

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>AFL-CIO APPALACHIAN COUNCIL 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>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) <u>AFL-CIO APPALACHIAN COUNCIL, INC.</u></p> <p><u>501 LEON SULLIVAN ROAD</u> <u>CHARLESTON, WV 25301-1246</u></p>	<p>1c Effective date of plan <u>04/01/2023</u></p> <p>2b Employer Identification Number (EIN) <u>55-0487053</u></p> <p>2c Plan Sponsor's telephone number <u>304-932-9403</u></p> <p>2d Business code (see instructions) <u>541990</u></p>

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.	08/15/2025	EMILY SPRADLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/15/2025	EMILY SPRADLING
	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 <input checked="" type="checkbox"/> 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 AFL-CIO APPALACHIAN COUNCIL c Plan Name AFL-CIO APPALACHIAN COUNCIL COLLECTIVELY BARGAINED 401(K) PLAN	4b EIN 55-0487053 4d PN 002																				
5 Total number of participants at the beginning of the plan year	5 337																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">261</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">288</td></tr> <tr><td>6b</td><td style="text-align: right;">0</td></tr> <tr><td>6c</td><td style="text-align: right;">74</td></tr> <tr><td>6d</td><td style="text-align: right;">362</td></tr> <tr><td>6e</td><td style="text-align: right;">1</td></tr> <tr><td>6f</td><td style="text-align: right;">363</td></tr> <tr><td>6g(1)</td><td style="text-align: right;">432</td></tr> <tr><td>6g(2)</td><td style="text-align: right;">333</td></tr> <tr><td>6h</td><td style="text-align: right;">0</td></tr> </table>	6a(1)	261	6a(2)	288	6b	0	6c	74	6d	362	6e	1	6f	363	6g(1)	432	6g(2)	333	6h	0
6a(1)	261																				
6a(2)	288																				
6b	0																				
6c	74																				
6d	362																				
6e	1																				
6f	363																				
6g(1)	432																				
6g(2)	333																				
6h	0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2T 2U 3C 3D

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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>0</u> (5) <input checked="" type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan AFL-CIO APPALACHIAN COUNCIL 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AFL-CIO APPALACHIAN COUNCIL, INC.	D Employer Identification Number (EIN) 55-0487053	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 37 50 64	CONTRACT ADMINISTRATOR	10689	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MORGAN STANLEY GLOBAL

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	8123	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>AFL-CIO APPALACHIAN COUNCIL 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AFL-CIO APPALACHIAN COUNCIL, INC.</u>	D Employer Identification Number (EIN) <u>55-0487053</u>	

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: FEDERATED HER CAP PRES IP FUND

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

c EIN-PN <u>22-2712853-001</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>31233</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSFER BUSINESS

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

c EIN-PN <u>55-0487053-002</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>0</u>
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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)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A Name of plan AFL-CIO APPALACHIAN COUNCIL 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AFL-CIO APPALACHIAN COUNCIL, INC.	D Employer Identification Number (EIN) 55-0487053

Part I	Asset and Liability Statement
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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 24030	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	37742
(2) Participant contributions	1b(2)	7253
(3) Other	1b(3) 8559	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 1308075	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	30854
(9) Value of interest in common/collective trusts	1c(9) 4412466	31233
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 3902225	10537254
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9655355	10644336
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9655355	10644336

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)	651123	
(B) Participants	2a(1)(B)	161426	
(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)		812549
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	154	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1155859
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1333079
c Other income	2c		-3242
d Total income. Add all income amounts in column (b) and enter total	2d		3298399

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2166540	
(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)		2166540
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)	142878	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		142878
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2309418

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		988981
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: FORVIS MAZARS, LLP

(2) EIN: 44-0160260

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3343
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>AFL-CIO APPALACHIAN COUNCIL 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AFL-CIO APPALACHIAN COUNCIL, INC.</u>	D Employer Identification Number (EIN) <u>55-0487053</u>	

Part I	Distributions
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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	<u>0</u>
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): <u>42-0127290</u> <u>25-1695966</u> 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	

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702477A.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

