Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/12/1970

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)
AMALGAMATED TRANSIT UNION

10000 NEW HAMPSHIRE AVENUE
SILVER SPRING, MD 20903-1706

2b Employer Identification Number (EIN) 53-6014540

2c Plan Sponsor's telephone number 301-431-7100

2d Business code (see instructions) 813000

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.	10/08/2021	KENNETH KIRK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	158
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	70
a(2) Total number of active participants at the end of the plan year	**6a(2)**	73
b Retired or separated participants receiving benefits	**6b**	59
c Other retired or separated participants entitled to future benefits	**6c**	18
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	150
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	15
f Total. Add lines **6d** and **6e**	**6f**	165
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	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:

1A

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMALGAMATED TRANSIT UNION

D Employer Identification Number (EIN)
53-6014540

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

1 Coverage Information:

(a) Name of insurance carrier
UNION LABOR LIFE INSURANCE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1423090	69744	00624		01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	170992
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMALGAMATED TRANSIT UNION

D Employer Identification Number (EIN)
53-6014540

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1423090	69744	00624		01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	4095231

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

A Name of plan
AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMALGAMATED TRANSIT UNION

D Employer Identification Number (EIN)
53-6014540

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	87325397
b Actuarial value	**2b**	85968194

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	68	62492283	62492283
b For terminated vested participants	20	2490092	2490092
c For active participants	70	27781801	29415865
d Total	158	92764176	94398240

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.36 %
6 Target normal cost	**6**	2640637

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	09/30/2021 Date
CORALIE A. TAYLOR Type or print name of actuary	20-08054 Most recent enrollment number
CHEIRON, INC. Firm name	703-893-1456 Telephone number (including area code)
8300 GREENSBORO DRIVE, SUITE 800 MCLEAN, VA 22102 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of 13.04 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		453
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.50 %		25
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		478
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	91.06 %
15	Adjusted funding target attainment percentage	15	91.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.43 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2020	418		01/11/2021	965418	
04/01/2020	965000		02/09/2021	100000	
07/15/2020	965418		06/18/2021	421848	
08/24/2020	100000				
10/14/2020	1066526				
12/23/2020	50000				
			Totals ► **18(b)**	4634628	**18(c)**

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4459974

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	2640637
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	8430046	1817741
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4458378

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			

36 Additional cash requirement (line 34 minus line 35)	**36**	4458378
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4459974
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1596
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☒ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMALGAMATED TRANSIT UNION

D Employer Identification Number (EIN)
53-6014540

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

AFL CIO HOUSING INVESTMENT TRUST

52-6620193

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

OAKTREE REAL ESTATE DEBT FUND LP

98-1294751

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

CRESCENT CAPITAL TRUST

10 HUDSON YARDS, 41ST FLOOR
NEW YORK, NY 10001

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

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

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

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

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

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

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

SLEVIN AND HART

52-1708613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	77887	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEIRON

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	45928	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GALLAGHER FIDUCIARY ADVISORS

PO BOX 71396
CHICAGO, IL 60694-1396

(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	NONE	44000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ASB ALLEGIANCE REAL ESTATE FUND

52-6257033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	38955	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WESTERN ASSET MANAGEMENT COMPANY

20-4712392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	29842	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALIBRE CPA GROUP PLLC

47-0900080

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	15203	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

UNION LABOR LIFE INSURANCE COMPANY

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	10679	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMTED BANK

275 7TH AVENUE
NEW YORK, NY 10001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	9603	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMALGAMATED TRANSIT UNION

D Employer Identification Number (EIN)
53-6014540

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

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

b Name of sponsor of entity listed in (a): UNION LABOR LIFE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1423090-206	P	4095231

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW SMALL CAP 600 INDEX FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-004	C	4384686

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST

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)
27-3350609-010	C	16417914

a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET U.S. INTERMEDIATE FUN

b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4712392-001	C	12654721

a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6257033-006	C	3134734

a Name of MTIA, CCT, PSA, or 103-12 IE: CRESECENT CAPITAL TRUST II

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3761443-005	C	3028294

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)

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMALGAMATED TRANSIT UNION

D Employer Identification Number (EIN)
53-6014540

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2878	35797
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1260458	1487266
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	110503	107000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4698255	2512345
(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)	1044199	1240330
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	3570044	3210670
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	31658972	39620349
(10) Value of interest in pooled separate accounts	1c(10)	5417421	4095231
(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)	36479291	38179135
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1186	170992
(15) Other	1c(15)	3132643	3109581

