

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan AFL-CIO 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.	04/10/2025	ELIZABETH SHULER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/10/2025	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 ☒ 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 4246
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1116 6a(2) 1161 6b 1742 6c 1183 6d 4086 6e 206 6f 4292 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
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.
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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	4292	07/01/2023	06/30/2024

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 75350	(b) Total amount of fees paid 700930
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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	
75350	700930	COMMISSIONS AND ASSET MANAGEMENT FEES	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

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	(c) Amount	(d) Purpose	

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(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	83966145

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
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.
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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	4292	07/01/2023	06/30/2024

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 0	(b) Total amount of fees paid 2205
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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	
	2205	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** 310172**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

A Name of plan 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) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 676367987
(2) Actuarial value of assets for funding standard account	1b(2) 717368341
c (1) Accrued liability for plan using immediate gain methods	1c(1) 792703025
(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) 761407611
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) 1238360514
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 29350531
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 55064785
(3) Expected plan disbursements for the plan year	1d(3) 56568626

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	04/07/2025
Signature of actuary STEVEN R. LOOMIS	Date 23-06253
Type or print name of actuary SEGAL	Most recent enrollment number 216-687-4435
Firm name 1111 SUPERIOR AVENUE, SUITE 2340, CLEVELAND, OH 44114-2568	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	676191362
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1894	703697955
(2) For terminated vested participants	1264	180975214
(3) For active participants:		
(a) Non-vested benefits		53015885
(b) Vested benefits		300671460
(c) Total active	1039	353687345
(4) Total	4197	1238360514
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	54.60 %

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
08/31/2023	1909539	0	01/31/2024	2453297	0
09/30/2023	2119749	0	02/29/2024	2163709	0
10/31/2023	2383391	0	03/31/2024	2187391	0
11/30/2023	1950937	0	04/30/2024	2417441	0
12/31/2023	2385633	0	05/31/2024	2405375	0
		Totals ▶	3(b)	27431513	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, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

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
06/30/2024	2619434	0			
06/30/2024	2435617	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, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	2.85 %
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	4.79 %	☐ 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		6.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h		2.9 %	
i Expense load included in normal cost reported in line 9b	6i		☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		1450000	
(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	6253358	641668
3	479974	49251
4	1238742	127110

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	11198184

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		%
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☐ No ☐ N/A		Post-retirement ☐ Yes ☐ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)		
(2) Females	6c(2)		
d Valuation liability interest rate	6d	%	%
e Salary scale	6e	%	☐ N/A
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	%	
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)		
(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
8	5354431	423155

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	
b Employer's normal cost for plan year as of valuation date	9b	

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)		
9c(2)	186767043	30562275
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 2923232**e** Total charges. Add lines 9a through 9d**9e** 44683691**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 23916129**g** Employer contributions. Total from column (b) of line 3**9g** 27431513**h** Amortization credits as of valuation date

	Outstanding balance	
9h	87516230	12292333

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3231400**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	162050806	
9j(2)	414151644	
9j(3)		

k (1) Waived funding deficiency**(2)** Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 66871375**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 22187684**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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).....

☒

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 TEMPLETON100 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

LANDMARK EQUITY ADVISORS, LLC

06-1519082

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

SIGULAR GUFF ADVISORS, LLC

13-3855629

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

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

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

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

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

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

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

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	938930	Yes ☐ No ☒	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	671506	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DANA INVESTMENT ADVISORS, INC

39-1512278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	311731	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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	307586	Yes ☐ No ☒	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	NONE	130475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 68	NONE	123465	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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	85774	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	75102	Yes ☐ No ☒	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	42217	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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	21598	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

(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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>AFL-CIO STAFF RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
---	--

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AFL-CIO STAFF RETIREMENT PLAN CONGRESS OF INDUSTRIAL ORGANIZATIONS</u>	D Employer Identification Number (EIN) <u>53-0228172</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: ALF-CIO BULDING INVESTMENT TRUST

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

c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54986542</u>
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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 <u>20-8434730-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3787</u>
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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 <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5450214</u>
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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 <u>13-1423090-201</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59634194</u>
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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 <u>13-1423090-203</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24331951</u>
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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 <u>25-6078093-340</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>238078990</u>
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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 <u>74-3178242-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29574922</u>
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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) 29045366
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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) 26244272
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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 2023 This Form is Open to Public Inspection
	For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
	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)	2428734	2435617
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	556561	503741
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7603874	9663483
(2) U.S. Government securities	1c(2)	3	2
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	44021701	52125442
(5) Partnership/joint venture interests	1c(5)	65267973	54814792
(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)	302647255	324763805
(10) Value of interest in pooled separate accounts.....	1c(10)	78438320	83966145
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)	54613815	58620288
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	120808862	126081579
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	438774	310172
(15) Other.....	1c(15)	69491	60964

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	676895363	713346030
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	704001	1013693
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	704001	1013693
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	676191362	712332337

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)	27397495	
(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)		27397495
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	219708	
(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)	11737	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		231445
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	727816	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4861475	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5589291
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	12167632	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7915143	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		4252489
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2009053	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		45240016
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		6228756
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		5426186
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1229617
c Other income	2c		34018
d Total income. Add all income amounts in column (b) and enter total	2d		93620260

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53088869	
(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)		53088869
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	307586	
(3) Recordkeeping fees.....	2i(3)	11774	
(4) IQPA audit fees.....	2i(4)	74000	
(5) Investment advisory and investment management fees	2i(5)	2079105	
(6) Bank or trust company trustee/custodial fees	2i(6)	18386	
(7) Actuarial fees	2i(7)	813930	
(8) Legal fees	2i(8)	130475	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	955160	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4390416
j Total expenses. Add all expense amounts in column (b) and enter total	2j		57479285

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36140975
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		147587562
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 535172.

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
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 5
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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 6672617

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 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 ☒ Other (specify): 24% OF SALARY

a Name of contributing employer SOLIDARITY CENTER

b EIN 52-1984713

c Dollar amount contributed by employer 4776844

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 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 ☒ Other (specify): 24% OF SALARY

a Name of contributing employer AFL-CIO HIT

b EIN 52-6220193

c Dollar amount contributed by employer 2065630

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 2028

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 ULLICO

b EIN 13-1423090

c Dollar amount contributed by employer 2641518

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 ☒ 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 1382959

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 ☒ Other (specify): 24% OF SALARY

a Name of contributing employer UNION PRIVILEGE BENEFITS PROGRAM

b EIN 52-1457836

c Dollar amount contributed by employer 1009704

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 ☒ 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 **1242815**

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 **823155**

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 **COALITION OF KAISER PERMANENTE UNIO**

b EIN **83-0817412**

c Dollar amount contributed by employer **555333**

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 **01** 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 ☒ 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 **616674**

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: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year	15a
b	The corresponding number for the second preceding plan year	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐
19	If the total number of participants is 1,000 or more, complete lines (a) and (b):
a	Enter the percentage of plan assets held as: Public Equity: <u>47.7</u> % Private Equity: <u>1.4</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>10.0</u> % High-Yield Debt: <u>1.2</u> % Real Assets: <u>15.6</u> % Cash or Cash Equivalents: <u>1.4</u> % Other: <u>22.7</u> %
b	Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.
a	Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No
b	If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a	Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No
21b	If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
22	If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.