<p>A Name of plan AFL-CIO APPALACHIAN COUNCIL 401(K) PLAN</p>	<p>B Three-digit Plan number (PN) ▶</p>	<p>002</p>
<p>C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF AFL-CIO APPALACHIAN COUNCIL, INC.</p>	<p>D Administrator's EIN 55-0487053</p>	

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer AFL-CIO APPALACHIAN COUNCIL, INC	2b EIN 55-0487053	2c Percentage of Total Contributions for the Plan Year 100.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer WEST VIRGINIA AFL CIO	2b EIN 55-0417680	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HRDE	55-0561496	0.00	0
HRDF	55-0516532	0.00	0
UHL	26-1948100	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) Yes No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____




AFL-CIO Appalachian Council 401(k) Plan

EIN 55-0487053 PN 002

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

As of October 31, 2024 and 2023, for the Year Ended October 31, 2024 and
for the Period from April 1, 2023 to October 31, 2023



AFL-CIO Appalachian Council 401(k) Plan
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October 31, 2024

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Independent Auditor's Report

Pension Administration Committee and Plan Participants
AFL-CIO Appalachian Council 401(k) Plan
Charleston, West Virginia

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

We have performed audits of the financial statements of the AFL-CIO Appalachian 401(k) Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits – modified cash basis as of October 31, 2024 and 2023, and the statements of changes in net assets available for benefits – modified cash basis for the year ending October 31, 2024 and period from April 1, 2023 to October 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of October 31, 2024 and 2023, and for the year ended October 31, 2024 and period from April 1, 2023 to October 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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 ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Basis of Accounting

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter – Supplementary Schedules Required by ERISA

The supplementary schedules of assets (held at end of year) as of October 31, 2024 and 2023 and schedule of delinquent contributions for the year ending October 31, 2024 and period from April 1, 2023 to October 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOLs' Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary schedules that agreed to or was derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Forvis Mazars, LLP

**Charleston, West Virginia
August 15, 2025**

Federal Employer Identification Number: 44-0160260

AFL-CIO Appalachian Council 401(k) Plan
Statements of Net Assets Available for Benefits – Modified Cash Basis
October 31, 2024 and 2023

	Year Ended 10/31/2024	Period Ended 10/31/2023
ASSETS		
Investments at Fair Value	\$ 10,568,487	\$ 9,622,764
Non-Interest Bearing Cash	-	24,030
Receivables		
Employer contributions	37,742	-
Participant contributions	7,253	-
Notes Receivable From Participants	30,854	-
Total Receivables	<u>75,849</u>	<u>-</u>
Total Assets	<u>10,644,336</u>	<u>9,646,794</u>
Net Assets Available for Benefits	<u>\$ 10,644,336</u>	<u>\$ 9,646,794</u>

AFL-CIO Appalachian Council 401(k) Plan
Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis
Year Ended October 31, 2024 and Period From April 1, 2023 to October 31, 2023

	<u>Year Ended October 31, 2024</u>	<u>Period Ended October 31, 2023</u>
Additions to Net Assets Attributed to		
Investment income		
Net appreciation in fair value of investments	\$ 2,386,143	\$ 1,139,234
Interest and dividends	108,269	61,173
Contributions		
Employer	652,957	347,551
Participant	159,591	96,796
Rollovers	-	35,196
	<u>812,548</u>	<u>479,543</u>
Total Additions	<u>3,306,960</u>	<u>1,679,950</u>
Deductions to Net Assets Attributed to		
Benefits paid to participants	2,166,540	771,428
Administrative expenses	142,878	61,630
Total Deductions	<u>2,309,418</u>	<u>833,058</u>
Net Increase Before Transfers	997,542	846,892
Transfer in from Other Qualified Plan	<u>-</u>	<u>8,799,902</u>
Net Increase in Net Assets Available for Benefits	997,542	9,646,794
Net Assets Available for Benefits, Beginning of Year	<u>9,646,794</u>	<u>-</u>
Net Assets Available for Benefits, End of Year	<u>\$ 10,644,336</u>	<u>\$ 9,646,794</u>