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	87375850	93768696
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	41769	47978
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	41769	47978
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	87334081	93720718

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)	4634628	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4634628
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	30262	
	(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)	287711	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		317973
	(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)	1164179	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1164179
	(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)	-163083	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-163083

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5232156
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		380705
(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)		1709449
c Other income	2c		5
d Total income. Add all **income** amounts in column (b) and enter total	2d		13276012
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6503738	
(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)		6503738
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	139018	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	135958	
(4) Other	2i(4)	110661	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		385637
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6889375
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6386637
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP PLLC **(2)** EIN: 47-0900080

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**	X		1240330
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4308493.

AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

FINANCIAL STATEMENTS

DECEMBER 31, 2020

CALIBRE CPA GROUP

AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2020 AND 2019

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REPORT OF INDEPENDENT AUDITORS

To the Trustees of the
Amalgamated Transit Union Pension Plan
for International Officers and Employees

We have audited the accompanying financial statements of the Amalgamated Transit Union Pension Plan for International Officers and Employees (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements 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, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2020 and changes therein for the year then ended and its financial status as of December 31, 2019 and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Reports on Supplemental Information

Our audits were made for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on pages 15 and 16 are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Bethesda, MD
October 6, 2021

AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS		
ASSETS		
Investments, at fair value		
Short-term investment	$ 2,512,345	$ 4,698,255
Corporate stock	1,240,330	1,044,199
Common collective fund	39,620,349	33,293,000
Mutual funds	38,179,135	36,479,291
Commingled real estate funds	3,075,352	3,099,218
Limited partnership	3,210,670	1,936,016
Insurance company accounts	4,266,223	5,418,607
Total investments	92,104,404	85,968,586
Cash	35,797	2,878
Contribution receivable	1,487,266	1,260,458
Due from pending investment sales	107,000	110,503
Prepaid expenses	34,229	33,425
Total assets	93,768,696	87,375,850
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	47,978	41,769
NET ASSETS AVAILABLE FOR BENEFITS	$ 93,720,718	$ 87,334,081

See accompanying notes to financial statements.

AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2020 AND 2019

	2020	2019
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 6,923,952	$ 8,534,540
Interest	95,770	198,232
Dividends	1,621,657	1,444,772
	8,641,379	10,177,544
Less: investment expenses	(135,958)	(129,571)
Net investment income	8,505,421	10,047,973
Employer contributions	4,634,628	4,009,374
Miscellaneous income	5	-
Total additions	13,140,054	14,057,347
DEDUCTIONS		
Pension benefits	6,503,738	5,898,774
Actuary fees	45,928	55,138
Legal fees	77,887	46,324
Auditing fees	15,203	10,250
PBGC premiums	101,108	98,739
Insurance expense	9,553	11,014
Total deductions	6,753,417	6,120,239
NET CHANGE	6,386,637	7,937,108
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	87,334,081	79,396,973
End of year	$ 93,720,718	$ 87,334,081

See accompanying notes to financial statements.

AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2020 AND 2019

NOTE 1. DESCRIPTION OF THE PLAN

The Amalgamated Transit Union Pension Plan for International Officers and Employees (the Plan) was established September 1, 1953 to provide retirement, disability, and death benefits for eligible participants. The Plan is a noncontributory defined benefit pension plan covering officers and employees of the Amalgamated Transit Union (the Union). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Under current plan provisions, a regular pension is payable at the later of age 60, or the age of the employee on the 5th anniversary of the date the participant commences participation in the Plan. Benefits are equal to 3% of participants' "Average Annual Earnings," multiplied by their years of credited service up to a maximum of 75%.

An early retirement pension is available at age 55 to eligible employees with at least 5 years of credited service. Benefits are equal to the regular pension amount to which the employee would be entitled if he or she had attained age 60, reduced by 5% for each year by which the employee is younger than 60 on the effective date of retirement. However, if the employee has had at least 10 years vesting service, there will be no reduction for the fact that the employee has started to receive the pension prior to age 60.

A late retirement pension is available if a participant is employed past normal retirement age. The pension benefit is the greater of the normal retirement pension calculation and the actuarial equivalent of the benefit calculated at age 60. If a participant reaches age 70 ½ and has not retired, they will begin receiving pension payments or have the payments deferred. If the pension payments are deferred, the pension benefits are actuarially adjusted to take into account the period after age 70 ½.

