has an investment in the BNYM Mellon AFL-CIO SL Stock Index Fund of the Bank of New York Mellon which represents approximately 32% and 29% of the Plan's investments as of June 30, 2023 and 2022, respectively.

NOTE 5. INVESTMENTS (CONTINUED)

Following are the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2023 and 2022.

Level 1

- Common stock, except for ULLICO common stock, U.S. Government and government agency securities, Vanguard Developed Markets Index Fund and the Western Asset registered investment company investments are stated at fair value based on quoted market prices as of the last business day of the fiscal year.
- Interest bearing cash are valued at cost which approximates fair value.

Level 2

- The fixed income accumulation investments are reported at fair value as determined by the insurance company.

Level 3

- The investment in ULLICO stock is carried at estimated fair value as determined by management. ULLICO's stock is not publicly traded and there are restrictions on its salability and disposition.

Investments Measured at Net Asset Value

- The AFL-CIO Housing Investment Trust is valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The registered investment companies held by the Plan are deemed to be actively traded.

- Common/collective trusts, pooled separate accounts and 103-12 investment entities are comprised of shares or units that are not publicly traded. The fund administrator values the fund using NAV per fund share, derived from the value of the underlying assets. The underlying assets in these funds (equity securities, fixed-income securities, and commodity-related securities) are generally publicly traded on exchanges and price quotes for the assets held by these funds are readily available. All report as direct filing entities (DFEs) and can be redeemed either daily, monthly or 60 days.

- Limited partnership valuation policies are described in Note 8.

- Hedge funds valuation policies are described in Note 9.

NOTE 5. INVESTMENTS (CONTINUED)

The tables below set forth a summary of the changes in fair value of the Plan's Level 3 assets for the years ended June 30, 2023 and 2022.

Changes in Level 3 Category	Beginning Balance June 30, 2022	Net Gains/ (Losses)	Sale Proceeds	Purchases	Ending Balance June 30, 2023
Common stock	$ 7,856,247	$ -	$ -	$ -	$ 7,856,247

Changes in Level 3 Category	Beginning Balance June 30, 2021	Net Gains/ (Losses)	Sale Proceeds	Purchases	Ending Balance June 30, 2022
Common stock	$ 7,292,402	$ 563,845	$ -	$ -	$ 7,856,247

The amount of total gains or losses for the years ended June 30, 2023 and 2022 included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date was $-0- and $563,845, respectively.

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon NAV per share of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

The Plan's investment in these investment entities is subject to the terms of the respective agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a daily or quarterly basis, but longer lock-up periods can apply to certain investments, see chart below.

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of June 30, 2023 by investment strategy:

	Fair Value (in millions)	Unfunded Commitments (in millions)	Redemption Frequency	Redemption Notice Period
a. Hedge fund	$ 0.07	$ -	Quarterly	90 days
b. Common/collective trusts	302.65	-	Daily/Quarterly	1, 3 or 30 days
c. Pooled separate accounts	78.44	-	Monthly	60 days
d. Registered investment companies	14.90	-	Monthly/Weekly	15 days/10 days
e. 103-12 investment entities	54.61	-	Daily	30 days
f. Limited partnerships	65.27	15.34	Quarterly/No redemptions	90 days/No redemptions
	$ 515.94			

NOTE 5. INVESTMENTS (CONTINUED)

The following summarizes the investment strategy for each of the Plan's investments in the table presented on the previous page:

a. The Plan's investment in the hedge fund category is comprised of an investment that seeks above-average rates of return and long-term capital growth through an investment in Entrust Capital Diversified Fund Ltd (the Master Fund), a fund of funds with a diversified portfolio of private investment entities and/or separately managed accounts managed by investment managers selected by the Advisor, EnTrust Partners Offshore LLC.

b. All report as DFEs and can be redeemed daily or quarterly.

c. All report as DFEs and can be redeemed monthly.

d. The Plan's investment in the registered investment companies' category is comprised of an investment whose principal investment strategy is to construct and manage a portfolio that is composed primarily of mortgage securities, with higher yield, higher credit quality and similar interest rate risk versus the Barclays Capital Aggregate Bond Index. This investment uses a variety of strategies to maintain a risk profile comparable to its benchmark index. These strategies include, but are not limited to, managing the duration (a measure of interest rate sensitivity) of the portfolio within a range comparable to the benchmark index, and managing prepayment risk by negotiating prepayment restrictions for mortgage securities backed by multi-family housing projects, including market-rate housing, low-income housing, housing for the elderly or handicapped, intermediate care facilities, assisted living facilities and nursing homes.

e. All report as DFEs and can be redeemed daily.

f. The Plan's investments in the limited partnerships category are comprised of four investments. $1.06 million in an investment that seeks to provide superior capital appreciation through investments in private equity, while reducing risk by constructing a diverse portfolio of externally managed pooled investment vehicles and privately negotiated investments in private companies. Liquidity cannot be requested for this investment. Liquidity is provided as the underlying investments in the fund are sold. $7.42 million in an investment in a real estate equity commingled investment fund that invests primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence. $35.67 million in an investment that invests in pooled investment vehicles and direct investments primarily focused on buyout, recapitalization, and growth equity transactions. $21.12 million in an investment that invests in a diversified portfolio of interests in 1) established venture capital funds, buy-out funds, mezzanine funds, and other pooled investment vehicles which primarily invest in equity-oriented investments and 2) direct private equity and equity related investments, primarily through secondary market purchases with a maximum amount of 10% of capital commitments allocated to primary transactions.

NOTE 5. INVESTMENTS (CONTINUED)

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of June 30, 2022 by investment strategy:

	Fair Value (in millions)	Unfunded Commitments (in millions)	Redemption Frequency	Redemption Notice Period
a. Hedge fund	$ 0.70	$ -	Quarterly	90 days
b. Common/collective trusts	319.34	-	Daily/Quarterly	1, 3 or 30 days
c. Pooled separate accounts	72.93	-	Monthly	60 days
d. Registered investment companies	15.72	-	Monthly/Weekly	15 days/10 days
e. 103-12 investment entities	49.91	-	Daily	30 days
f. Limited partnerships	69.08	25.87	Quarterly/No redemptions	90 days/No redemptions
	$ 527.68			

The following summarizes the investment strategy for each of the Plan's investments in the table presented above:

a. The Plan's investment in the hedge fund category is comprised of an investment that seeks above-average rates of return and long-term capital growth through an investment in Entrust Capital Diversified Fund Ltd (the Master Fund), a fund of funds with a diversified portfolio of private investment entities and/or separately managed accounts managed by investment managers selected by the Advisor, EnTrust Partners Offshore LLC.

b. All report as DFEs and can be redeemed daily or quarterly.

c. All report as DFEs and can be redeemed monthly.

d. The Plan's investment in the registered investment companies' category is comprised of an investment whose principal investment strategy is to construct and manage a portfolio that is composed primarily of mortgage securities, with higher yield, higher credit quality and similar interest rate risk versus the Barclays Capital Aggregate Bond Index. This investment uses a variety of strategies to maintain a risk profile comparable to its benchmark index. These strategies include, but are not limited to, managing the duration (a measure of interest rate sensitivity) of the portfolio within a range comparable to the benchmark index and managing prepayment risk by negotiating prepayment restrictions for mortgage securities backed by multi-family housing projects, including market-rate housing, low-income housing, housing for the elderly or handicapped, intermediate care facilities, assisted living facilities and nursing homes.

e. All report as DFEs and can be redeemed daily.

f. The Plan's investments in the limited partnerships category are comprised of four investments. $0.98 million in an investment that seeks to provide superior capital appreciation through investments in private equity, while reducing risk by constructing a diverse portfolio of externally managed pooled investment vehicles and privately negotiated investments in private companies. Liquidity cannot be requested for this investment. Liquidity is provided as the underlying investments in

NOTE 5. INVESTMENTS (CONTINUED)

the fund are sold. $8.26 million in an investment in a real estate equity commingled investment fund that invests primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence. $38.83 million in an investment that invests in pooled investment vehicles and direct investments primarily focused on buyout, recapitalization, and growth equity transactions. $21.01 million in an investment that invests in a diversified portfolio of interests in 1) established venture capital funds, buy-out funds, mezzanine funds, and other pooled investment vehicles which primarily invest in equity-oriented investments and 2) direct private equity and equity related investments, primarily through secondary market purchases with a maximum amount of 10% of capital commitments allocated to primary transactions.