Note 1. Description of the Plan

The following description of the AFL-CIO Appalachian Council, Inc. (Company) 401(k) Plan (formerly, the AFL-CIO Council Collectively Bargained 401(k) Plan) (Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of AFL-CIO Appalachian Council, Inc., Human Resource Development Foundation, Inc. (HRDF/HRDE), West Virginia AFL-CIO, Inc. (AFL-CIO), and their affiliated entities (collectively, the Employers). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The effective date of the Plan is April 1, 2023. Management controls and manages the operations of the Plan. For the period April 1, 2023 through August 19, 2024 Ameriserve Trust and Financial Services Company served as Trustee of the Plan. Effective August 20, 2024 Principal Trust Company served as Trustee of the Plan.

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

Investment Options

Participants direct the investment of their accounts into various investment options offered by the Plan.

Participant Accounts

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

Contributions

Participants may voluntarily contribute up to 100% of their compensation earned on a pre-tax basis while participating in the Plan. Participants may also contribute amounts representing distributions from other qualified plans and certain individual retirement accounts. The voluntary contributions may be withdrawn from the Plan at the discretion of the employee. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions.

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

Vesting

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

**AFL-CIO Appalachian Council 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023**

Notes Receivable from Participants

Effective October 1, 2024, participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate commensurate with local prevailing rates as determined by the Plan Administrator. At October 31, 2024, outstanding loans bore interest rates of 10%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the vested interest in their account or annual installments over a fixed year period. Upon termination of service for other reasons, a participant may receive the value of the vested interest in their account only as a lump-sum distribution. Hardship distributions are permitted upon demonstration of financial hardship. In-service distributions of vested account balances are allowed for those participants who have reached age 59½.

Note 2. Significant Accounting Policies

Basis of Accounting

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

Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the trustee. See Note 4 for discussion of fair value measurements.

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

Transfers

During the period from April 1, 2023 to October 31, 2023, \$8,799,902 of participant accounts were transferred into the plan. Transfers are recorded when received or made.

**AFL-CIO Appalachian Council 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023**

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through August 15, 2025, the date the financial statements were available to be issued.

Note 3. Unaudited Information Certified by Trustees

The accompanying financial statements include the following unaudited information as of October 31, 2024 and 2023, for the year ended October 31, 2024 and for the period from April 1, 2023 to October 31, 2023, that was obtained from data prepared and certified to be complete and accurate by the Plan's trustees.

	<u>2024</u>	<u>2023</u>
Investments	\$ 10,568,487	\$ 9,622,764
Net appreciation in fair value of investments	\$ 2,386,143	\$ 1,139,234
Interest and dividend income	\$ 108,269	\$ 61,173

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

Note 4. Fair Value Measurements

Fair value is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Assets and liabilities are classified under a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

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

AFL-CIO Appalachian Council 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023

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

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

Mutual funds

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

Stable value collective trust fund

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

Common collective trust funds

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

Money market funds

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

The following table sets forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of October 31, 2024 and 2023.

	Assets at Fair Value as of October 31, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 10,456,724</u>	<u>\$ -</u>	<u>\$ -</u>	\$ 10,456,724
Investments measured at net asset value (a)				<u>111,763</u>
Investments at fair value				<u>\$ 10,568,487</u>

AFL-CIO Appalachian Council 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023

	Assets at Fair Value as of October 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,902,223	\$ -	\$ -	\$ 3,902,223
Investments measured at net asset value (a)				5,720,541
Investments at fair value				\$ 9,622,764

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

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of October 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value at October 31, 2024	Fair Value at October 31, 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust funds	\$ -	\$ 4,367,874	None	Daily	None
Stable value collective trust fund	31,233	41,272	None	Daily	12 months
Money market funds	80,530	1,311,395	None	Daily	None
	<u>\$ 111,763</u>	<u>\$ 5,720,541</u>			

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

Note 5. Transfer of Plan Assets

Effective December 2022, the Plan Pension Administration Committee approved the motion to fully merge the AFL-CIO Appalachian Council, Inc. Collectively Bargained Employees Pension Plan and Trust with the Plan. An aggregate of \$8,799,902 was rolled into the Plan during the period from April 1, 2023 to October 31, 2023, and is included as a transfer in from other qualified plan on the statement of changes in net assets available for benefits.