The occupational disability pension uses the same benefit formula as the normal retirement pension; however, it is always equal to at least 50% of the average annual earnings at the date of disability. A non-occupational disability pension is calculated using the normal retirement pension formula, however, no reduction is made for the benefit commencing prior to the normal retirement date.

A pre-retirement spouse benefit for active employees is available to eligible employees with 5 years of vesting service. The benefit is equal to 100% of the benefit the participant would have received had the participant terminated employment on the date of death, except there is no reduction because of its commencement prior to the normal retirement date.

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

A pre-retirement spouse benefit for terminated employees is available to eligible employees with 5 years of service. The benefit will equal the vested deferred pension the former deceased employee would have been entitled.

The Plan document should be referred to for specific information regarding benefits and other matters.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investments - Investments are carried at fair value. Fair value is the price that would be received to sell and asset or pair to transfer a liability in an orderly transaction between market participants at the measurement date. Investments in publicly traded mutual funds are measured at the daily closing price as reported by the fund. Short-term investments are carried at cost, which approximates fair value. Common collective funds, commingled real estate funds, non-publicly traded mutual funds, limited partnerships, and insurance company pooled separate accounts are measured at the net asset value per share of the investment. Privately held corporate stock is measured based upon an annual valuation. Purchases and sales of securities are recognized on a settlement date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during year. The fair value of securities purchased and sold just before the financial statement date did not change significantly from the trade date to the financial statement date and the purchases and sales did not significantly affect the composition of the Plan's assets available for benefits.

Contributions Receivable - Contributions receivable represent amounts due from the Union at December 31, 2020. All amounts are deemed collectible.

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

Benefits - Benefits are recorded when paid.

NOTE 3. TAX STATUS

The Plan obtained its latest determination letter dated October 31, 2016 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 501(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a).

NOTE 3. TAX STATUS (CONTINUED)

The Plan accounts for income taxes in accordance with the Accounting Standards Codification (ASC) Topic *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Plan performed an evaluation of uncertain tax positions for the years ended December 31, 2020 and 2019, and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status. As of December 31, 2020, the statute of limitations for tax years 2017 through 2019 remains open with the U.S. Federal jurisdiction and the various states and local jurisdictions in which the Plan files returns.

NOTE 4. FUNDING POLICY

In accordance with the Union's constitution and general laws, $.10 per member, per month in membership dues shall be allocated to the Plan. Participants are neither required nor permitted to make contributions. Once each year, an independent actuary determines the amount the Union is required to contribute in order to keep the Plan in a sound condition. The actuary uses the unit credit cost method to determine the amounts required to be funded under applicable laws. The Union contributed $4,634,628 and $4,009,374 to the Plan during the years ended December 31, 2020 and 2019, respectively, of which $1,487,266 and $1,260,458 were receivable at year end. Contributions made to the Plan by the Union for 2020 and 2019 met the minimum funding requirements of ERISA.

NOTE 5. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations.

Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 6. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Cheiron as of January 1, 2020. Information in the report included the following:

Actuarial present value of accumulated plan benefits	
Retirees and beneficiaries currently receiving benefits	$ 52,989,575
Inactive participants entitled to deferred benefits	1,738,952
Active participants	21,662,703
Total vested benefits	76,391,230
Nonvested benefits	1,178,886
Total actuarial present value of accumulated plan benefits	$ 77,570,116

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended January 1, 2020 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		$ 76,063,336
Change during the year attributable to		
Additional benefits earned	$ 1,538,434	
Actuarial losses	264,012	
Change in discount period	5,602,928	
Assumption changes	180	
Benefits paid	(5,898,774)	
Net change		1,506,780
Actuarial present value of accumulated plan benefits at end of year		$ 77,570,116

NOTE 6. ACTUARIAL INFORMATION (CONTINUED)

The actuarial calculations were made using unit credit cost method. Some of the more significant actuarial assumptions used in the January 1, 2020 valuations were:

- Mortality - IRS 2020 Optional Combined Small Plan Standard Mortality Table.
- Retirement age assumption - staff employees are assumed to begin to retire at age 60 with all staff having retired by age 65. Officers are assumed to retire at age 65.
- Investment rate of return - 7.5%.
- Salary scale - 3.5% increase per year.
- Administrative expenses - $250,000

Change in Actuarial Assumptions - The mortality assumption was updated from the 2019 Internal Revenue Service small plan mortality table to the 2020 table to comply with regulatory guidance. Additionally, the interest rates used to calculate the present value of benefits were updated to comply with regulatory guidance.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received from the Union and income from investments.