AFL-CIO STAFF RETIREMENT PLAN

FINANCIAL STATEMENTS

JUNE 30, 2024





AFL-CIO STAFF RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED JUNE 30, 2024 AND 2023

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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, 2024 and 2023, 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, 2023, 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, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2023, 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.

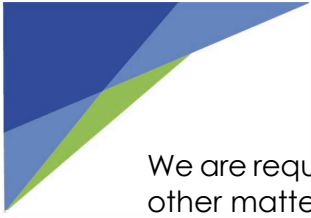
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining 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
March 31, 2025

AFL-CIO STAFF RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value		
Interest bearing cash	\$ 9,663,483	\$ 7,603,874
U.S. Government and government agency securities	2	3
Common stock	52,125,442	44,021,701
Registered investment companies	126,081,579	120,808,862
Common/collective trusts	324,763,805	302,647,255
Pooled separate accounts	83,966,145	78,438,320
Fixed income accumulation investments	310,172	438,774
Hedge fund	60,964	69,491
103-12 investment entities	58,620,288	54,613,815
Limited partnerships	54,814,792	65,267,973
Total investments	<u>710,406,672</u>	<u>673,910,068</u>
Receivables		
Accrued interest and dividends	503,741	509,937
Due from investment brokers for pending sales	-	21,624
Employer contributions	2,435,617	2,428,734
Total receivables	<u>2,939,358</u>	<u>2,960,295</u>
Prepaid expenses	-	25,000
Total assets	<u>713,346,030</u>	<u>676,895,363</u>
Liabilities		
Accounts payable, accrued expenses, and other liabilities	1,013,693	704,001
Total liabilities	<u>1,013,693</u>	<u>704,001</u>
Net assets available for benefits	<u>\$ 712,332,337</u>	<u>\$ 676,191,362</u>

See accompanying notes to financial statements.

AFL-CIO STAFF RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Interest	\$ 231,445	\$ 561,310
Dividends	5,589,291	4,437,633
Net appreciation in fair value of investments	<u>60,368,011</u>	<u>16,675,401</u>
	66,188,747	21,674,344
Less: investment expenses	<u>(2,079,105)</u>	<u>(1,886,886)</u>
Investment income - net	64,109,642	19,787,458
Contributions	27,397,495	24,825,695
Other	<u>34,018</u>	<u>34,018</u>
Total additions	<u>91,541,155</u>	<u>44,647,171</u>
Deductions		
Payments to pensioners	52,601,884	50,919,037
Lump sum payments to participants withdrawing during the year	486,985	1,141,817
Administrative expenses		
Actuarial services	813,930	612,734
Administrative services	307,586	301,767
Other professional services	216,249	153,868
PBGC insurance	148,610	132,992
Unrelated business income tax	714,450	346,849
Other	<u>110,486</u>	<u>119,847</u>
Total deductions	<u>55,400,180</u>	<u>53,728,911</u>
Net change	36,140,975	(9,081,740)
Net assets available for benefits		
Beginning of year	<u>676,191,362</u>	<u>685,273,102</u>
End of year	<u>\$ 712,332,337</u>	<u>\$ 676,191,362</u>

See accompanying notes to financial statements.



AFL-CIO STAFF RETIREMENT PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

JUNE 30, 2023

Actuarial present value of accumulated plan benefits

Vested benefits

Participants currently receiving payments	\$ 494,097,396
Other vested benefits	<u>243,451,098</u>
Total vested benefits	737,548,494

Nonvested benefits	<u>23,859,117</u>
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Total actuarial present value of accumulated plan benefits as of June 30, 2023 actuarial valuation	<u>\$ 761,407,611</u>
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AFL-CIO STAFF RETIREMENT PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEAR ENDED JUNE 30, 2023

Actuarial present value of accumulated plan benefits, July 1, 2022	\$ <u>743,898,903</u>
Benefits accumulated, net of experience gain or loss, changes in data	19,191,130
Plan amendments	160,482
Changes in actuarial assumptions	(32,843)
Interest	50,250,793
Benefits paid	<u>(52,060,854)</u>
Net change	<u>17,508,708</u>
Actuarial present value of accumulated plan benefits, June 30, 2023	\$ <u>761,407,611</u>



AFL-CIO STAFF RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2024 AND 2023

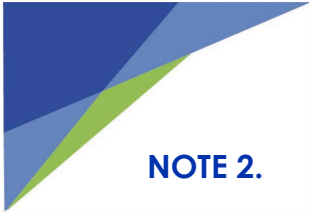
NOTE 1. DESCRIPTION OF THE PLAN

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.

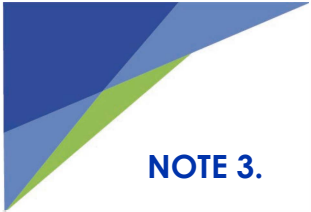
The Plan's investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. In addition, due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will 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 generally represent amounts received during July 2024 and 2023, attributed to contributions for June 2024 and 2023, respectively. No allowance for uncollectible contributions receivable (expected credit loss) is deemed necessary for the years ended June 30, 2024 and 2023.

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.

New Accounting Pronouncement Adopted - During the year ended June 30, 2024, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The ASU requires nonprofit entities to immediately recognize the estimated expected credit losses over the life of a financial instrument, including contributions receivables. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

The Plan adopted the ASU effective July 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.



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.

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, 2024 and 2023:

- 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% of pay.
- Contributions for the NABTU component of the Plan were 21.0% of pay.

Contributions for the fiscal years ended June 30, 2024 and 2023 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, 2023 were for both components, unless otherwise noted:

- Net investment return of 7.00%;
- Annual administrative expenses of \$1,450,000 for the year beginning July 1, 2023;
- Entry age normal actuarial cost method; and
- Retirement rates.

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

2023

<u>AFL-CIO and NABTU Component</u>		<u>ULLICO Inc. Component (Active)</u>	
<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
50 - 54	25%	55 - 61	6%
55 - 60	20	62	15
61	15	63 - 64	10
62	25	65	35
63 - 64	18	66 - 69	17
65	25	70	100
66 - 69	25		
70	100		

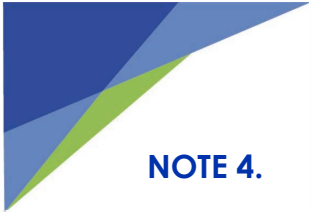
ULLICO Inc. Component (Inactive)

<u>Age</u>	<u>Rate</u>
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, 2024 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, 2024 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended. As permitted by Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), the complete financial status is presented as of June 30, 2023.



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, 2023 valuation:

- Current liability interest rate was changed from 2.27% to 2.85% 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 \$1,250,000 to \$1,450,000.
- The salary scales were changed.
- The Ullico component female percent married was changed from 40% to 30%.