The Plan has no intentions to liquidate any of the investments valued at NAV as of June 30, 2023.

NOTE 6. INCOME TAXES

The Plan obtained its latest determination letter on November 13, 2015 in which the Internal Revenue Service stated that the Plan, as amended through letter dated December 17, 2014, was a qualified plan under the provisions of the Internal Revenue Code (IRC) Section 401(a). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan adheres to the authoritative guidance relating to accounting for uncertainty in income taxes included in ASC Topic *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return.

The Plan performed an evaluation of uncertain tax positions for the years ended June 30, 2023 and 2022, and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status. As of June 30, 2023, the statute of limitations for tax years 2019 through 2021 remains open with the U.S. Federal jurisdiction. It is the Plan's policy to recognize interest and/or penalties related to uncertain tax positions, if any, in unrelated business income tax expense.

NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The AFL-CIO Housing Investment Trust, the AFL-CIO Building Investment Trust, and ULLICO Inc. are employers whose employees are participants in the Plan. Plan investments include shares in each of these investment trusts and/or companies. The Plan also pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. INVESTMENTS IN LIMITED PARTNERSHIPS/COMMITMENTS

The Plan has invested in the Vesey Street Fund IV, L.P. The Vesey Street Fund IV, L.P. seeks to provide superior capital appreciation through investments in private equity, while reducing risk by constructing a diverse portfolio of externally managed pooled investment vehicles and privately negotiated investments in private companies. Under the partnership agreement with Vesey Street Fund IV, L.P., the Plan agreed to invest $20,000,000. At June 30, 2023, approximately $18,300,000 has been funded. The termination date of this limited partnership is in 2023.

On January 1, 2015, the American Core Realty Fund converted from a Delaware limited liability company to a Delaware limited partnership, changing its name from American Core Realty Fund, LLC to American Core Realty Fund, LP. There are no unfunded commitments for this investment. There is no termination date for the Plan's investment in this limited partnership.

The Plan has invested in the Siguler Guff Small Buyout Opportunities Fund III, LP. The Siguler Guff Small Buyout Opportunities Fund III, LP seeks to provide superior capital appreciation through investments in private equity, while reducing risk by constructing a diverse portfolio of externally managed pooled investment vehicles and privately negotiated investments in private companies. Under the partnership agreement with Siguler Guff Small Buyout Opportunities Fund III, LP, the Plan agreed to invest $35,000,000. At June 30, 2023, approximately $30,818,000 has been funded. The termination date of this limited partnership is in 2029.

The Plan has invested in the Landmark Equity Partners XVI, L.P. The Landmark Equity Partners XVI, L.P specializes in making secondary indirect and buyout investments. It also makes direct investments. For indirect investments, the fund focuses on private equity funds. It seeks to invest globally with a focus on the United States and Europe. It prefers to take majority stakes. The fund life is 14 years. Under the partnership agreement with Landmark Equity Partners XVI, L.P, the Plan agreed to invest $35,000,000. At June 30, 2023, approximately $23,007,000 has been funded. The termination date of this limited partnership is in 2027, but there are extensions available.

The limited partnership interests are reported at estimated fair value which generally represents the reported values of the underlying investments or estimates by the general partners of the underlying limited partnerships in the absence of readily ascertainable market values. Due to the inherent uncertainty of these valuations, the estimated fair value may differ significantly from the ultimate value that may be realized in a sale transaction.

NOTE 9. INVESTMENTS IN HEDGE FUNDS

The Plan has invested in the EnTrust Capital Diversified Fund Ltd. (the Fund). The Fund's strategy is to invest substantially all of its net assets in EnTrust Capital Diversified Fund, Ltd (the Master Fund) under a master feeder arrangement. The Fund records its investment in the Master Fund at fair value based upon the Fund's proportionate share of the net asset values of the underlying portfolio investments held by the Master Fund.

NOTE 9. INVESTMENTS IN HEDGE FUNDS (CONTINUED)

The Master Fund's objective is to seek above-average rates of return and long-term capital growth through investment as a fund of funds in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by investment managers.

The hedge fund is reported at estimated fair value which generally represents the reported value of the underlying investments in the absence of readily ascertainable market values. Due to the inherent uncertainty of these valuations, the estimated fair value may differ significantly from the ultimate value that may be realized in a sale transaction.

Under the subscription agreement with EnTrust Capital Diversified Fund Ltd., the Plan initially agreed to invest $12,500,000, which all has been funded. In September 2013, the Plan entered into a new subscription agreement with EnTrust Capital Diversified Fund Ltd. for an additional $5,000,000, which is also fully funded.

NOTE 10. RISKS AND UNCERTAINTIES

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

NOTE 11. FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK

Off-balance-sheet risk refers to the possibility that a loss, in an amount exceeding amounts recognized as assets or liabilities in the financial statements, may occur in the future. The use of such instruments is subject to guidelines which the Plan has in place. These guidelines include the use of these instruments only if they are more attractive than a direct investment or if they diversify risk in the portfolio. These instruments are not used for speculation. They are also not used to leverage or increase the dollar value of an underlying position in the portfolio.

These instruments are to be used only when their possible impact can be quantified, can enhance the risk-return profile of a portfolio, and can only be used by managers who are authorized to do so. Additionally, options and futures are limited to liquid instruments actively traded on major exchanges, or over-the-counter options or forward positions entailing counterparty risk are used, these transactions are to be executed with major dealers.

The Plan has ownership in certain investments that, at times, contain exposure to financial instruments with off-balance-sheet risk. These interests vary as to amount and risk throughout the fiscal year.

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of additions per the financial statements to income per the Form 5500 for the year ended June 30, 2023:

Additions per financial statements	$ 44,647,171
Add: investment expenses	1,886,886
Income for Form 5500	$ 46,534,057

A reconciliation of deductions per the financial statements to expenses per the Form 5500 for the year ended June 30, 2023:

Deductions per financial statements	$ 53,728,911
Add: investment expenses	1,886,886
Expenses per Form 5500	$ 55,615,797

NOTE 13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through April 4, 2024, which is the date the financial statements were available to be issued and revealed no events requiring adjustment to or disclosure in the accompanying financial statements.