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2020. Had the valuation been performed as of December 31, 2019, there would be no material differences.

Since information on the accumulated plan benefits at December 31, 2020 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2020 and the changes in its financial status for the year then ended. The complete financial status is presented as of December 31, 2019.

NOTE 7. FAIR VALUE MEASUREMENTS

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

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

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

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

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Short-term investments are estimated based on amortized cost which approximates fair value.

Publicly traded mutual funds are valued at the closing price reported on the active market on which the individual securities are traded.

The Plan's investment in privately held stock is comprised of an investment in a single company for the years ended December 31, 2020 and 2019. This entity estimates per share value based upon an annual valuation prepared by a valuation specialist. The specialist evaluates the entity's business segments and discounts the estimated value for a lack of marketability. Management estimates the fair value of this investment based upon the reported share value of the entity. Redemption of this stock is restricted to offering periods set by the company.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

	2020			
	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	$ 2,512,345	$ -	$ 2,512,345	$ -
Publicly traded mutual funds	25,950,533	25,950,533	-	-
Common collective fund	16,417,914	16,417,914	-	-
Corporate stock	1,240,330	-	-	1,240,330
	46,121,122	$ 42,368,447	$ 2,512,345	$ 1,240,330
Investments measured at net asset value*				
Insurance company accounts	4,266,223			
Common collective fund	23,202,435			
Mutual funds	12,228,602			
Limited partnership	3,210,670			
Commingled real estate funds	3,075,352			
	$ 92,104,404			

	2019			
	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investments	$ 4,698,255	$ -	$ 4,698,255	$ -
Publicly traded mutual funds	23,741,006	23,741,006	-	-
Common collective fund	13,701,568	-	-	-
Corporate stock	1,044,199	-	-	1,044,199
	43,185,028	$ 23,741,006	$ 4,698,255	$ 1,044,199
Investments measured at net asset value*				
Insurance company accounts	5,418,607			
Common collective fund	17,957,404			
Mutual funds	12,738,285			
Limited partnership	3,570,044			
Commingled real estate funds	3,099,218			
	$ 85,968,586			

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair value measurements using significant unobservable inputs (Level 3) as of December 31, 2020 and 2019, are as follows:

Changes in Level 3 Category	Corporate Stock 2020	Corporate Stock 2019
Beginning balance	$ 1,044,199	$ 802,317
Unrealized gain	196,131	241,882
Ending balance	$ 1,240,330	$ 1,044,199

Gains and losses (realized and unrealized) included in the changes in net assets for the periods above are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

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

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

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

The following table summarizes the Plan's investments in certain entities that calculate NAV per share as practical expedient to estimate fair value measurement as of December 31, 2020 and 2019 by investment strategy:

	Fair Value 2020	Fair Value 2019	Unfunded Commitments 2020	Unfunded Commitments 2019	Redemption Frequency	Redemption Notice Period
a. Insurance company accounts	$ 4,266,223	$ 5,418,607	$ -	$ -	Monthly	None
b. Common collective funds	23,202,435	17,957,404	2,083,000	3,430,000	Varies	Varies
c. Mutual funds	12,228,602	12,738,285	-	-	Monthly	15 day notice
d. Limited partnership	3,210,670	3,570,044	1,680,000	3,050,000	N/A	NA
e. Commingled real estate funds	3,075,352	3,099,218	-	-	Quarterly	30 day notice

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

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

a. The Plan's investment in insurance company accounts consists of an investment in a group of annuity contracts and a separate investment in the insurance company's general account for the years ended December 31, 2020 and 2019. These investments are comprised primarily of fixed income securities. The Plan owns units within the account which are valued based on the underlying value of the investments of the account. The Separate Account R files as a direct filing entity (DFE) with the Department of Labor.

b. The Plan's investment in common collective funds at December 31, 2020 and 2019 consists of five investments. The Longview Small Cap 600 Index Fund is passively invested and seeks to provide returns that track the performance of the S&P 600 Index Fund of small cap companies. The fair value of the Fund is based on the underlying value of the Fund's investments. The investment can be redeemed daily with formal notification via a signed letter of direction by 1:00 PM on trade date. Settlement process is typically on a T+3 cycle (trade date plus three days). The Western Asset Management Intermediate Plus LLC Fund utilizes a long term, value oriented diversified fixed income investment philosophy. This fund allows for daily redemptions with no notice period. The ASB Allegiance Real Estate Fund is a private, open end, core plus real estate fund. This investment can be redeemed quarterly with a 30 day written notice, subject to redemption queues. The final investment, the Crescent Capital Trust II, is a closed end real estate debt fund. Due to the nature of the fund there is no regular liquidity. The fund does issue periodic income distributions which primarily represent interest or other fees from the underlying real estate investments.