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)

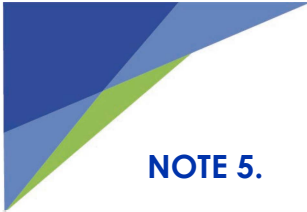
The following tables set forth by level within the fair value hierarchy, the Plan's investment assets at fair value as of June 30, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement:

Description	June 30, 2024 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stock	\$ 52,125,442	\$ 42,369,662	\$ -	\$ 9,755,780
U.S. Government and government agency securities	2	2	-	-
Registered investment companies	111,215,391	111,215,391	-	-
Fixed income accumulation investments	310,172	-	310,172	-
Interest bearing cash	9,663,483	9,663,483	-	-
Total	173,314,490	<u>\$ 163,248,538</u>	<u>\$ 310,172</u>	<u>\$ 9,755,780</u>
Investments measured at net asset value*	<u>537,092,182</u>			
Total	<u>\$ 710,406,672</u>			

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	<u>\$ 149,676,924</u>	<u>\$ 438,774</u>	<u>\$ 7,856,247</u>
Investments measured at net asset value*	<u>515,938,123</u>			
Total	<u>\$ 673,910,068</u>			

*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 34% and 32% of the Plan's investments as of June 30, 2024 and 2023, 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, 2024 and 2023.

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, 2024 and 2023.

	Beginning Balance June 30, 2023	Net Gains/ (Losses)	Sale Proceeds	Purchases	Ending Balance June 30, 2024
Changes in Level 3 Category					
Common stock	\$ 7,856,247	\$ 1,899,533	\$ -	\$ -	\$ 9,755,780

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

The amount of total gains or losses for the years ended June 30, 2024 and 2023 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 \$1,899,533 and \$-0-, respectively.

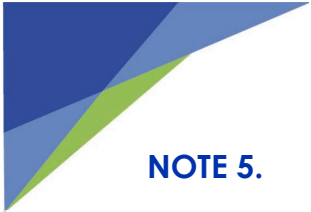
Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon NAV per share of the investment. This guidance does not apply if it is probable that the investment will 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, 2024 by investment strategy:

	Fair Value (in millions)	Unfunded Commitments (in millions)	Redemption Frequency	Redemption Notice Period
a. Hedge fund	\$ 0.06	\$ -	Quarterly	90 days
b. Common/collective trusts	324.76	-	Daily/Quarterly	1, 3 or 30 days
c. Pooled separate accounts	83.97	-	Monthly	60 days
d. Registered investment company	14.87	-	Monthly/Weekly	15 days/10 days
e. 103-12 investment entities	58.62	-	Daily	30 days
f. Limited partnerships	54.81	11.90	Quarterly/No redemptions	90 days/No redemptions
	<u>\$ 537.09</u>			



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. \$.88 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. \$6.59 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. \$25.21 million in an investment that invests in pooled investment vehicles and direct investments primarily focused on buyout, recapitalization, and growth equity transactions. \$22.13 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.

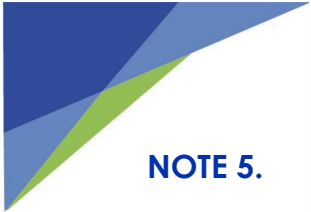
NOTE 5. INVESTMENTS (CONTINUED)

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as fair value measurement as of June 30, 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 company	14.90	-	Monthly/Weekly	15 days/10 days
e. 103-12 investment entities	54.61	-	Daily	30 days
f. Limited partnerships	<u>65.27</u>	15.34	Quarterly/No redemptions	90 days/No redemptions
	<u>\$ 515.94</u>			

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. \$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



NOTE 5. INVESTMENTS (CONTINUED)

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.

The Plan has no intentions to liquidate any of the investments valued at NAV as of June 30, 2024.

NOTE 6. INCOME TAXES

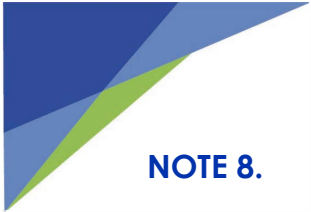
The Plan obtained its latest determination letter on November 13, 2015 in which the Internal Revenue Service stated that the Plan, as amended through letter dated December 17, 2014, was a qualified plan under the provisions of the Internal Revenue Code (IRC) Section 401(a). The Plan has been amended 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, 2024 and 2023, 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, 2024, the statute of limitations for tax years 2020 through 2022 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, 2024, approximately \$18,300,000 has been funded. The termination date of this limited partnership is in 2024.

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.

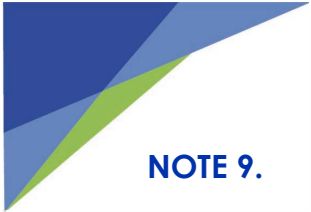
The Plan has invested in the Siguler Guff Small Buyout Opportunities Fund III, LP. The Siguler Guff Small Buyout Opportunities Fund III, LP seeks to provide superior capital appreciation through investments in private equity, while reducing risk by constructing a diverse portfolio of externally managed 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, 2024, approximately \$31,500,000 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, 2024, approximately \$25,920,000 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

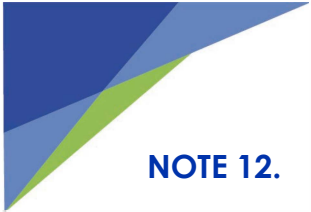
Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions 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, 2024:

Additions per financial statements	\$ 91,541,155
Add: investment expenses	<u>2,079,105</u>
Income for Form 5500	<u>\$ 93,620,260</u>

A reconciliation of deductions per the financial statements to expenses per the Form 5500 for the year ended June 30, 2024:

Deductions per financial statements	\$ 55,400,180
Add: investment expenses	<u>2,079,105</u>
Expenses per Form 5500	<u>\$ 57,479,285</u>

NOTE 13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through March 31, 2025, 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, other than the event discussed below.

On June 3, 2024, the Trustees adopted a Plan amendment, with an effective date of July 1, 2024, facilitating permissive final average salary updates at the election of each participating employer in the AFL-CIO Component of the Plan, subject to approval by the Trustees. The election by participating employers would require a supplement] payment, calculated by the Plan's actuary. As participating employers make the election to update final average salary and payments are made to the Plan, revenue will be included in the respective plan year.

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

This portion of the exhibit summarizes the major provisions of the AFL-CIO and NABTU components 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: \$265,000 per year for benefits commencing at ages 62 to 65.

Section 3: Certificate of Actuarial Valuation

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:**
 1. 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. 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 “Rule of 80” pension

- **Age Requirement:** 50
- **Service Requirement:** Age plus service must equal 80 or more.
- **Amount:** Normal Retirement Pension accrued.

Early retirement pension

- **Age Requirement:** 60
- **Service Requirement:** 10 years.
- **Amount:** Normal Retirement Pension accrued.