Note 6. Income Tax Status

The Plan operates under a nonstandardized adoption agreement in connection with a prototype retirement plan and trust/custodial document sponsored by Principal Life Insurance Company. This prototype plan document has been filed with the appropriate agency. The Plan has not obtained or requested a determination letter. However, the Plan Administrator and plan management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

**AFL-CIO Appalachian Council 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023**

The modified basis of accounting requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of October 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Nonexempt Transactions

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer. While the Company remitted all employee contributions to the Plan, contributions of \$13,168 and \$35,320 were not remitted within the required time period for the year ended October 31, 2024 and period from April 1, 2023 to October 31, 2023, respectively.

Note 8. Exempt Party-In-Interest Transactions

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

The Company pays certain administrative expenses on behalf of the Plan, including legal and accounting fees. Other administrative services are provided by the Company at no cost to the Plan. Fees paid by the Plan to the trustees or their affiliates for administrative services and investment holding period fees were \$56,835 and \$24,043 for the year ending October 31, 2024 and period from April 1, 2023 to October 31, 2023, respectively. Investment advisory fees paid by the Plan were \$30,000 and \$20,000 for the year ending October 31, 2024 and period from April 1, 2023 to October 31, 2023, respectively. Other administrative fees charged to the Plan include auditor and ERISA bonding fees.

Note 9. Reconciliation of Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits reflected in the financial statements	\$ 10,644,336	\$ 9,646,794
Other income receivable reflected on Form 5500	<u>-</u>	<u>8,559</u>
Net assets available for benefits reflected on Form 5500	<u>\$ 10,644,336</u>	<u>\$ 9,655,355</u>

AFL-CIO Appalachian Council 401(k) Plan
Notes to Financial Statements
October 31, 2024 and 2023

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

	<u>2024</u>	<u>2023</u>
Increase in net assets available for benefits before transfers per the financial statements	\$ 997,540	\$ 846,892
Deduct prior year other income receivable on Form 5500	(8,559)	-
Add current year other income receivable on Form 5500	<u>-</u>	<u>8,559</u>
Net income per Form 5500	<u>\$ 988,981</u>	<u>\$ 855,453</u>

Note 10. Risks and Uncertainties

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

Supplementary Schedules

AFL-CIO Appalachian Council 401(k) Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN 55-0487053 PN 002
Year Ended October 31, 2024

Payroll Date	Participant Contributions Transferred Late to the Plan (includes participant loan repayments)	Totals That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
February 2, 2024	\$ 3,342	\$ -	\$ 3,342	\$ -	\$ -
March 15, 2024	3,381	-	3,381	-	-
March 29, 2024	3,102	-	3,102	-	-
March 31, 2024	3,343	-	3,343	-	-
	<u>\$ 13,168</u>	<u>\$ -</u>	<u>\$ 13,168</u>	<u>\$ -</u>	<u>\$ -</u>

The late contributions were remitted within the Plan year.
Lost earnings related to 2024 contributions will be deposited to the Plan in 2025.

AFL-CIO Appalachian Council 401(k) Plan
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
EIN 55-0487053 PN 002
Period from April 1, 2024 to October 31, 2023

Payroll Date	Participant Contributions Transferred Late to the Plan (includes participant loan repayments)	Totals That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
September 15, 2023	\$ 3,526	\$ -	\$ 3,526	\$ -	\$ -
September 30, 2023	5,235		5,235		
June 23, 2023	11,105		11,105		
August 18, 2023	3,907		3,907		
September 1, 2023	3,853		3,853		
September 15, 2023	3,868		3,868		
September 29, 2023	3,825	-	3,825	-	-
	<u>\$ 35,320</u>	<u>\$ -</u>	<u>\$ 35,320</u>	<u>\$ -</u>	<u>\$ -</u>