c. The Plan's investment in mutual funds measured at net asset value at December 31, 2020 and 2019 consists of the AFL-CIO Housing Investment Trust(the HIT). The HIT primarily invests in high yield, high credit quality fixed-income securities with interest rates similar to the Barclays Capital Aggregate Bond Index. The fair value of the HIT is calculated based on the fair value of the underlying investments. The methodologies for the valuations of the underlying securities vary but largely are based on independent pricing services, dealer quotes and cash flow models.

d. The Plan's investment in limited partnerships consists of one investment in a closed end real estate debt fund. Due to the nature of the fund, there is no regular liquidity. The funds do issue periodic income distributions which primarily represent interest or other fees from the underlying real estate investments.

e. The Plan's investment in commingled real estate funds consists of an ERISA qualified group trust commingled fund which invests in private real estate. This investment offers quarterly liquidity with a 30-day written notice. Redemption is subject to queues which may arise from time to time.

NOTE 8. RISKS AND UNCERTAINTIES

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

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

Significant Uncertainties: COVID-19 - The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad and negative impact on commerce and financial markets around the world. The extent of the impact of the pandemic on the Plan's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Plan's participants, employees and vendors, all of which, at present, cannot be determined. Accordingly, the extent to which the pandemic may impact the Plan's net assets available for benefits and changes in net assets available for benefits is uncertain, and the accompanying financial statements include no adjustments relating to the effects of this pandemic.

NOTE 9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Union, as Plan sponsor, made contributions of $4,634,628 and $4,009,374 to the Plan for the years ended December 31, 2020 and 2019, respectively. At December 31, 2020 and 2019 $1,487,266 and $1,260,458 was due from the Union to the Plan. The Union also provides administrative support and other administrative services to the Plan at no cost. The Plan also pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 10. SUBSEQUENT EVENTS REVIEW

Subsequent events have been evaluated through October 6, 2021, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

Attachments to 2020 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, Part V – Summary of Plan Provisions

1.	Effective date of plan	September 1, 1953.
2.	Plan coverage	The plan covers all International Officers and Employees.
3.	Plan Year	The calendar year.
4.	Benefit service	Credited service under the prior plan, for employment prior to January 1, 1976, plus the number of cumulative years after December 31, 1975.
5.	Vesting service	Credited service under the prior plan, for employment prior to January 1, 1976, plus the period of service after December 31, 1975.
6.	Annual earnings	Total annual compensation paid during any twelve-month period. Pay is limited to $285,000 for 2020.
7.	Average annual earnings	The three consecutive twelve-month periods out of the last 120 months during which the employee earned the highest total pay.
8.	Accrued benefit	3% of average annual earnings times benefit service. The maximum benefit is 75% of average annual earnings. Monthly payments are 1/12 of this amount.
9.	Normal retirement	
	a. Eligibility	Attainment of age 60.
	b. Benefit	The accrued benefit.
10.	Early retirement	
	a. Eligibility	Attainment of age 55 and 5 years of vesting service.
	b. Benefit	The accrued benefit if the employee has at least 10 years of vesting service. Otherwise, the accrued benefit is reduced by 5% per year prior to age 60.
11.	Disability retirement	
	a. Eligibility	No service or age requirement for disability due to occupational accidents. 5 years of vesting service for non-occupational disability.
	b. Benefit	Unreduced accrued benefit. The minimum disability retirement is 50% of average annual earnings for occupational accidents.