Exhibit K: Summary of Plan Provisions

(Schedule MB, Line 6)

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

AFL-CIO and NABTU Components Only

Plan Year	July 1 through June 30
Pension Credit Year	July 1 through June 30
Plan Status	Ongoing plan
Normal Retirement Pension (AFL-CIO Component)	• *Age Requirement:* 65 • *Service Requirement:* 3 years • *Amount:* 3.0% of final average salary multiplied by years of Benefit Service up to 25 years, plus 0.5% of final average salary multiplied by years of Benefit Service in excess of 25. Final average salary: Average of the total salary in the 36 consecutive months prior to the later of June 30, 2014 or the date vesting occurs that produce the highest total. Maximum benefit limitation: $230,000 per year for benefits commencing at ages 62 to 65. • Some participants have a different formula applicable to portions of their service due to past merger/new group agreements.
Normal Retirement Pension (NABTU Component)	• *Age Requirement:* 65 • *Service Requirement:* 3 years • *Amount:* 3.0% of final average salary multiplied by years of Benefit Service prior to July 1, 2021 up to 25 years, plus 0.5% of final average salary multiplied by years of Benefit Service prior to July 1, 2021 in excess of 25. Plus 2.5% of covered compensation for service after June 30, 2021. Final average salary: Average of the total salary in the 36 consecutive months prior to June 30, 2021 that produce the highest total.
Early Retirement Pension ***Rule of 80 Pension***	• *Age Requirement:* 50 • *Service Requirement:* Age plus service must equal 80 or more. • *Amount:* Normal Retirement Pension accrued.

Section 3: Certificate of Actuarial Valuation

Early Retirement Pension ***Early Pension***	• *Age Requirement:* 60 • *Service Requirement:* 10 years • *Amount:* Normal Retirement Pension accrued.
Disability Pension	• *Age Requirement:* None • *Service Requirement:* 3 years • *Amount:* Normal Retirement Pension accrued. If participant has less than 25 years of service and is not eligible for Social Security disability benefits, the disability pension (payable to age 65) is the lesser of the benefit based on 25 years of service, or the accrued benefit plus the estimated Social Security benefit (as if eligible.) At age 65, the benefit is reduced to the Normal Retirement Pension.
Deferred Pension	• *Age Requirement:* None • *Service Requirement:* 3 years • *Amount:* Normal Retirement Pension accrued, payable at age 65. If the participant has 10 or more years of service, a reduced pension is payable at age 60. The reduction is 7.2% per year for each year of age less than 65. • *Normal Retirement Age:* 65
Severance Benefit	• *Age Requirement:* Ineligible for immediate retirement • *Service Requirement:* 3 years but less than 10 • *Amount:* In lieu of a deferred pension, the greater of the actuarial present value of the vested benefit payable at age 65 or 3% of total salary paid after 1965 accumulated with 3.5% interest compounded annually.
Optional Spouse's Pre-Retirement Death Benefit (applicable only if elected by participant)	• *Age Requirement:* 50 (or none, with 10 or more years of service) • *Service Requirement:* 3 years (or 10 years if under age 50). • *Amount:* 100% of the benefit a participant would have received had the participant retired the day before death and elected a 100% joint and survivor pension, without reduction for early retirement. If the participant dies after age 50, benefits are payable the month following death for the life of the surviving spouse. If the participant dies prior to age 50, benefits are payable when the participant would have attained age 50. In any event, benefits are payable immediately for 24 months, or while there is an eligible child, if longer. The participant's accrued benefit is reduced to reflect the cost of this coverage, based on the period optional coverage was in effect, regardless of whether this optional benefit ever becomes payable.
Pre-Retirement Spouse's Death Benefit	• *Age Requirement:* None • *Service Requirement:* 3 years • *Amount:* Spouse receives 50% of the benefit a participant would have received had the participant retired the day before death and elected a 50% joint and survivor pension. The benefit becomes payable at the earliest date that the participant could have started collecting a pension.

Section 3: Certificate of Actuarial Valuation

Medicare Premium	Retirees, excluding those from deferred vested status or those whose total active service occurred under another plan (for example, a plan that merged into this plan), paying Medicare Part B premiums receive an additional pension as reimbursement for these premiums. Only the basic premium ($170.10 for 2022 and $164.90 for 2023) is reimbursed. Any means-based additional premiums are not covered. If the retiree's spouse is paying a Medicare Part B premium, the retiree receives an additional pension equal to the basic premium paid on the spouse's behalf. A surviving spouse of an employee who died or retired directly from active employment also receives an additional pension equal to the basic Medicare premium paid if such surviving spouse is age 65 or older and entitled to a surviving spouse annuity.
Optional Forms of Benefits	• Life Annuity with 60 months guaranteed • Life with 120 months guaranteed • 50% Husband-and-Wife Pension with or without Pop-Up • 75% or 100% Joint and Survivor Pension • Lump Sum to Beneficiary.
Participation	Immediately, if scheduled to work 1,000 or more hours per year. If not scheduled to work 1,000 hours, employee becomes a participant retroactive to first day of the Plan Year in which the employee actually worked 1,000 hours.
Benefit Service	Each month after July 1, 1976, in which an employee is entitled to salary from a participating employer is counted as a month of Benefit Service. Prior to July 1, 1976, an employee receives Benefit Service for periods of uninterrupted service.
Vesting Service	Elapsed time since date of employment or July 1, 1976, if later. Prior to July 1, 1976, a year of Vesting Service is given for each year of service. In addition, Vesting Service earned under certain other plans is recognized, pursuant to "portability" agreements.
Contribution Rate	AFL-CIO Component employers: 24% of salary effective July 1, 2014 NABTU Component employers: 21% of salary, effective July 1, 2021
Changes in Plan Provisions	The IRC Section 401(a)(17) limit for compensation increased from $290,000 to $305,000. The IRC Section 415(b) dollar limit increased from $230,000 to $245,000.

Section 3: Certificate of Actuarial Valuation

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

Ullico Component Only

Plan Year	July 1 through June 30
Pension Credit Year	July 1 through June 30
Plan Status	Ongoing plan
Normal Retirement Pension	• Age Requirement: 65 • *Service Requirement:* 5 years of service • *Alternative Requirement*: 40 years of service *Amount:* 2% of final average compensation per year of service until December 31, 2014, to a maximum of 35 years. Final average compensation is the average of covered compensation earned during the highest 60 consecutive months out of the last 120 months of employment prior to termination until December 31, 2014. For non-bargained participants, the accrued benefit will be no less than that accrued as of October 31, 2004 (2.5% of 36-month average covered compensation per year of service to a maximum of 40 years). For bargained participants, the accrued benefit will be no less than that accrued as of December 31, 2011 (2.0% of 36-month average covered compensation per year of service to a maximum of 40 years). Plus 1.5% of covered compensation for service after December 31, 2014. • Covered compensation excludes overtime but includes up to $100,000 incentive compensation during each Plan Year.
Early Retirement (ULLICO)	• *Age Requirement:* 55 • *Service Requirement:* 15 years of service • *Amount:* Normal Retirement Pension accrued, reduced by 3.6% for each year of age less than age 65 or the age at which 40 years of service would have been earned, if earlier
Early Retirement (Zenith)	• *Age Requirement:* 55 • *Service Requirement:* 10 years • *Amount:* Normal Retirement Pension accrued, reduced by 6.0% for each year of age less than 62
Deferred Pension	• *Age Requirement:* None • *Service Requirement:* 5 years • *Amount:* Normal Retirement Pension accrued payable at Normal Retirement Age, or at early retirement with the appropriate reduction. • *Normal Retirement Age:* 65