Disability pension

- **Age Requirement:** None
- **Service Requirement:** 3 years.

Section 3: Certificate of Actuarial Valuation

- **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 (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.

Section 3: Certificate of Actuarial Valuation

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.

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 (\$164.90 for 2023 and \$179.07 for 2024) 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.

Section 3: Certificate of Actuarial Valuation

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: 25.7% of salary, effective July 1, 2023

Changes in plan provisions

The IRC Section 401(a)(17) limit for compensation increased from \$305,000 to \$330,000.

The IRC Section 415(b) dollar limit increased from \$245,000 to \$265,000.

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:**
 1. 2% of final average compensation per year of service until December 31, 2014, to a maximum of 35 years. 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
 2. 1.5% of covered compensation for service after December 31, 2014.
- 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.

Section 3: Certificate of Actuarial Valuation

- 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

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.

Section 3: Certificate of Actuarial Valuation

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:

1. 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.
2. Spouse was married to participant for at least one year prior to the participant's death.
3. 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)

Section 3: Certificate of Actuarial Valuation

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.

Changes in plan provisions

The IRC Section 401(a)(17) limit for compensation increased from \$305,000 to \$330,000.

The IRC Section 415(b) dollar limit increased from \$245,000 to \$265,000.

AFL-CIO STAFF RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2024

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					(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	Interest bearing cash							
	AMALGAMATED BANK OF CHICAGO CHECKING	Cash	N/A	N/A	Varies	\$ 8,348,251	\$ 8,293,543	\$ 8,293,543
	DREYFUS INSTITUTIONAL CASH ADVANTAGE	STIF	N/A	N/A	Varies	59,428	59,428	59,428
	GOLDMAN FINANCIAL SQUARE GOVT-A FD#465	STIF	N/A	N/A	Varies	1,310,512	1,310,512	1,310,512
	Total interest bearing cash						9,663,483	9,663,483
	U.S. Government and government agency securities							
	FHLM C POOL #G01336 7.5%	Bond	N/A	07/01/28	7.500	2	2	2
	Total U.S. Government and government agency securities						2	2
	Common stock							
*	UNION LABOR LIFE INSURANCE COMPANY COMMON STOCK	Stock	N/A	N/A	N/A	250,598	6,934,000	9,755,780
	AECOM TECHNOLOGY COMMON STOCK	Stock	N/A	N/A	N/A	6,960	215,684	613,454
	AIR LEASE CORPORATION COMMON STOCK	Stock	N/A	N/A	N/A	14,001	468,933	665,468
	AMEREN CORPORATION COMMON STOCK	Stock	N/A	N/A	N/A	2,661	85,745	189,224
	ELEVANCE HEALTH INC COMMON STOCK	Stock	N/A	N/A	N/A	1,707	104,004	924,955
	ARROW ELECTRONICS INC COMMON STOCK	Stock	N/A	N/A	N/A	4,550	185,626	549,458
	AUTONATION INC COMMON STOCK	Stock	N/A	N/A	N/A	4,647	146,814	740,639
	BUILDERS FIRSTSOURCE INC COMMON STOCK	Stock	N/A	N/A	N/A	5,909	255,685	817,865
	CBRE GROUP INC COMMON STOCK	Stock	N/A	N/A	N/A	6,289	287,223	560,413
	THE CIGNA GROUP COMMON STOCK	Stock	N/A	N/A	N/A	2,384	105,982	788,079
	CAPITAL ONE FINANCIAL CO COMMON STOCK	Stock	N/A	N/A	N/A	3,253	124,391	450,378
	CATHAY GENERAL BANCORP COMMON STOCK	Stock	N/A	N/A	N/A	8,703	273,556	328,277
	CELANESE CORP COMMON STOCK	Stock	N/A	N/A	N/A	2,670	164,514	360,156
	CENTERPOINT ENERGY INC COMMON STOCK	Stock	N/A	N/A	N/A	16,879	397,775	522,911
	COPT DEFENCE PROPERTIES COMMON STOCK	Stock	N/A	N/A	N/A	19,021	473,450	476,096
	DESIGNER BRANDS INC COMMON STOCK	Stock	N/A	N/A	N/A	58,250	781,828	397,848
	DIAMONDBACK ENERGY INC COMMON STOCK	Stock	N/A	N/A	N/A	4,193	318,510	839,397
	DICK'S SPORTING GOODS INC COMMON STOCK	Stock	N/A	N/A	N/A	4,401	165,478	945,555
	DISCOVER FINANCIAL SERVICES COMMON STOCK	Stock	N/A	N/A	N/A	3,960	79,388	518,008
	EAST WEST BANCORP INC COMMON STOCK	Stock	N/A	N/A	N/A	5,718	216,907	418,729
	ELANCO ANIMAL HEALTH INC COMMON STOCK	Stock	N/A	N/A	N/A	42,900	492,526	619,047
	FIFTH THIRD BANCORP COMMON STOCK	Stock	N/A	N/A	N/A	11,978	197,585	437,077
	FIRST AMERICAN FINANCIAL CORP COMMON STOCK	Stock	N/A	N/A	N/A	6,357	237,010	342,960
	FOOT LOCKER INC COMMON STOCK	Stock	N/A	N/A	N/A	19,640	612,931	489,429
	FULTON FINANCIAL CORP COMMON STOCK	Stock	N/A	N/A	N/A	30,899	413,812	524,665
	GENTEX CORP	Stock	N/A	N/A	N/A	13,607	205,489	458,692
	HF SINCLAIR CORP COMMON STOCK	Stock	N/A	N/A	N/A	8,637	317,731	460,698
	HEWLETT PACKARD ENTERPRISE COMMON STOCK	Stock	N/A	N/A	N/A	31,035	370,083	657,011
	HOST HOTELS & RESORTS INC	Stock	N/A	N/A	N/A	25,063	410,130	450,633
	HUMANA INC COMMON STOCK	Stock	N/A	N/A	N/A	1,218	110,235	455,106
	HUNTINGTON BANCSHARES INC COMMON STOCK	Stock	N/A	N/A	N/A	23,807	248,197	313,776
	INGREDION INC COMMON STOCK	Stock	N/A	N/A	N/A	4,290	459,994	492,063
	JABIL INC COMMON STOCK	Stock	N/A	N/A	N/A	6,692	163,780	728,023
	JETBLUE AIRWAYS COMMON STOCK	Stock	N/A	N/A	N/A	43,831	658,980	266,931
	JONES LANG LASALLE INC COMMON STOCK	Stock	N/A	N/A	N/A	2,827	364,796	580,327
	JUNIPER NETWORKS INC COMMON STOCK	Stock	N/A	N/A	N/A	15,372	402,635	560,463
	KEYCORP BANCSHARES COMMON STOCK	Stock	N/A	N/A	N/A	20,928	216,328	297,387
	KUICK & SOFFA INDUSTRIES INC COMMON STOCK	Stock	N/A	N/A	N/A	7,950	424,812	391,061
	LABCORP HLDGS INC COMMON STOCK	Stock	N/A	N/A	N/A	1,558	201,028	317,069
	LEAR CORPORATION COMMON STOCK	Stock	N/A	N/A	N/A	2,706	193,109	309,052
	LUMENTUM HOLDINGS INC COMMON STOCK	Stock	N/A	N/A	N/A	11,918	678,875	606,865
	M&T BANK CORPORATION COMMON STOCK	Stock	N/A	N/A	N/A	2,408	234,741	364,475
	MACY'S INC COMMON STOCK	Stock	N/A	N/A	N/A	40,103	654,200	769,978
	MASTEC INC COMMON STOCK	Stock	N/A	N/A	N/A	10,404	561,243	1,113,124
	OGE ENERGY CORP COMMON STOCK	Stock	N/A	N/A	N/A	12,730	450,785	454,461
	O-I GLASS INC COMMON STOCK	Stock	N/A	N/A	N/A	54,430	965,911	605,806
	PATTERSON-UTIL ENERGY INC COMMON STOCK	Stock	N/A	N/A	N/A	41,646	524,796	431,453
	PLEXUS CORP COMMON STOCK	Stock	N/A	N/A	N/A	5,146	412,605	530,964
	PUBLIC SERVICES ENTERPRISES COMMON STOCK	Stock	N/A	N/A	N/A	5,288	184,821	389,726
	QUANTA SERVICES INC COMMON STOCK	Stock	N/A	N/A	N/A	4,601	111,808	1,169,068
	RADIANT GROUP INC COMMON STOCK	Stock	N/A	N/A	N/A	18,733	347,983	582,596
	RALPH LAUREN CORP COMMON STOCK	Stock	N/A	N/A	N/A	3,162	331,222	553,540
	RAYMOND JAMES FINANCIAL INC COMMON STOCK	Stock	N/A	N/A	N/A	5,165	114,365	638,446
	REGIONS FINANCIAL CORP COMMON STOCK	Stock	N/A	N/A	N/A	22,458	184,757	450,058
							24,244,796	38,674,720