Schedule SB, Part V – Summary of Plan Provisions (continued)

12.	Vested termination	
	a. Eligibility	5 years of vesting service.
	b. Benefit	Accrued benefit payable at age 60, or a reduced accrued benefit, as early as age 55. Benefits commencing prior to age 60 are reduced by 5% per year if the participant has less than 15 years of service.
13.	Pre-retirement spouse benefit for active employees	
	a. Eligibility	5 years of vesting service.
	b. Benefit	100% of the benefit the participant would have received had the participant terminated employment on the date of death. The benefit is guaranteed for at least 10 years.
14.	Pre-retirement spouse benefit for terminated employees	
	a. Eligibility	5 years of vesting service.
	b. Benefit	100% of the benefit the participant would have received had the participant terminated employment on the date of death. If payments would otherwise cease within the first 10 years after benefit commencement, payments equal to 97% of the pension are continued until the end of the 10-year period.
15.	Special Supplemental Benefit	
	a. Eligibility	Participants who are not eligible to receive any benefits under the Railroad Retirement Act or from the Social Security Administration.
	b. Benefit	The benefit formula is designed to estimate the benefit the participant and the participant's spouse would have been entitled to under Railroad Retirement if the participant were covered under Railroad Retirement for all work performed. This benefit is reduced by the Railroad Retirement benefit the participant and spouse are actually eligible to receive under Railroad Retirement.

Schedule SB, Part V – Summary of Plan Provisions (continued)

16.	Benefit forms	For single participants, the benefits are based on the 10 year certain and life. The pension shall be equal to 97% of the accrued benefit. For married participants, the benefits are based on the 100% joint and survivor benefit. If payments would otherwise cease within the first 10 years after the participant's retirement date, payments equal to 97% of the pension are continued until the end of the 10 year period.
17.	Cost of living adjustments to pensioners	None.
18.	Status of Plan	The plan is an ongoing pay/service plan. There are no changes pending.

AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2020

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 53-6014540
Plan No. 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par/maturity value or shares: Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	MUTUAL FUNDS						
	AFL-CIO Housing Investment Trust	N/A	N/A	N/A	10,393	$ 11,742,581	$ 12,228,602
	Blackrock Strategic Income Opportunity Fund	N/A	N/A	N/A	1,187,238	11,585,702	12,323,526
	Vanguard Strategic Corporate Bond Index Fund	N/A	N/A	N/A	155,492	4,143,595	4,305,581
	Vanguard Total International Stock Index Fund	N/A	N/A	N/A	71,819	7,652,578	9,321,426
	Total mutual funds					35,124,456	38,179,135
	COMMON COLLECTIVE FUND						
	ASB Labor Equity Index Fund	N/A	N/A	N/A	477,391	4,975,069	16,417,914
	Western Asset U.S. Intermediate Plus Fund	N/A	N/A	N/A	575,031	10,596,000	12,654,721
	ASB Allegiance Real Estate Fund	N/A	N/A	N/A	1,893	2,937,275	3,134,734
	Crescent Captial Trust II	N/A	N/A	N/A	N/A	2,916,790	3,028,294
	Longview Small Cap 600 Index Fund	N/A	N/A	N/A	2,809	2,533,544	4,384,686
	Total common collective fund					23,958,678	39,620,349
	LIMITED PARTNERSHIP						
	Oaktree Real Estate Debt Fund II, L.P.	N/A	N/A	N/A	N/A	3,560,000	3,210,670
	Total limited partnerships					3,560,000	3,210,670
	COMMINGLED REAL ESTATE FUNDS						
	AFL-CIO Building Investment Trust	N/A	N/A	N/A	405	3,002,574	3,075,352
	SHORT-TERM INVESTMENT						
	Blackrock Liquid Federal Funds	N/A	N/A	Varies	246	246	246
	JP Morgan Prime Money Market Fund	N/A	N/A	Varies	2,512,099	2,512,099	2,512,099
	Total short-term investment					2,512,345	2,512,345
	CORPORATE STOCK						
	ULLICO Company Class A	N/A	N/A	N/A	42,361	991,536	1,240,330
	INSURANCE COMPANY ACCOUNTS						
	ULLICO Fixed Income Accounts						
	Accumulation Account	N/A	N/A	N/A	170,992	170,992	170,992
	Separate Account R	N/A	N/A	N/A	988,111	3,459,537	4,095,231
	Total insurance company accounts					3,630,529	4,266,223
	Total assets (held at end of year)					$ 72,780,118	$ 92,104,404

Attachments to 2020 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, line 26 – Schedule of Active Participant Data

Table A-2
Distribution of Active Participants
By Age and Service as of January 1, 2020
Counts by Age/Service

	Service										
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	**Total**
Under 25	0	1	0	0	0	0	0	0	0	0	1
25-29	0	6	1	0	0	0	0	0	0	0	7
30-34	1	3	1	2	0	0	0	0	0	0	7
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	1	0	0	0	0	0	0	0	0	1
45-49	0	1	2	2	1	0	1	0	0	0	7
50-54	1	5	3	1	0	1	0	2	0	0	13
55-59	0	3	6	1	3	0	2	0	0	0	15
60-64	0	2	3	1	1	0	0	0	0	0	7
65-69	0	1	1	0	2	2	0	0	0	0	6
70 & Up	0	1	3	0	0	1	1	0	0	0	6
Total	2	24	20	7	7	4	4	2	0	0	70