Section 3: Certificate of Actuarial Valuation

Pre-Retirement Death Benefit	• *Age Requirement:* None • *Service Requirement:* 5 years of service. • *Amount:* 50% of the benefit the participant would have received had he or she retired the day before death and elected the 50% joint and survivor option. Benefit commences at the participant's earliest retirement age and continues until the death of the spouse.
Post-Retirement Death Benefit	If the participant is married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by the participant. If this form is not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If this form is rejected, or if the participant is not married, benefits are payable for the life of the participant without reduction
Spouse's Benefit	*Requirements:* Participant dies before retirement after attaining age 55 with 10 years of service, or after incurring a disability with at least 5 years of service, or participant dies after early retirement with 30 years of service. Spouse was married to participant for at least one year prior to the participant's death. Participant was employed on the day before death, or at the time of incurring a disability, if the participant dies prior to retirement; or within 30 days of the date retirement benefits commence, if the participant dies after retirement. *Amount:* 50% of the unreduced benefit the participant would have received based on service to date of death. If the participant is already retired, the benefit is 50% of the unreduced early or normal retirement benefit payable. If the participant is disabled, the benefit is 50% of the normal retirement benefit accrued to the date of disability. Benefit is payable until death or remarriage of spouse.
Optional Forms of Benefits	• Life Annuity • 50% Joint and Survivor Annuity (fully subsidized for participants retiring directly from active employment with 30 or more years of service) • 75% Joint and Survivor Annuity • 100% Joint and Survivor Annuity • 5,10 or 15 years guaranteed and life thereafter (Zenith only)
Participation	*Age Requirement:* None *Service Requirement:* None
Credited Service	One year for every calendar year in which the participant earns 1,000 Hours of Service. If less than 1,000 Hours of Service in a calendar year, the participant is credited with one-twelfth (1/12) of a year for each calendar month in which the participant is credited with at least 84 Hours of Service
Contribution Rate	7.5% of salary effective January 1, 2022 (previously, 14.8%)
Changes in Plan Provisions	The IRC Section 401(a)(17) limit for compensation increased from $295,000 to $305,000. The IRC Section 415(b) dollar limit increased from $230,000 to $245,000.

AFL-CIO STAFF RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 53-0228172
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par/Maturity Value or Shares: Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Interest bearing cash							
	AMALGAMATED BANK OF CHICAGO CHECKING	Cash	N/A	N/A	Varies	$ 6,660,643	$ 6,660,643	$ 6,660,643
	DREYFUS INSTITUTIONAL CASH ADVANTAGE	STIF	N/A	N/A	Varies	56,373	56,373	56,373
	GOLDMAN FINANCIAL SQUARE GOVT-A FD#465	STIF	N/A	N/A	Varies	886,858	886,858	886,858
	Total interest bearing cash						7,603,874	7,603,874
	U.S. Government and government agency securities							
	FHLMC POOL #G01336 7.5%	Bond	N/A	07/01/28	7.500	3	3	3
	Total U.S. Government and government agency securities						3	3
	Common stock							
*	UNION LABOR LIFE INSURANCE COMPANY COMMON STOCK	Stock	N/A	N/A	N/A	250,598	6,934,000	7,856,247
	AECOM TECHNOLOGY COMMON STOCK	Stock	N/A	N/A	N/A	6,960	215,684	589,442
	AIR LEASE CORPORATION COMMON STOCK	Stock	N/A	N/A	N/A	11,641	382,092	487,176
	AMEREN CORPORATION COMMON STOCK	Stock	N/A	N/A	N/A	2,661	85,745	217,324
	ELEVANCE HEALTH INC COMMON STOCK	Stock	N/A	N/A	N/A	1,707	104,004	758,403
	ARROW ELECTRONICS INC COMMON STOCK	Stock	N/A	N/A	N/A	4,550	185,626	651,697
	AUTONATION INC COMMON STOCK	Stock	N/A	N/A	N/A	4,897	154,712	806,095
	BUILDERS FIRSTSOURCE INC COMMON STOCK	Stock	N/A	N/A	N/A	6,469	279,916	879,784
	CBRE GROUP INC COMMON STOCK	Stock	N/A	N/A	N/A	6,289	287,223	507,585
	THE CIGNA GROUP COMMON STOCK	Stock	N/A	N/A	N/A	2,384	105,982	668,950
	CAPITAL ONE FINANCIAL CO COMMON STOCK	Stock	N/A	N/A	N/A	3,253	124,391	355,781
	CATHAY GENERAL BANCORP COMMON STOCK	Stock	N/A	N/A	N/A	8,703	273,556	280,150
	CELANESE CORP COMMON STOCK	Stock	N/A	N/A	N/A	2,670	164,514	309,186
	CENTERPOINT ENERGY INC COMMON STOCK	Stock	N/A	N/A	N/A	16,879	397,775	492,023
	CHICO'S FAS INC COMMON STOCK	Stock	N/A	N/A	N/A	97,610	531,599	522,214
	CORNING INC COMMON STOCK	Stock	N/A	N/A	N/A	8,869	112,814	310,770
	COPT DEFENCE PROPERTIES COMMON STOCK	Stock	N/A	N/A	N/A	17,181	428,758	408,049
	DESIGNER BRANDS INC COMMON STOCK	Stock	N/A	N/A	N/A	37,790	614,434	381,679
	DIAMONDBACK ENERGY INC COMMON STOCK	Stock	N/A	N/A	N/A	4,193	318,510	550,792
	DICK'S SPORTING GOODS INC COMMON STOCK	Stock	N/A	N/A	N/A	4,711	177,134	622,747
	DISCOVER FINANCIAL SERVICES COMMON STOCK	Stock	N/A	N/A	N/A	3,960	79,388	462,726
	EAST WEST BANCORP INC COMMON STOCK	Stock	N/A	N/A	N/A	5,718	216,907	301,853
	FIFTH THIRD BANCORP COMMON STOCK	Stock	N/A	N/A	N/A	11,978	197,585	313,943
	FIRST AMERICAN FINANCIAL CORP COMMON STOCK	Stock	N/A	N/A	N/A	6,357	237,010	362,476
	FOOT LOCKER INC COMMON STOCK	Stock	N/A	N/A	N/A	14,250	494,611	386,318
	FULTON FINANCIAL CORP COMMON STOCK	Stock	N/A	N/A	N/A	27,369	358,292	326,238
	GENTEX CORP	Stock	N/A	N/A	N/A	13,607	205,489	398,141
	HF SINCLAIR CORP COMMON STOCK	Stock	N/A	N/A	N/A	8,637	317,731	385,297
	HEWLETT PACKARD ENTERPRISE COMMON STOCK	Stock	N/A	N/A	N/A	31,035	370,083	521,388
	HOST HOTELS & RESORTS INC	Stock	N/A	N/A	N/A	22,133	356,471	372,498
	HUMANA INC COMMON STOCK	Stock	N/A	N/A	N/A	1,218	110,235	544,604
	HUNTINGTON BANCSHARES INC COMMON STOCK	Stock	N/A	N/A	N/A	23,807	248,197	256,639
	JABIL INC COMMON STOCK	Stock	N/A	N/A	N/A	9,712	237,692	1,048,216
	JETBLUE AIRWAYS COMMON STOCK	Stock	N/A	N/A	N/A	43,831	658,980	388,343
	JONES LANG LASALLE INC COMMON STOCK	Stock	N/A	N/A	N/A	2,827	364,796	440,447
	JUNIPER NETWORKS INC COMMON STOCK	Stock	N/A	N/A	N/A	15,372	402,635	481,605
	KEYCORP BANCSHARES COMMON STOCK	Stock	N/A	N/A	N/A	20,928	216,328	193,375
	KULICKE & SOFFA INDUSTRIES INC COMMON STOCK	Stock	N/A	N/A	N/A	7,950	424,812	472,628
	LABORATORY CORP OF AMER HLDGS COMMON STOCK	Stock	N/A	N/A	N/A	1,558	234,788	375,992
	LEAR CORPORATION COMMON STOCK	Stock	N/A	N/A	N/A	2,706	193,109	388,446
	LUMENTUM HOLDINGS INC COMMON STOCK	Stock	N/A	N/A	N/A	11,918	678,875	676,108
	M&T BANK CORPORATION COMMON STOCK	Stock	N/A	N/A	N/A	2,408	234,741	298,014
	MACY'S INC COMMON STOCK	Stock	N/A	N/A	N/A	25,773	474,869	437,626
	MASTEC INC COMMON STOCK	Stock	N/A	N/A	N/A	6,604	315,771	779,074
	NEXTIER OILFIELD SOLUTIONS INC COMMON STOCK	Stock	N/A	N/A	N/A	61,184	579,793	546,985
	O-I GLASS INC COMMON STOCK	Stock	N/A	N/A	N/A	21,210	446,693	452,409
	PLEXUS CORP COMMON STOCK	Stock	N/A	N/A	N/A	5,146	412,605	505,543
	PREMIER INC COMMON STOCK	Stock	N/A	N/A	N/A	12,245	404,467	338,697
	PUBLIC SERVICES ENTERPRISES COMMON STOCK	Stock	N/A	N/A	N/A	5,288	184,821	331,082
	QUANTA SERVICES INC COMMON STOCK	Stock	N/A	N/A	N/A	5,355	130,131	1,051,990
	RADIAN GROUP INC COMMON STOCK	Stock	N/A	N/A	N/A	18,733	347,983	473,570
	RALPH LAUREN CORP COMMON STOCK	Stock	N/A	N/A	N/A	3,162	331,222	389,875
	RAYMOND JAMES FINANCIAL INC COMMON STOCK	Stock	N/A	N/A	N/A	5,165	114,365	535,972
	REGIONS FINANCIAL CORP COMMON STOCK	Stock	N/A	N/A	N/A	22,458	184,757	400,202
							22,644,701	33,294,414