AFL-CIO STAFF RETIREMENT PLAN

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

JUNE 30, 2024

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					(d) Cost	(e) Current Value
		Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
	Total forwarded						\$ 24,244,796	\$ 38,674,720
	RELIANCE INC COMMON STOCK	Stock	N/A	N/A	N/A	2,479	159,241	708,002
	RESIDEO TECHNOLOGIES INC COMMON STOCK	Stock	N/A	N/A	N/A	28,995	559,493	567,142
	SL GREEN REALTY CORP COMMON STOCK	Stock	N/A	N/A	N/A	8,784	380,286	497,526
	SCIENCE APPLICATIONS INTL CORP COMMON STOCK	Stock	N/A	N/A	N/A	5,421	512,225	637,239
	SILGAN HOLDINGS INC COMMON STOCK	Stock	N/A	N/A	N/A	13,426	524,965	568,323
	SKYWORKS SOLUTIONS INC COMMON STOCK	Stock	N/A	N/A	N/A	4,697	214,005	500,606
	SOUTHWEST AIRLINES CO COMMON STOCK	Stock	N/A	N/A	N/A	12,775	234,591	365,493
	SPROUTS FMRS MKT INC COMMON STOCK	Stock	N/A	N/A	N/A	14,109	304,222	1,180,359
	STEEL DYNAMICS INC COMMON STOCK	Stock	N/A	N/A	N/A	5,358	200,480	693,861
	STIFEL FINANCIAL CORP COMMON STOCK	Stock	N/A	N/A	N/A	6,740	183,200	568,854
	TAPESTRY INC COMMON STOCK	Stock	N/A	N/A	N/A	15,552	501,757	665,470
	TAYLOR MORRISON HOME CORP COMMON STOCK	Stock	N/A	N/A	N/A	13,696	331,838	759,306
	TEXTRON INC COMMON STOCK	Stock	N/A	N/A	N/A	9,933	517,299	852,847
	US STEEL CORP COMMON STOCK	Stock	N/A	N/A	N/A	17,138	376,275	647,816
	VALERO ENERGY CORP COMMON STOCK	Stock	N/A	N/A	N/A	3,546	87,134	555,871
	VISHAY INTERTECHNOLOGY INC	Stock	N/A	N/A	N/A	22,621	394,584	504,443
	WESTERN DIGITAL CORP COMMON STOCK	Stock	N/A	N/A	N/A	10,035	467,945	760,352
	WESTLAKE CORP COMMON STOCK	Stock	N/A	N/A	N/A	3,918	206,895	567,405
	WILLIAMS SONOMA INC. COM	Stock	N/A	N/A	N/A	3,295	176,861	930,409
	ZOOM VIDEO COMMUNICATIONS INC COMMON STOCK	Stock	N/A	N/A	N/A	15,533	988,596	919,398
	Total common stock						<u>31,566,688</u>	<u>52,125,442</u>
	Value of interest in registered investment companies							
*	AFL-CIO HOUSING INVESTMENT TRUST	RIC	N/A	N/A	N/A	15,502	17,207,197	14,866,188
	VANGUARD DEVELOPED MARKETS INDEX	RIC	N/A	N/A	N/A	2,022,994	26,786,500	32,084,688
	WESTERN ASSET CORE BOND CL IS	RIC	N/A	N/A	N/A	3,042,816	36,307,456	31,888,717
	WESTERN ASSET CORE PLUS BOND CL IS	RIC	N/A	N/A	N/A	2,038,609	23,090,461	18,714,434
	WESTERN ASSET TOTAL RETURN UNCONSTRAINED CL IS	RIC	N/A	N/A	N/A	3,201,745	<u>33,253,783</u>	<u>28,527,552</u>
	Total value of interest in registered investment companies						<u>136,645,397</u>	<u>126,081,579</u>
	Value of interest in common/collective trusts							
*	AFL-CIO BUILDING INVESTMENT TRUST	CCT	N/A	N/A	N/A	10,169	36,274,094	54,986,542
	BNYM MELLON AFL-CIO SL STOCK INDEX FUND OF THE BANK OF NEW YORK MELLON	CCT	N/A	N/A	N/A	13,002,676	133,149,268	238,078,990
	INVESCO GLOBAL ASSET ALLOCATION STRATEGY TRUST	CCT	N/A	N/A	N/A	218,885	24,531,353	26,244,272
	LONGVIEW ULTRA I CONSTRUCTION LOAN INVESTMENT FUND	CCT	N/A	N/A	N/A	13	16,544	3,787
	MULTI-EMPLOYER PROPERTY TRUST	CCT	N/A	N/A	N/A	436	<u>1,128,092</u>	<u>5,450,214</u>
	Total value of interest in common/collective trusts						<u>195,099,351</u>	<u>324,763,805</u>
	Value of interest in pooled separate accounts							
*	UNION LABOR LIFE INSURANCE COMPANY							
	SEPARATE ACCOUNT E	PSA	N/A	N/A	N/A	2,854,793	15,266,477	59,634,194
	SEPARATE ACCOUNT J	PSA	N/A	N/A	N/A	1,332,829	<u>16,768,502</u>	<u>24,331,951</u>
	Total value of interest in pooled separate accounts						<u>32,034,979</u>	<u>83,966,145</u>
	Fixed income accumulation investments							
*	UNION LABOR LIFE INSURANCE COMPANY							
	FIXED INCOME ACCUMULATION ACCOUNT	FIAA	N/A	N/A	N/A	310,172	<u>310,172</u>	<u>310,172</u>
	Hedge fund							
	ENTRUST CAPITAL DIVERSIFIED FUND Ltd.	Hedge Fund	N/A	N/A	N/A	7,902	<u>790,235</u>	<u>60,964</u>
	103-12 investment entities							
*	UNION LABOR LIFE INSURANCE COMPANY							
	ULLICO DIVERSIFIED INTERNATIONAL EQUITY FUND, L.P.	103-12	N/A	N/A	N/A	1,341,291	12,846,427	29,574,922
	ULLICO INFRASTRUCTURE TAX-EXEMPT FUND, L.P.	103-12	N/A	N/A	N/A	102,251	<u>20,740,584</u>	<u>29,045,366</u>
	Total 103-12 investment entities						<u>33,587,011</u>	<u>58,620,288</u>
	Interest in limited partnerships							
	AMERICAN CORE REALTY FUND, LP	LP	N/A	N/A	N/A	55	6,398,412	6,588,439
	VESEY STREET FUND IV, LP	LP	N/A	N/A	N/A	N/A	3,629,779	881,622
	LANDMARK EQUITY PARTNERS XVI, LP	LP	N/A	N/A	N/A	N/A	13,569,973	22,136,072
	SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND III, LP	LP	N/A	N/A	N/A	N/A	<u>24,065,741</u>	<u>25,208,659</u>
	Total interest in limited partnerships						<u>47,663,905</u>	<u>54,814,792</u>
	Total investments						<u>\$ 487,361,223</u>	<u>\$ 710,406,672</u>