*The late contributions were remitted within the Plan year.
Lost earnings related to 2023 contributions were deposited to the Plan in 2024.*

AFL-CIO Appalachian Council 401(k) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN 55-0487053 **PN 002**
October 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
	Cash & Equivalents			
	JPMorgan US Government Money Market Fund	80,530.07 shares		\$ 80,530
	Mutual Funds			
	American Century Growth Fund	173.93 shares		10,431
	American Century Small Cap Growth Fund	10,245 shares		231
	BlackRock Equity Dividend Fund	8,279 shares		169
	Fidelity 500 Index Fund	50,782 shares		10,069
	Fidelity Mid Cap Index Fund	10,269 shares		351
	JPMorgan Mid Cap Growth Fund	4,443 shares		236
	GQG Partners Emerging Markets Equity Fund	12.08 shares		210
	American Balanced Fund	1,416,819 shares		41,194
	American Funds 2010 Target Date Retirement Fund	105,468.946 shares		1,295,159
	American Funds 2015 Target Date Retirement Fund	68,073.035 shares		881,546
	American Funds 2020 Target Date Retirement Fund	12,190.767 shares		173,353
	American Funds 2025 Target Date Retirement Fund	68,185.193 shares		1,092,327
	American Funds 2030 Target Date Retirement Fund	97,883.91 shares		1,754,080
	American Funds 2035 Target Date Retirement Fund	84,985.804 shares		1,681,869
	American Funds 2040 Target Date Retirement Fund	47,989.242 shares		1,014,972
	American Funds 2045 Target Date Retirement Fund	62,546.769 shares		1,362,269
	American Funds 2050 Target Date Retirement Fund	21,672.646 shares		464,662
	American Funds 2055 Target Date Retirement Fund	15,010.699 shares		406,340
	American Funds 2060 Target Date Retirement Fund	9,632.435 shares		176,563
	American Funds 2065 Target Date Retirement Fund	5,098.065 shares		90,695
	Total Mutual Funds			<u>10,456,724</u>
	Common Collective Trust			
	Federated Hermes Capital Preservation Fund			31,233
*	Participant Loans***	Maximum term of 60 months; rate of interest 10%; maturing through September 2029		<u>30,854</u>
	Total			<u>\$ 10,599,341</u>

* Represents a party-in-interest to the plan.

** Cost information omitted for participant-directed investments.

*** The accompanying financial statements classify participant loans as notes receivable from participants.

AFL-CIO Appalachian Council 401(k) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN 55-0487053 **PN 002**
October 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
Money Market Funds				
	Goldman Sachs Financial Square Funds Prime Obligations Fund	1,166,834 shares		\$ 1,166,834
	Goldman Sachs Financial Square Funds Treasury Obligations Fund	144,561 shares		144,561
Total Money Market Funds				1,311,395
Common Collective Trust Funds				
*	Pathroad Conservative Fixed Income Employee Benefit Collective Investment Fund	827,198 shares		13,343
*	Pathroad Tactical Balanced Growth & Income Employee Benefit Collective Investment Fund	72,017 shares		3,078,414
*	Pathroad Tactical Capital Appreciation & Income Employee Benefit Collective Investment Fund	9,368 shares		504,982
*	Pathroad Tactical Conservative Growth & Income Employee Benefit Collective Investment Fund	6,660 shares		227,765
*	Pathroad Tactical Intermediate-Term Fixed Income Employee Benefit Collective Investment Fund	641,711 shares		13,495
*	Pathroad Tactical Long-Term Equity Growth Employee Benefit Collective Investment Fund	3,805 shares		226,757
*	Pathroad Strategic Conservative Growth & Income Employee Benefit Collective Investment Fund	222,016 shares		2,715
*	Pathroad Strategic Balanced Growth & Income Employee Benefit Collective Investment Fund	23,520 shares		290,250
*	Pathroad Strategic Capital Appreciation & Income Employee Benefit Collective Investment Fund	497,511 shares		7,915
*	Pathroad Strategic Long-Term Equity Growth Employee Benefit Collective Investment Fund	140,776 shares		2,238
Total Common Collective Trust Funds				4,367,874
Stable Value Collective Trust Fund				
	Federated Hermes Capital Preservation Fund	4,127 shares		41,272
Mutual Funds				
	Dodge & Cox Balanced Fund	265,165 shares		24,790
	Calvert Equity Fund - I	150,780 shares		12,091
	Invesco Int Small Mid Co Fund	113,724 shares		4,108
	Blackrock Mid Cap Growth Equity-I	1,063 shares		33,499
	Fidelity Intl Small Cap Opp Fund	16,395 shares		281
	Fidelity Emerging Market Fund	6,692 shares		213,878
	Fidelity Advanced Growth Oppor-Z	7,028 shares		843,853
	Fidelity Select Software and IT Services Fund	9,324 shares		228,993
	Fidelity Low-Priced Stock Fund	19,338 shares		777,183
	John Hancock FDS III Disc Val Mcp I	1,421 shares		34,773
	Loomis Salyes Bond Inst I	29,826 shares		319,733
	Natixis Loomis Sayles LTD Gov	860,207 shares		9,084
	Federated Hermes Instl High Yield Bd	9,928 shares		81,903
	PIMCO GNMA Fund and Government Securities Fund	1,904 shares		16,563
	PIMCO Total Return Fund	984,328 shares		7,865
	PIMCO Income Fund	1,406 shares		14,071