AFL-CIO STAFF RETIREMENT PLAN

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

JUNE 30, 2023

Form 5500, Schedule H, Line 4i

E.I.N. 53-0228172
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par/Maturity Value or Shares: Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
	Total forwarded						$ 22,644,701	$ 33,294,414
	RELIANCE STEEL & ALUMINUM COMMON STOCK	Stock	N/A	N/A	N/A	2,649	170,161	719,442
	RESIDEO TECHNOLOGIES INC COMMON STOCK	Stock	N/A	N/A	N/A	24,605	484,595	434,524
	SL GREEN REALTY CORP COMMON STOCK	Stock	N/A	N/A	N/A	10,054	435,268	302,123
	SCIENCE APPLICATIONS INTL CORP COMMON STOCK	Stock	N/A	N/A	N/A	4,581	410,119	515,271
	SLIGAN HOLDINGS INC COMMON STOCK	Stock	N/A	N/A	N/A	10,696	404,675	498,253
	SKYWORKS SOLUTIONS INC COMMON STOCK	Stock	N/A	N/A	N/A	4,697	214,005	519,911
	SOUTHWEST AIRLINES CO COMMON STOCK	Stock	N/A	N/A	N/A	12,775	234,595	462,583
	SPROUTS FMRS MKT INC COMMON STOCK	Stock	N/A	N/A	N/A	21,099	454,942	774,965
	STEEL DYNAMICS INC COMMON STOCK	Stock	N/A	N/A	N/A	5,358	200,480	583,647
	STIFEL FINANCIAL CORP COMMON STOCK	Stock	N/A	N/A	N/A	6,760	183,200	403,369
	TAPESTRY INC COMMON STOCK	Stock	N/A	N/A	N/A	15,552	501,757	665,626
	TAYLOR MORRISON HOME CORP COMMON STOCK	Stock	N/A	N/A	N/A	13,696	331,838	667,954
	TEXAS CAPITAL BANCSHARES INC COMMON STOCK	Stock	N/A	N/A	N/A	4,952	206,290	255,020
	TEXTRON INC COMMON STOCK	Stock	N/A	N/A	N/A	9,053	442,197	612,254
	US STEEL CORP COMMON STOCK	Stock	N/A	N/A	N/A	18,588	408,110	464,886
	VALERO ENERGY CORP COMMON STOCK	Stock	N/A	N/A	N/A	3,546	87,134	415,946
	VISHAY INTERTECHNOLOGY INC	Stock	N/A	N/A	N/A	22,621	394,584	665,057
	WESTERN DIGITAL CORP COMMNON STOCK	Stock	N/A	N/A	N/A	11,455	534,161	434,488
	WESTLAKE CORP COMMON STOCK	Stock	N/A	N/A	N/A	3,918	206,895	468,083
	WILLIAMS SONOMA INC. COM	Stock	N/A	N/A	N/A	3,365	180,619	421,096
	ZOOM VIDEO COMMUNICATIONS INC COMMON STOCK	Stock	N/A	N/A	N/A	6,523	435,406	442,781
	Total common stock						29,645,740	44,021,701
	Value of interest in registered investment companies							
*	AFL-CIO HOUSING INVESTMENT TRUST	RIC	N/A	N/A	N/A	15,502	17,207,197	14,901,269
	VANGUARD DEVELOPED MARKETS INDEX	RIC	N/A	N/A	N/A	1,953,509	25,724,509	29,009,604
	WESTERN ASSET CORE BOND CL IS	RIC	N/A	N/A	N/A	2,921,524	35,041,462	31,143,446
	WESTERN ASSET CORE PLUS BOND CL IS	RIC	N/A	N/A	N/A	1,946,505	22,244,002	18,413,934
	WESTERN ASSET TOTAL RETURN UNCONSTRAINED CL IS	RIC	N/A	N/A	N/A	3,103,361	32,385,128	27,340,609
	Total value of interest in registered investment companies						132,602,298	120,808,862
	Value of interest in common/collective trusts							
*	AFL-CIO BUILDING INVESTMENT TRUST	CCT	N/A	N/A	N/A	10,169	36,274,094	59,060,225
	BNYM MELLON AFL-CIO SL STOCK INDEX FUND OF THE BANK OF NEW YORK MELLON	CCT	N/A	N/A	N/A	14,498,820	148,470,004	213,132,657
	INVESCO GLOBAL ASSET ALLOCATION STRATEGY TRUST	CCT	N/A	N/A	N/A	219,956	24,651,440	24,190,779
	LONGVIEW ULTRA I CONSTRUCTION LOAN INVESTMENT FUND	CCT	N/A	N/A	N/A	13	16,544	3,411
	MULTI-EMPLOYER PROPERTY TRUST	CCT	N/A	N/A	N/A	436	1,128,092	6,260,183
	Total value of interest in common/collective trusts						210,540,174	302,647,255
	Value of interest in pooled separate accounts							
*	UNION LABOR LIFE INSURANCE COMPANY							
	SEPARATE ACCOUNT E	PSA	N/A	N/A	N/A	2,883,496	15,419,972	55,153,526
	SEPARATE ACCOUNT J	PSA	N/A	N/A	N/A	1,340,181	16,861,005	23,284,794
	Total value of interest in pooled separate accounts						32,280,977	78,438,320
	Fixed income accumulation investments							
*	UNION LABOR LIFE INSURANCE COMPANY							
	FIXED INCOME ACCUMULATION ACCOUNT	FIAA	N/A	N/A	N/A	438,774	438,774	438,774
	Hedge fund							
	ENTRUST CAPITAL DIVERSIFIED FUND Ltd.	Hedge Fund	N/A	N/A	N/A	7,902	790,235	69,491
	103-12 investment entities							
*	UNION LABOR LIFE INSURANCE COMPANY							
	ULLICO DIVERSIFIED INTERNATIONAL EQUITY FUND, L.P.	103-12	N/A	N/A	N/A	1,352,037	12,949,352	26,866,318
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND, L.P.	103-12	N/A	N/A	N/A	106,702	21,643,475	27,747,497
	Total 103-12 investment entities						34,592,827	54,613,815
	Interest in limited partnerships							
	AMERICAN CORE REALTY FUND, LP	LP	N/A	N/A	N/A	53	6,192,807	7,424,428
	VESEY STREET FUND IV, LP	LP	N/A	N/A	N/A	N/A	3,629,779	1,061,220
	LANDMARK EQUITY PARTNERS XVI, LP	LP	N/A	N/A	N/A	N/A	11,244,411	21,122,013
	SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND III, LP	LP	N/A	N/A	N/A	N/A	28,866,775	35,660,312
	Total interest in limited partnerships						49,933,772	65,267,973
	Total investments						$ 498,428,674	$ 673,910,068