* Denotes party-in-interest.

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

Average Compensation and Average Monthly Accrued Benefit

The participant data is for the year ended June 30, 2022

Age		Total	Pension Credits									
			Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 20	Count	-	-	-	-	-	-	-	-	-	-	-
	Avg. Comp.	-	-	-	-	-	-	-	-	-	-	-
	Avg. Mon. Ben.	-	-	-	-	-	-	-	-	-	-	-
20 - 24	Count	11	9	2	-	-	-	-	-	-	-	-
	Avg. Comp.	-	-	-	-	-	-	-	-	-	-	-
	Avg. Mon. Ben.	-	-	-	-	-	-	-	-	-	-	-
25 - 29	Count	74	21	43	10	-	-	-	-	-	-	-
	Avg. Comp.	\$125,837	\$89,315	\$117,688	-	-	-	-	-	-	-	-
	Avg. Mon. Ben.	\$286	\$49	\$324	-	-	-	-	-	-	-	-
30 - 34	Count	96	20	51	22	3	-	-	-	-	-	-
	Avg. Comp.	\$119,138	\$92,974	\$89,205	\$108,836	-	-	-	-	-	-	-
	Avg. Mon. Ben.	\$494	\$83	\$447	\$850	-	-	-	-	-	-	-
35 - 39	Count	103	20	38	21	21	3	-	-	-	-	-
	Avg. Comp.	\$178,414	\$139,633	\$139,751	\$209,157	\$164,821	-	-	-	-	-	-
	Avg. Mon. Ben.	\$956	\$107	\$606	\$1,365	\$1,809	-	-	-	-	-	-
40 - 44	Count	147	26	44	35	26	13	3	-	-	-	-
	Avg. Comp.	\$125,991	\$84,069	\$105,920	\$101,497	\$69,167	-	-	-	-	-	-
	Avg. Mon. Ben.	\$1,475	\$130	\$692	\$1,669	\$2,462	-	-	-	-	-	-
45 - 49	Count	139	18	39	27	15	23	16	1	-	-	-
	Avg. Comp.	\$157,036	-	\$80,531	\$140,974	-	\$133,711	-	-	-	-	-
	Avg. Mon. Ben.	\$2,033	-	\$580	\$1,776	-	\$3,738	-	-	-	-	-
50 - 54	Count	155	9	23	29	31	18	26	13	3	3	-
	Avg. Comp.	\$118,646	-	\$161,282	\$103,714	\$83,462	-	\$102,971	-	-	-	-
	Avg. Mon. Ben.	\$3,170	-	\$714	\$1,850	\$2,661	-	\$5,303	-	-	-	-
55 - 59	Count	133	11	27	22	19	19	19	3	8	4	1
	Avg. Comp.	\$113,270	-	\$75,714	\$139,241	-	-	-	-	-	-	-
	Avg. Mon. Ben.	\$3,067	-	\$668	\$2,545	-	-	-	-	-	-	-
60 - 64	Count	110	4	16	21	13	19	14	7	4	8	4
	Avg. Comp.	\$76,307	-	-	\$80,723	-	-	-	-	-	-	-
	Avg. Mon. Ben.	\$3,417	-	-	\$2,434	-	-	-	-	-	-	-
65 - 69	Count	61	1	9	15	10	11	3	8	-	1	3
	Avg. Comp.	\$303,617	-	-	-	-	-	-	-	-	-	-
	Avg. Mon. Ben.	\$3,538	-	-	-	-	-	-	-	-	-	-
Total	Count	1,039	139	293	204	142	107	82	33	15	16	8
	Avg. Comp.	\$124,450	\$97,937	\$114,593	\$122,796	\$129,318	\$152,464	\$149,661	\$137,032	-	-	-
	Avg. Mon. Ben.	\$2,104	\$104	\$572	\$1,713	\$2,540	\$4,003	\$5,229	\$5,946	-	-	-

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	\$174,281	1	\$174,281
Plan amendment	07/01/1995	152,156	2	78,651
Plan amendment	07/01/1996	1,135,500	3	404,378
Plan amendment	07/01/1997	540,898	4	149,241
Plan amendment	07/01/1998	1,641,964	5	374,261
Plan amendment	07/01/1999	2,158,967	6	423,310
Plan amendment	07/01/2000	1,112,427	7	192,911
Plan amendment	07/01/2001	3,079,609	8	481,996
Plan amendment	07/01/2002	1,923,493	9	275,916
Change in actuarial assumptions	07/01/2004	1,190,576	11	148,385
Plan amendment	07/01/2004	1,286,690	11	160,364
Plan amendment	07/01/2005	743,850	12	87,525
Plan amendment	07/01/2006	1,976,436	13	221,011
Plan amendment	07/01/2007	86,675	14	9,262
Plan amendment	07/01/2009	67,090	1	67,090
Actuarial loss	07/01/2009	1,483,610	1	1,483,610
Investment loss subject to relief	07/01/2009	32,854,278	15	3,371,237
New York AFL-CIO merger	02/01/2010	433,797	1.42	310,497
Change in actuarial assumptions	07/01/2010	344,834	2	178,248
Actuarial loss	07/01/2010	5,607,080	2	2,898,346
Actuarial loss	07/01/2011	545,774	3	194,363
Investment loss subject to relief	07/01/2011	4,320,560	15	443,340
Actuarial loss	07/01/2012	364,213	4	100,492
Change in actuarial assumptions	07/01/2012	2,219,883	4	612,497