Average Age = 52.1 Average Service = 9.89

Attachments to 2020 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, line 32 – Schedule of Amortization Bases:

Schedule of Amortization Bases				
	Type of Base	1/1/2020 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1.	Shortfall	1,004,290	7.00	162,665
2.	Shortfall	2,174,602	6.00	399,990
3.	Shortfall	3,172,389	5.00	680,638
4.	Shortfall	1,753,866	4.00	462,254
5.	Shortfall	324,899	3.00	112,194
	Total	**8,430,046**		**1,817,741**

Attachments to 2020 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

1.	Valuation date	January 1, 2020.
2.	Cost method	Unit credit.
3.	Asset valuation method	24 month average of assets as described in Section 430.
4.	Interest Rates a. Funding	5.36% is the effective interest rate based on the IRC §430(h)(2)(B) base segment rates for 2020, as allowed under IRC §430(h)(2)(C)(iv) which was amended under MAP-21, HATFA, BBA, and as published in IRS Notice 2019-51, respectively. Segment 1 – 3.64% Segment 2 – 5.21% Segment 3 – 5.94%
	b. PPA and PBGC Premium Funding Target (pre MAP-21 rates as of September 2019)	Segment 1 – 2.79% Segment 2 – 3.92% Segment 3 – 4.38%
	c. Investment Earnings	7.50%
5.	Mortality	IRS 2020 Optional Combined Small Plan Standard Mortality Table as prescribed by the regulatory guidance of the Pension Protection Act of 2006 for Funding Purposes. No additional future mortality improvement has been assumed other than that used to develop the IRS prescribed mortality table identified above.
6.	Pay increases	3.50% per year.
7.	Annual pension adjustment	None.
8.	Age of spouse	Males are assumed to be three years older than their spouses.
9.	Expenses	$250,000
10.	Percent married	85%

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

11. Disability rates — None.

12. Retirement

a. Staff

Age	Annual Rate per 100 Participants
60	25
61	20
62	30
63	30
64	30
65	100

b. Officers — Age 65

c. Terminated Vested — Age 60

13. Turnover — Separation rates at sample ages are shown below:

Age	Annual Rate per 100 Participants	
	Male	Female
20	2.1	7.2
25	1.9	5.6
30	1.3	3.4
35	0.9	1.8
40	0.6	1.0
45	0.0	0.0
50	0.0	0.0
55	0.0	0.0

14. Conversion factor from Canadian $ to U.S. $ — $0.771486 exchange rate per Federal Reserve Bank of New York as of December 31, 2019.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

☒ a single-employer plan ☐ a DFE (specify) _____

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

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

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

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

☐ special extension (enter description)

Part II Basic Plan Information - enter all requested information

1a Name of plan
AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/12/1970

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)
AMALGAMATED TRANSIT UNION

10000 NEW HAMPSHIRE AVENUE

SILVER SPRING MD 20903-1706

2b Employer Identification Number (EIN) 53-6014540

2c Plan Sponsor's telephone number 301 431 7100

2d Business code (see instructions) 813000

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

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

SIGN HERE	[signature]	10.8.2021	KENNETH KIRK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

018401 12-03-20

15271001 712177 32773 2020.04030 AMALGAMATED TRANSIT UNION 32773__1

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	158
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	70
a (2) Total number of active participants at the end of the plan year	**6a(2)**	73
b Retired or separated participants receiving benefits	**6b**	59
c Other retired or separated participants entitled to future benefits	**6c**	18
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	150
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	15
f Total. Add lines **6d** and **6e**	**6f**	165
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	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:
1A

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

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

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

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

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

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

AMALGAMATED TRANSIT UNION PENSION PLAN FOR INTERNATIONAL OFFICERS AND EMPLOYEES

SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2020

FORM 5500, SCHEDULE H, Line 4j

E.I.N. 53-6014540
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	JP Morgan Prime Money Market Fund	N/A	$ 8,720,176	N/A	N/A	$ 8,720,176	$ 8,720,176	$ -
	JP Morgan Prime Money Market Fund	$ 6,534,518	N/A	N/A	N/A	6,534,518	6,534,518	N/A