* Denotes party-in-interest

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

Participant data as of July 1, 2022.

		Years of Service									
Age	**Total**	**Under 1**	**1 - 4**	**5 - 9**	**10 - 14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**
Under 25	12	4	8	–	–	–	–	–	–	–	–
25 - 29	61	24	30	7	–	–	–	–	–	–	–
30 - 34	87	17	46	19	5	–	–	–	–	–	–
35 - 39	118	21	38	34	23	2	–	–	–	–	–
40 - 44	127	14	34	33	29	12	4	1	–	–	–
45 - 49	128	16	27	18	25	24	16	2	–	–	–
50 - 54	150	10	20	31	32	14	29	8	4	2	–
55 - 59	131	12	18	24	19	16	20	8	9	5	–
60 - 64	114	6	11	23	16	25	14	6	2	7	4
65 - 69	58	2	10	13	10	7	7	6	1	–	2
70 & over	9	0	2	2	4	–	–	1	–	–	–
Total	**955**	**126**	**244**	**204**	**163**	**100**	**90**	**32**	**16**	**14**	**6**

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	07/01/1994	$337,159	2	$174,280
Plan amendment	07/01/1995	220,852	3	78,650
Plan amendment	07/01/1996	1,465,593	4	404,378
Plan amendment	07/01/1997	654,753	5	149,241
Plan amendment	07/01/1998	1,908,808	6	374,262
Plan amendment	07/01/1999	2,441,037	7	423,311
Plan amendment	07/01/2000	1,232,561	8	192,910
Plan amendment	07/01/2001	3,360,135	9	481,996
Plan amendment	07/01/2002	2,073,573	10	275,916
Change in actuarial assumptions	07/01/2004	1,261,073	12	148,385
Plan amendment	07/01/2004	1,362,877	12	160,363
Plan amendment	07/01/2005	782,712	13	87,525
Plan amendment	07/01/2006	2,068,147	14	221,011
Plan amendment	07/01/2007	90,267	15	9,262
Plan amendment	07/01/2008	28,135	1	28,135
Actuarial loss	07/01/2008	698,454	1	698,454
Change in actuarial assumptions	07/01/2008	1,959,796	1	1,959,796
Plan amendment	07/01/2009	129,791	2	67,090
Actuarial loss	07/01/2009	2,870,161	2	1,483,610
Investment loss subject to relief	07/01/2009	34,076,169	16	3,371,237
New York AFL-CIO merger	02/01/2010	715,915	2.42	310,497
Change in actuarial assumptions	07/01/2010	500,522	3	178,247
Actuarial loss	07/01/2010	8,138,608	3	2,898,346
Actuarial loss	07/01/2011	704,431	4	194,362

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Investment loss subject to relief	07/01/2011	4,481,247	16	443,340
Actuarial loss	07/01/2012	440,877	5	100,491
Change in actuarial assumptions	07/01/2012	2,687,154	5	612,497
Ullico merger	07/01/2012	17,230,092	5	3,927,345
Plan amendment	07/01/2013	74,003	6	14,510
Maine AFL-CIO merger	07/01/2013	150,397	6	29,488
Plan amendment (AFL-CIO component)	07/01/2014	12,039,875	7	2,087,886
Plan amendment	07/01/2015	9,813	8	1,536
Change in actuarial assumptions	07/01/2015	2,432,046	8	380,644
Actuarial loss	07/01/2015	5,170,650	8	809,268
Actuarial loss	07/01/2016	5,647,172	9	810,060
Change in actuarial assumptions	07/01/2016	12,309,450	9	1,765,733
Plan amendment	07/01/2017	70,731	10	9,412
Actuarial loss	07/01/2017	2,836,668	10	377,456
Plan amendment	07/01/2018	59,090	11	7,365
Actuarial loss	07/01/2018	5,310,115	11	661,814
Change in actuarial assumptions	07/01/2018	8,889,326	11	1,107,900
Plan amendment	07/01/2019	67,032	12	7,887
Actuarial loss	07/01/2019	1,797,250	12	211,474
Plan amendment	07/01/2020	81,769	13	9,144
Actuarial loss	07/01/2020	3,471,307	13	388,173
Investment loss subject to relief	07/01/2020	5,703,689	27	444,705
Plan amendment (statutory limits)	07/01/2021	20,749	14	2,217
Plan amendment (NABTU component)	07/01/2021	2,808,975	14	300,180
Change in actuarial assumptions	07/01/2021	23,629,823	14	2,525,188

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Investment loss subject to relief	07/01/2021	2,090,507	27	162,993
Plan amendment	07/01/2022	320,256	15	32,862
Investment loss subject to relief	07/01/2022	5,189,841	27	404,641
Total		**$194,101,433**		**$32,007,473**

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Combined base	07/01/2019	$47,398,315	8	$7,418,402
Change in asset method due to funding relief	07/01/2020	2,864,267	28	220,554
Change in actuarial assumptions	07/01/2020	4,546,159	13	508,366
Actuarial gain	07/01/2021	27,039,295	14	2,889,539
Actuarial gain	07/01/2022	12,235,165	15	1,255,472
Total		**$94,083,200**		**$12,292,332**

Section 3: Certificate of Actuarial Valuation

Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$1,250,000 for the year beginning July 1, 2022. The annual administrative expense assumption was based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns. Unrecognized return is equal to the difference between the actual market return and the projected market return and is recognized over a five-year period (ten-year period for years that relief is elected). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at the time the participant would have commenced employment if the Plan had always been in existence. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by covered salary, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K for each component as applicable.
Current Liability Assumptions	*Interest:* 2.27%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2020 (previously, the MP-2019 scale was used).
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 8.3%, for the Plan Year ending June 30, 2022 *On current (market) value of assets (Schedule MB, line 6h):* -4.2%, for the Plan Year ending June 30, 2022
Elections under the American Rescue Plan Act of 2021 (IRC Section 431(b)(8)(F)):	*Extended Amortization of Net Investment Losses per IRC Section 431(b)(8)(A):* The net eligible investment loss for the Plan Year ending June 30, 2020, has been amortized over an extended period, based on the prospective method described in IRS Notice 2021-57. *Expanded Smoothing Period per IRC Section 431(b)(8)(B);* The asset valuation method has been changed as follows: the difference between projected and actual returns for the Plan Year ending June 30, 2020, is recognized over a period of 10 years. The base established due to the initial effect of this change is amortized over 30 years.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.27% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumption was changed: The annual Administrative Expenses were changed from $1,300,000 to $1,250,000.