AFL-CIO Appalachian Council 401(k) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN 55-0487053 PN 002
October 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost**	(e) Current Value
Mutual Funds (Continued)				
	Primecap Odyssey Aggressive Growth	920,535 shares		\$ 35,349
	TIAA CREF Real Estate Securities Fund	4,452 shares		65,574
	T. Rowe Price PR Real Assets	189,704 shares		6,052
	T Rowe Price Capital Appreciation I	580,471 shares		7,302
	T. Rowe Price Financial Services Fund	664,063 shares		20,048
	T. Rowe Price Health Sciences Fund	2,529 shares		209,041
	T. Rowe Price Retirement 2015	42,990 shares		494
	T. Rowe Price Retirement 2020	1,464 shares		17,626
	T. Rowe Price Retirement 2025	210,487 shares		2,722
	T. Rowe Price Retirement 2030	279,864 shares		3,789
	T. Rowe Price Retirement 2035	10,130 shares		143,943
	T. Rowe Price Retirement 2040	3,347 shares		48,725
	T. Rowe Price Retirement 2045	3,142 shares		47,064
	T. Rowe Price Retirement 2050	2,456 shares		36,846
	T. Rowe Price Retirement 2055	2,226 shares		33,816
	T. Rowe Price Retirement 2060	613,024 shares		9,434
	T. Rowe Price International Discovery	31,819 shares		1,749
	Vanguard Small Cap Index Fund - Adm	605,768 shares		51,672
	Vanguard Intl Gr Fd Adm Cl	116,039 shares		10,264
	Vanguard Instl Index Fund	198,338 shares		69,492
	Vanguard Equity Income Fund	3,215 shares		260,036
	Vanguard Mid Cap Index-Adm	62,974 shares		15,473
	Virtus Kar Sm Cap Grwth-I	3,414 shares		103,702
	Vanguard Total Bond Market Index Adm	3,445 shares		31,040
	Vanguard Emerging Mkts Bd-Adm	2,267 shares		48,302
Total Mutual Funds				<u>3,902,223</u>
Total Investments				<u>\$ 9,622,764</u>

* Party-in-interest

** Cost information omitted for participant-directed investments.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AFL-CIO A C 401() P
 EIN 55 0487053
 PLAN NUMBER 002
 PLAN YEAR 11/01/2023 TO 10/31/2024