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Ullico merger	07/01/2012	14,233,939	4	3,927,345
Plan amendment	07/01/2013	63,658	5	14,510
Maine AFL-CIO merger	07/01/2013	129,373	5	29,489
Plan amendment (AFL-CIO component)	07/01/2014	10,648,628	6	2,087,885
Plan amendment	07/01/2015	8,856	7	1,536
Change in actuarial assumptions	07/01/2015	2,195,000	7	380,644
Actuarial loss	07/01/2015	4,666,679	7	809,269
Actuarial loss	07/01/2016	5,175,710	8	810,060
Change in actuarial assumptions	07/01/2016	11,281,777	8	1,765,733
Plan amendment	07/01/2017	65,611	9	9,412
Actuarial loss	07/01/2017	2,631,357	9	377,456
Plan amendment	07/01/2018	55,346	10	7,365
Actuarial loss	07/01/2018	4,973,682	10	661,813
Change in actuarial assumptions	07/01/2018	8,326,126	10	1,107,900
Plan amendment	07/01/2019	63,285	11	7,887
Actuarial loss	07/01/2019	1,696,780	11	211,474
Plan amendment	07/01/2020	77,709	12	9,144
Actuarial loss	07/01/2020	3,298,953	12	388,173
Investment loss subject to relief	07/01/2020	5,627,113	26	444,705
Plan amendment	07/01/2021	19,829	13	2,217
Investment loss subject to relief	07/01/2021	2,062,440	26	162,993
Plan amendment (NABTU component)	07/01/2021	2,684,411	13	300,179
Change in actuarial assumptions	07/01/2021	22,581,959	13	2,525,187
Plan amendment	07/01/2022	307,512	14	32,862
Investment loss subject to relief	07/01/2022	5,120,164	26	404,641
Plan amendment	07/01/2023	479,974	15	49,251

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	07/01/2023	1,238,742	15	127,110
Investment loss subject to relief	07/01/2023	5,354,431	26	423,155
Actuarial loss	07/01/2023	6,253,358	15	641,668
Total		\$186,767,043		\$30,562,275

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	\$42,778,507	7	\$7,418,402
Change in asset method due to funding relief	07/01/2020	2,828,773	27	220,554
Change in actuarial assumptions	07/01/2020	4,320,439	12	508,366
Actuarial gain	07/01/2021	25,840,239	13	2,889,539
Actuarial gain	07/01/2022	11,748,272	14	1,255,472
Total		\$87,516,230		\$12,292,333

Section 3: Certificate of Actuarial Valuation

Justification for change in actuarial assumptions

For purposes of determining current liability, the current liability interest rate was changed from 2.27% to 2.85% 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 assumptions were changed:

The annual Administrative Expenses were changed from \$1,250,000 to \$1,450,000.

The AFL-CIO and NABTU component salary scale was changed from:

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 Ullico component salary scale was changed from:

Age	Salary at age 65 as percent of salary at age shown	Annual Increase
25	416.8%	5.5%
30	323.3	4.8
35	258.0	4.3

Section 3: Certificate of Actuarial Valuation

Age	Salary at age 65 as percent of salary at age shown	Annual Increase
40	210.9	3.8
45	176.0	3.5
50	149.3	3.2
55	128.6	2.6
60	113.2	2.5
65	100.0	2.5

The Ullico component female percent married was changed from 40% to 30%.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, method, 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 table (projected generationally from 2018 to the valuation year) reasonably reflects 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.

Section 3: Certificate of Actuarial Valuation

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 ten years.

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, as well as the Plan's target asset allocation.

Annual administrative expenses

\$1,450,000 for the year beginning July 1, 2023.

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 in which relief is elected). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Section 3: Certificate of Actuarial Valuation

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 L for each component as applicable.

Current liability assumptions

- **Interest:** 2.85%, 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-2021 (previously, the MP-2020 scale was used).

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 6.4%, for the Plan Year ending June 30, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 2.9%, for the Plan Year ending June 30, 2023

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.

Section 3: Certificate of Actuarial Valuation

Justification for change in actuarial assumptions

For purposes of determining current liability, the current liability interest rate was changed from 2.27% to 2.85% 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 assumptions were changed:

The annual Administrative Expenses were changed from \$1,250,000 to \$1,450,000.

The AFL-CIO and NABTU component salary scale was changed from:

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
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60	113.5	2.6
65	100.0	2.5

The Ullico component salary scale was changed from:

Age	Salary at age 65 as percent of salary at age shown	Annual Increase
25	416.8%	5.5%
30	323.3	4.8
35	258.0	4.3

Section 3: Certificate of Actuarial Valuation

Age	Salary at age 65 as percent of salary at age shown	Annual Increase
40	210.9	3.8
45	176.0	3.5
50	149.3	3.2
55	128.6	2.6
60	113.2	2.5
65	100.0	2.5

The Ullico component female percent married was changed from 40% to 30%.

Section 3: Certificate of Actuarial Valuation

AFL-CIO and NABTU components only

Disability and withdrawal rates

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

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 ten years.

Retirement rates

Rates of retirement for active employees:

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.

Section 3: Certificate of Actuarial Valuation

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 ten 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 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	Annual Increase
25	9.7%
30	6.5
35	6.0
40	5.4
45	4.2
50	3.9
55	3.2
60	2.8
65	2.8

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 2023 and 2024 premiums used. Premium assumed to increase at 5.0% for each Plan Year thereafter.

Section 3: Certificate of Actuarial Valuation

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	Annual Increase
25	6.5%
30	5.8
35	5.3
40	4.6
45	4.2

Section 3: Certificate of Actuarial Valuation

Age	Annual Increase
50	3.9
55	3.4
60	3.3
65	3.2

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.