Exhibit J: Statement of Actuarial Assumptions, Methods, and Models

(Schedule MB, Line 6)

All Components

Mortality Rates	Healthy: Unprojected experience rates (as of 2006) for the RP-2014 White Collar Employee and Healthy Annuitant Mortality Tables projected generationally from 2018 with Scale SSA 2018-2D Disabled: Healthy Table set forward 10 years The underlying tables (projected generationally from 2018 to the valuation year) reasonably reflect the mortality experience of the Plan as of the measurement date. The mortality table was then further adjusted to future years using generational projection (Scale SSA 2018-2D) to reflect future mortality improvement between the measurement date and those years. The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior years' assumption over the most recent ten years.
Description of Weighted Average Retirement Age	Age 62, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in this actuarial valuation.
Future Benefit Accruals	One year of Vesting and Benefit Service annually.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Exclusion of Inactive Vested Participants	No inactive vested participants are excluded from this valuation.
Age of Spouse	Spouses of male participants are three years younger, and spouses of female participants are three years older.
Benefit Election	Married employees are assumed to elect the 50% joint and survivor form of payment and non-married participants are assumed to elect the single life annuity form of payment. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent nine years.

Section 3: Certificate of Actuarial Valuation

Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$1,250,000 for the year beginning July 1, 2022. The annual administrative expense assumption was based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns. Unrecognized return is equal to the difference between the actual market return and the projected market return and is recognized over a five-year period (ten-year period for years that relief is elected). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at the time the participant would have commenced employment if the Plan had always been in existence. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by covered salary, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K for each component as applicable.
Current Liability Assumptions	*Interest:* 2.27%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2020 (previously, the MP-2019 scale was used).
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 8.3%, for the Plan Year ending June 30, 2022 *On current (market) value of assets (Schedule MB, line 6h):* -4.2%, for the Plan Year ending June 30, 2022
Elections under the American Rescue Plan Act of 2021 (IRC Section 431(b)(8)(F)):	*Extended Amortization of Net Investment Losses per IRC Section 431(b)(8)(A):* The net eligible investment loss for the Plan Year ending June 30, 2020, has been amortized over an extended period, based on the prospective method described in IRS Notice 2021-57. *Expanded Smoothing Period per IRC Section 431(b)(8)(B);* The asset valuation method has been changed as follows: the difference between projected and actual returns for the Plan Year ending June 30, 2020, is recognized over a period of 10 years. The base established due to the initial effect of this change is amortized over 30 years.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.27% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumption was changed: The annual Administrative Expenses were changed from $1,300,000 to $1,250,000.

AFL-CIO and NABTU Components Only

Termination Rates

	Rate (%)	
Age	**Disability**	**Withdrawal[1]**
20	0.02%	21.51%
25	0.03	17.05
30	0.04	13.60
35	0.05	10.36
40	0.07	8.18
45	0.12	6.28
50	0.20	5.07
55	0.33	4.82
60	0.54	4.82

[1] For the first year of employment, 8% is added to the withdrawal rate. For the second year of employment, 5% is added to the withdrawal rate. Withdrawal rates are set to zero after first eligibility for an immediate pension.

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

Section 3: Certificate of Actuarial Valuation

Retirement Rates

Rates of retirement for active employees:

Age	Annual Retirement Rates
50 – 54	25%
55 – 60	20
61	15
62	25
63-64	18
65	25
66 - 69	25
70	100

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

Retirement Age for Inactive Vested Participants

65

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

Severance Benefit

25% of eligible active participants elect a lump sum payment in lieu of a deferred or immediate annuity. Actuarial equivalence interest rate based on 1% for one year, 2.5% for four years, and 4% for each year thereafter. Mortality is 1971 GAM table, blended 50% male / 50% female.

Definition of Active Participants

Active participants are defined as those projected to work at least 1,000 hours in the most recent year.

Section 3: Certificate of Actuarial Valuation

Salary Scale

Sample rates of increase shown below:

Age	Salary at age 65 as percent of salary at age shown	Annual Increase
25	528.6%	9.5%
30	345.4	5.4
35	267.0	4.9
40	211.3	4.3
45	174.3	3.1
50	149.3	2.9
55	129.6	2.8
60	113.5	2.6
65	100.0	2.5

The salary increase assumption is based on a review of the assumed rate compared to recent historical experience, advice from the Trustees and Plan Administrator, and professional judgment. It reflects a reasonable expectation for the future.

Percent Married

70% for males and 40% for females

Medicare Part B Premiums

Actual 2022 and 2023 premiums used. Premium assumed to increase at 5.0% for each Plan Year thereafter.

Ullico Component Only

Retirement Rates

Rates of retirement for active employees:

Age	Annual Retirement Rates
55 - 61	6%
62	15
63 - 64	10
65	35
66 – 69	17
70	100

Rates of retirement for inactive vested participants:

Age	Annual Retirement Rates
55-59	5%
60-61	8
62-64	25
65	100

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

Salary Scale

Sample rates of increase shown below:

Age	Salary at age 65 as percent of salary at age shown	Annual Increase
25	416.8%	5.47%
30	323.3	4.84
35	258.0	4.30
40	210.9	3.84
45	176.0	3.47
50	149.3	3.18
55	128.6	2.64
60	113.2	2.53
65	100.0	2.50

The salary increase assumption is based on a review of the assumed rate compared to recent historical experience, advice from the Trustees and Plan Administrator, and professional judgment. It reflects a reasonable expectation for the future.

Section 3: Certificate of Actuarial Valuation

Termination Rates

Age	Withdrawal
20	12.94%
30	12.67
40	12.30
50	11.71
60	10.75
70	9.35
80	7.22
90	4.55

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

Percent Married	65% for males and 40% for females
Incentive Compensation	Equal to the average of the previous three years. Salary scale applies to this average until the projected incentive compensation exceeds the $100,000 limit.

Schedule MB, Line 6f(1) – Description of Withdrawal Liability Interest Rate

Withdrawal liability assumptions

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations. The first calculation uses discount rates selected based on estimated annuity purchase rates available for benefits being settled, because withdrawal liability is a final settlement of an employer's obligation to the Plan. The second calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets. For benefits that could be settled immediately, because assets on hand are sufficient, the first calculation is used: annuity purchase rates promulgated by PBGC under ERISA Sec. 4044 for multiemployer plans terminating by mass withdrawal on the measurement date. For benefits that cannot be settled immediately because they are not currently funded, the calculation uses the second calculation: the interest rate used for plan funding calculations.