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
American Century Investments	Registered Investment Company AM CENT GROWTH R6 FUND	Registered Investment Company AM CENT GROWTH R6 FUND	\$ 0.00	\$ 10,430.79
American Funds Service Company	Registered Investment Company AM FDS 2010 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2010 TRGT DTE RIM R6 FD	\$ 0.00	\$ 1,295,158.68
American Funds Service Company	Registered Investment Company AM FDS 2015 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2015 TRGT DTE RIM R6 FD	\$ 0.00	\$ 881,545.93
American Funds Service Company	Registered Investment Company AM FDS 2020 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2020 TRGT DTE RIM R6 FD	\$ 0.00	\$ 173,352.71
American Funds Service Company	Registered Investment Company AM FDS 2025 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2025 TRGT DTE RIM R6 FD	\$ 0.00	\$ 1,092,326.90
American Funds Service Company	Registered Investment Company AM FDS 2030 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2030 TRGT DTE RIM R6 FD	\$ 0.00	\$ 1,754,079.74
American Funds Service Company	Registered Investment Company AM FDS 2035 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2035 TRGT DTE RIM R6 FD	\$ 0.00	\$ 1,681,869.15
American Funds Service Company	Registered Investment Company AM FDS 2040 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2040 TRGT DTE RIM R6 FD	\$ 0.00	\$ 1,014,972.59
American Funds Service Company	Registered Investment Company AM FDS 2045 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2045 TRGT DTE RIM R6 FD	\$ 0.00	\$ 1,362,268.73
American Funds Service Company	Registered Investment Company AM FDS 2050 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2050 TRGT DTE RIM R6 FD	\$ 0.00	\$ 464,661.55
American Funds Service Company	Registered Investment Company AM FDS 2055 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2055 TRGT DTE RIM R6 FD	\$ 0.00	\$ 406,339.65
American Funds Service Company	Registered Investment Company AM FDS 2060 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2060 TRGT DTE RIM R6 FD	\$ 0.00	\$ 176,562.63
American Funds Service Company	Registered Investment Company AM FDS 2065 TRGT DTE RIM R6 FD	Registered Investment Company AM FDS 2065 TRGT DTE RIM R6 FD	\$ 0.00	\$ 90,694.65
The American Funds	Registered Investment Company AMER FUNDS AMER BAL R6 FD	Registered Investment Company AMER FUNDS AMER BAL R6 FD	\$ 0.00	\$ 41,193.83
American Century Investments	Registered Investment Company AMERICAN CENTURY SC GR R6 FD	Registered Investment Company AMERICAN CENTURY SC GR R6 FD	\$ 0.00	\$ 231.05

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AFL-CIO A C 401() P
 EIN 55 0487053
 PLAN NUMBER 002
 PLAN YEAR 11/01/2023 TO 10/31/2024

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
BlackRock	Registered Investment Company BLACKROCK EQUITY DIV K FUND	Registered Investment Company BLACKROCK EQUITY DIV K FUND	\$ 0.00	\$ 168.90
Federated Investors Trust Company	Common/Collective Trust FEDERATED HER CAP PRES IP FUND	Common/Collective Trust FEDERATED HER CAP PRES IP FUND	\$ 0.00	\$ 31,232.67
Fidelity Investments	Registered Investment Company FIDELITY MID CP INDEX FUND	Registered Investment Company FIDELITY MID CP INDEX FUND	\$ 0.00	\$ 350.63
Fidelity Investments	Registered Investment Company FIDELITY 500 INDEX FUND	Registered Investment Company FIDELITY 500 INDEX FUND	\$ 0.00	\$ 10,069.04
SEI	Registered Investment Company GOG PTRS EMG MKTS EQTY INST	Registered Investment Company GOG PTRS EMG MKTS EQTY INST	\$ 0.00	\$ 210.44
JP Morgan Funds	Registered Investment Company JP MORGAN MID CAP GROWTH R6 FD	Registered Investment Company JP MORGAN MID CAP GROWTH R6 FD	\$ 0.00	\$ 236.05
JPMorgan	Registered Investment Company JPMORGAN US GOV MM CAPITAL, FD	Registered Investment Company JPMORGAN US GOV MM CAPITAL, FD	\$ 0.00	\$ 80,530.07
* Participant Loans	Range of Interest Rates Rates Range From 10.00% To 10.00%	Range of Interest Rates Rates Range From 10.00% To 10.00%	\$ 0.00	\$ 30,854.00