Withdrawal 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 30% 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 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	\$1,802,930	\$1,761,916	\$51,265,874	\$54,830,720
2024	3,577,158	2,645,546	50,339,425	56,562,129
2025	5,251,538	3,364,554	49,399,531	58,015,623
2026	6,780,773	4,234,538	48,357,426	59,372,737
2027	8,280,418	5,142,025	47,244,793	60,667,236
2028	9,600,742	5,805,461	46,052,759	61,458,962
2029	10,788,249	6,304,539	44,794,121	61,886,909
2030	11,910,967	7,014,639	43,462,955	62,388,561
2031	12,925,442	7,648,662	42,062,692	62,636,796
2032	13,955,486	7,987,314	40,572,263	62,515,063
2033	14,825,815	8,301,906	39,033,507	62,161,228
2034	15,623,993	8,902,291	37,428,859	61,955,143
2035	16,274,957	9,181,745	35,760,377	61,217,079
2036	16,912,026	9,500,407	34,049,466	60,461,899
2037	17,487,860	9,604,506	32,275,846	59,368,212
2038	17,993,055	9,665,970	30,460,811	58,119,836
2039	18,471,373	9,631,085	28,618,276	56,720,734
2040	18,769,161	9,731,057	26,755,998	55,256,216

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

Page 1 of 3

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2041	\$19,001,489	\$9,800,727	\$24,886,364	\$53,688,580
2042	19,153,027	9,713,134	23,019,185	51,885,346
2043	19,281,632	9,601,014	21,172,609	50,055,255
2044	19,364,525	9,690,370	19,360,864	48,415,759
2045	19,306,472	9,719,731	17,597,912	46,624,115
2046	19,200,561	9,644,447	15,900,649	44,745,657
2047	18,973,462	9,462,923	14,279,256	42,715,641
2048	18,823,486	9,333,007	12,737,674	40,894,167
2049	18,485,209	9,124,604	11,296,357	38,906,170
2050	18,090,039	8,832,525	9,949,151	36,871,715
2051	17,635,872	8,487,597	8,706,779	34,830,248
2052	17,077,343	8,083,635	7,571,720	32,732,698
2053	16,536,298	7,719,901	6,544,438	30,800,637
2054	15,921,003	7,352,988	5,623,471	28,897,462
2055	15,297,814	6,927,494	4,805,568	27,030,876
2056	14,608,191	6,525,348	4,085,845	25,219,384
2057	13,907,181	6,105,275	3,458,119	23,470,575
2058	13,160,388	5,674,946	2,915,350	21,750,684

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

Page 2 of 3

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2059	\$12,446,260	\$5,254,809	\$2,449,945	\$20,151,014
2060	11,682,642	4,845,731	2,054,123	18,582,496
2061	10,937,503	4,459,813	1,720,118	17,117,434
2062	10,189,336	4,096,862	1,451,960	15,738,158
2063	9,448,210	3,748,901	1,219,624	14,416,735
2064	8,719,362	3,421,939	1,027,470	13,168,771
2065	8,010,814	3,115,525	869,337	11,995,676
2066	7,328,297	2,828,948	739,717	10,896,962
2067	6,675,459	2,561,362	633,762	9,870,583
2068	6,054,896	2,311,865	547,217	8,913,978
2069	5,468,563	2,079,601	476,423	8,024,587
2070	4,917,852	1,863,735	418,302	7,199,889
2071	4,403,598	1,663,462	370,313	6,437,373
2072	3,926,104	1,478,022	330,384	5,734,510

This assumes the following:

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

OtherAttachment_SchMB_Line8b(1)

Page 3 of 3

Section 2: Actuarial Valuation Results

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 applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Assumption	Description
Interest	For liabilities up to market value of assets, 5.38% for 20 years and 5.09% beyond (2.40% for 20 years and 2.12% 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, 2023 (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, 2023 (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, 2023 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

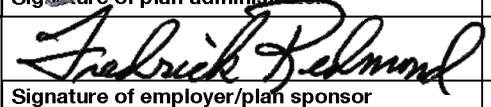
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024			
A	This return/report is for:	☒ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is:	☐ a single-employer plan	☐ a DFE (specify) _____
		☐ the first return/report	☐ the final return/report
		☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here	☒	
D	Check box if filing under:	☒ Form 5558	☐ automatic extension ☐ the DFVC program
		☐ special extension (enter description)	
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐	

Part II	Basic Plan Information - enter all requested information		
1a	Name of plan 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		04/10/2025	ELIZABETH SHULER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		04/10/2025	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 ☒ 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	4,246
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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)	1,116
a (2) Total number of active participants at the end of the plan year	6a(2)	1,161
b Retired or separated participants receiving benefits	6b	1,742
c Other retired or separated participants entitled to future benefits	6c	1,183
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	4,086
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	206
f Total. Add lines 6d and 6e	6f	4,292
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	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) ☒ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

AFL-CIO STAFF RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

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	\$ 19,873,174	N/A	N/A	N/A	\$ 19,873,174	\$ 19,873,174	N/A
	GOLDMAN FINANCIAL SQUARE GOVT-A FD#465	N/A	\$ 19,449,518	N/A	N/A	19,449,518	19,449,518	\$ -

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

A Name of plan 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 Board of Trustees, AFL-CIO Staff Retirement Plan	D Employer Identification Number (EIN) 53-0228172

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

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 676,367,987
(2) Actuarial value of assets for funding standard account.....	1b(2) 717,368,341
c (1) Accrued liability for plan using immediate gain methods	1c(1) 792,703,025
(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) 761,407,611
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) 1,238,360,514
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 29,350,531
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 55,064,785
(3) Expected plan disbursements for the plan year	1d(3) 56,568,626

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 STEVEN R. LOOMIS  Signature of actuary STEVEN R. LOOMIS, ASA, FCA, MAAA Type or print name of actuary SEGal Firm name 1111 Superior Avenue, Suite 2340 CLEVELAND OH 44114-2568 Address of the firm	04/07/2025 Date 2306253 Most recent enrollment number 216-687-4435 Telephone number (including area code)
---	---

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	676,191,362
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,894	703,697,955
(2) For terminated vested participants	1,264	180,975,214
(3) For active participants:		
(a) Non-vested benefits		53,015,885
(b) Vested benefits		300,671,460
(c) Total active	1,039	353,687,345
(4) Total	4,197	1,238,360,514
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	54.60 %

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
08/31/2023	1,909,539	0			
09/30/2023	2,119,749	0			
10/31/2023	2,383,391	0			
11/30/2023	1,950,937	0			
12/31/2023	2,385,633	0			
01/31/2024	2,453,297	0			
02/29/2024	2,163,709	0			
03/31/2024	2,187,391	0			
04/30/2024	2,417,441	0			
05/31/2024	2,405,375	0			
06/30/2024	2,619,434	0			
06/30/2024	2,435,617	0			
Totals ▶			3(b)	27,431,513	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, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

a ☐ Attained age normal	b ☒ Entry age normal	c ☐ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.85 %
	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	4.79 % ☐ 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	6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	2.9 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,450,000
(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	6,253,358	641,668
3	479,974	49,251
4	1,238,742	127,110
8	5,354,431	423,155

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

11,198,184

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)

186,767,043

30,562,275

(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

2,923,232

e Total charges. Add lines 9a through 9d

9e

44,683,691

Credits to funding standard account:

f Prior year credit balance, if any

9f

23,916,129

g Employer contributions. Total from column (b) of line 3

9g

27,431,513

Outstanding balance

h Amortization credits as of valuation date

9h

87,516,230

12,292,333

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i

3,231,400

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

162,050,806

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

9j(2)

414,151,644

(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

66,871,375

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m

22,187,684

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n**o** Current year's accumulated reconciliation account:

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

9o(1)

0

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

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

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions



Yes



No