Interest	For liabilities up to market value of assets, 2.40% for 20 years and 2.12% beyond (1.82% for 20 years and 1.68% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of July 1, 2022 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of July 1, 2022 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of July 1, 2022 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2022	$1,815,842	$1,614,840	$49,516,913	$52,947,595
2023	3,393,563	2,245,591	48,611,922	54,251,076
2024	4,935,588	3,019,956	47,717,644	55,673,188
2025	6,425,173	3,639,499	46,784,974	56,849,646
2026	7,776,338	4,511,991	45,740,729	58,029,058
2027	9,107,142	5,387,881	44,652,559	59,147,582
2028	10,311,258	6,054,189	43,490,812	59,856,259
2029	11,408,657	6,734,255	42,265,291	60,408,203
2030	12,457,170	7,586,036	40,965,878	61,009,084
2031	13,376,757	8,237,002	39,601,702	61,215,461
2032	14,340,881	8,637,201	38,149,259	61,127,341
2033	15,144,739	8,936,358	36,622,059	60,703,156
2034	15,881,824	9,482,962	35,062,244	60,427,030
2035	16,503,513	9,749,820	33,441,163	59,694,496
2036	17,097,466	10,051,396	31,773,739	58,922,601
2037	17,636,092	10,114,053	30,053,785	57,803,930
2038	18,084,073	10,137,451	28,296,442	56,517,966
2039	18,493,054	10,086,515	26,512,031	55,091,600

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2040	$18,756,654	$10,050,880	$24,712,332	$53,519,866
2041	18,969,312	10,009,849	22,914,399	51,893,560
2042	19,048,804	9,918,386	21,123,880	50,091,070
2043	19,110,697	9,815,263	19,358,763	48,284,723
2044	19,123,704	9,850,449	17,632,872	46,607,025
2045	19,008,340	9,871,130	15,959,558	44,839,028
2046	18,870,800	9,709,181	14,354,974	42,934,955
2047	18,623,111	9,425,020	12,828,484	40,876,615
2048	18,450,162	9,196,523	11,382,926	39,029,611
2049	18,087,650	8,932,637	10,037,962	37,058,249
2050	17,687,015	8,558,732	8,786,368	35,032,115
2051	17,188,523	8,204,220	7,638,103	33,030,846
2052	16,594,319	7,783,147	6,594,856	30,972,322
2053	16,012,110	7,404,294	5,656,371	29,072,775
2054	15,364,652	7,018,004	4,820,573	27,203,229
2055	14,711,500	6,571,603	4,083,706	25,366,809
2056	14,014,388	6,143,912	3,440,461	23,598,761
2057	13,291,635	5,714,515	2,884,367	21,890,517

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2058	$12,529,859	$5,284,288	$2,408,181	$20,222,328
2059	11,798,541	4,860,631	2,004,222	18,663,394
2060	11,035,168	4,457,394	1,664,657	17,157,219
2061	10,289,680	4,079,762	1,381,740	15,751,182
2062	9,550,824	3,721,260	1,159,735	14,431,819
2063	8,823,343	3,385,659	968,489	13,177,491
2064	8,113,191	3,072,624	812,719	11,998,534
2065	7,427,866	2,781,530	686,525	10,895,921
2066	6,771,604	2,511,535	584,678	9,867,817
2067	6,146,758	2,261,646	502,637	8,911,041
2068	5,555,350	2,030,766	436,477	8,022,593
2069	4,998,832	1,817,774	382,903	7,199,509
2070	4,478,154	1,621,536	339,205	6,438,895
2071	3,993,787	1,440,954	303,194	5,737,935

This assumes the following:

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

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	$21,489,454	-	$21,489,454
2023	$21,732,173	-	$21,732,173
2024	$21,977,412	-	$21,977,412
2025	$22,225,461	-	$22,225,461
2026	$22,553,921	-	$22,553,921
2027	$22,866,566	-	$22,866,566
2028	$23,224,054	-	$23,224,054
2029	$23,582,415	-	$23,582,415
2030	$23,964,773	-	$23,964,773
2031	$24,395,060	-	$24,395,060

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

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
[ ] a single-employer plan [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] 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 STAFF RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1964

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 STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIA

815 16TH STREET, NW, ROOM 703

WASHINGTON DC 20006-4104

2b Employer Identification Number (EIN) 53-0228172

2c Plan Sponsor's telephone number 202-637-3901

2d Business code (see instructions) 813930

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

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

SIGN HERE	Signature of plan administrator	04/04/2024 Date	ELIZABETH SHULER Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	04/04/2024 Date	FREDRICK D. REDMOND Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2022)**
v. 220413

218401 12-08-22

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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

5 Total number of participants at the beginning of the plan year	**5**	4,156
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)**	1,054
a (2) Total number of active participants at the end of the plan year	**6a(2)**	1,116
b Retired or separated participants receiving benefits	**6b**	1,693
c Other retired or separated participants entitled to future benefits	**6c**	1,222
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	4,031
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	215
f Total. Add lines **6d** and **6e**	**6f**	4,246
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	45

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

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

AFL-CIO STAFF RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2023

Form 5500, Schedule H, Line 4j

EIN 53-0228172
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	GOLDMAN FINANCIAL SQUARE GOVT-A FD#465	$ 21,431,869	N/A	N/A	N/A	$ 21,431,869	$ 21,431,869	N/A
	GOLDMAN FINANCIAL SQUARE GOVT-A FD#465	N/A	$ 20,970,675	N/A	N/A	20,970,675	20,970,675	$ -

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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

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

A Name of plan
AFL-CIO STAFF RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMERICAN FEDERATION OF LABOR & CONGRESS OF INDUSTRIAL ORGANIZATIONS

D Employer Identification Number (EIN)
53-0228172

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

1a Enter the valuation date: Month 07 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	1b(1)	685,273,102
(2)	Actuarial value of assets for funding standard account	1b(2)	701,450,987
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	773,073,536
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	1c(2)(a)	
(b)	Accrued liability under entry age normal method	1c(2)(b)	
(c)	Normal cost under entry age normal method	1c(2)(c)	
(3)	Accrued liability under unit credit cost method	1c(3)	743,898,903
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
(a)	Current liability	1d(2)(a)	1,321,301,830
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	31,141,592
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	53,295,541
(3)	Expected plan disbursements for the plan year	1d(3)	54,591,956

Statement by Enrolled Actuary

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

SIGN HERE DEBORAH J. MARCOTTE DJM — 04/12/2024

Signature of actuary — Date

DEBORAH J. MARCOTTE — 2305560

Type or print name of actuary — Most recent enrollment number

SEGAL — 202-833-6400

Firm name — Telephone number (including area code)

1800 M STREET, N.W., SUITE 900 S
WASHINGTON DC 20036-5880

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	685,273,102
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1,830	727,504,995
(2) For terminated vested participants		1,293	201,953,853
(3) For active participants:			
(a) Non-vested benefits			58,525,792
(b) Vested benefits			333,317,190
(c) Total active		995	391,842,982
(4) Total		4,118	1,321,301,830
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	51.86 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
08/31/2022	2,103,771	0			
09/30/2022	1,794,064	0			
10/31/2022	2,083,459	0			
11/30/2022	1,990,144	0			
12/31/2022	1,958,691	0			
01/31/2023	1,954,763	0			
02/28/2023	2,076,156	0			
03/31/2023	2,002,535	0			
04/30/2023	2,384,162	0			
05/31/2023	2,076,895	0			
06/30/2023	2,006,342	0			
06/30/2023	2,428,734	0			
			Totals ► **3(b)**	24,859,716	**3(c)** 0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	94.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method — **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a** 2.27 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	4.38 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	8.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-4.2 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1,250,000
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-12,235,165	-1,255,472
3	320,256	32,862
8	5,189,841	404,641

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	10,161,817
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	194,101,433	32,007,473
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	2,951,850
e Total charges. Add lines 9a through 9d		**9e**	45,121,140
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	28,395,684
g Employer contributions. Total from column (b) of line 3		**9g**	24,859,716
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	94,083,200	12,292,332
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	3,489,537
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	135,202,990	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	502,264,927	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	69,037,269
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	23,916,129
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			[X] Yes [ ] No