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

A Name of plan
Amalgamated Transit Union Pen. Plan for Int'l Officers & EEs

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Amalgamated Transit Union

D Employer Identification Number (EIN)
53-6014540

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2020

2 Assets:

a Market value	**2a**	87,325,397
b Actuarial value	**2b**	85,968,194

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	68	62,492,283	62,492,283
b For terminated vested participants	20	2,490,092	2,490,092
c For active participants	70	27,781,801	29,415,865
d Total	158	92,764,176	94,398,240

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.36 %
6 Target normal cost	**6**	2,640,637

Statement by Enrolled Actuary

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

SIGN HERE

Coralie Taylor

Signature of actuary

September 30, 2021

Date

CORALIE A. TAYLOR

Type or print name of actuary

20-08054

Most recent enrollment number

CHEIRON, INC

Firm name

(703)893-1456

Telephone number (including area code)

8300 GREENSBORO DRIVE
SUITE 800
MCLEAN VA 22102

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 13.04%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		453
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.50%		25
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		478
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	91.06%
15	Adjusted funding target attainment percentage	15	91.06%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.43%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2020	418		01/11/2021	965,418	
04/01/2020	965,000		02/09/2021	100,000	
07/15/2020	965,418		06/18/2021	421,848	
08/24/2020	100,000				
10/14/2020	1,066,526				
12/23/2020	50,000				
			Totals ► **18(b)**	4,634,628	**18(c)** 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4,459,974

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	2,640,637
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	8,430,046	1,817,741
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4,458,378

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	4,458,378
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4,459,974
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1,596
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☒ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011

Attachments to 2020 Schedule SB (Form 5500)
Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Weighted Average Retirement Age (Staff)

Age (1)	Assumed Rate of Retirement* (2)	Population (3)	Expected Number of Retirements [(2) x (3)] (4)	Weighted Average [(1) x (4)] (5)
60	0.25	50,000	12,500	750,000
61	0.20	37,500	7,500	457,500
62	0.30	30,000	9,000	558,000
63	0.30	21,000	6,300	396,900
64	0.30	14,700	4,410	282,240
65	1.00	10,290	10,290	668,850
Total			50,000	3,113,490

Weighted Average Retirement Age (Staff): **62.27**

Officers in the plan are assumed to retire at age 65.

2020 Weighted Average Retirement Age (Population)

Class	Average Retirement Age	Weight of Active Population	Weighted Average
Staff	62.27	0.70	43.59
Officer	65.00	0.30	19.50
Weighted Average Retirement Age (Population):			**63.09**

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

1.	Valuation date	January 1, 2020.
2.	Cost method	Unit credit.
3.	Asset valuation method	24 month average of assets as described in Section 430.
4.	Interest Rates a. Funding	5.36% is the effective interest rate based on the IRC §430(h)(2)(B) base segment rates for 2020, as allowed under IRC §430(h)(2)(C)(iv) which was amended under MAP-21, HATFA, BBA, and as published in IRS Notice 2019-51, respectively. Segment 1 – 3.64% Segment 2 – 5.21% Segment 3 – 5.94%
	b. PPA and PBGC Premium Funding Target (pre MAP-21 rates as of September 2019)	Segment 1 – 2.79% Segment 2 – 3.92% Segment 3 – 4.38%
	c. Investment Earnings	7.50%
5.	Mortality	IRS 2020 Optional Combined Small Plan Standard Mortality Table as prescribed by the regulatory guidance of the Pension Protection Act of 2006 for Funding Purposes. No additional future mortality improvement has been assumed other than that used to develop the IRS prescribed mortality table identified above.
6.	Pay increases	3.50% per year.
7.	Annual pension adjustment	None.
8.	Age of spouse	Males are assumed to be three years older than their spouses.
9.	Expenses	$250,000
10.	Percent married	85%

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

11. Disability rates — None.

12. Retirement

a. Staff

Age	Annual Rate per 100 Participants
60	25
61	20
62	30
63	30
64	30
65	100

b. Officers — Age 65

c. Terminated Vested — Age 60

13. Turnover — Separation rates at sample ages are shown below:

Age	Annual Rate per 100 Participants	
	Male	Female
20	2.1	7.2
25	1.9	5.6
30	1.3	3.4
35	0.9	1.8
40	0.6	1.0
45	0.0	0.0
50	0.0	0.0
55	0.0	0.0

14. Conversion factor from Canadian $ to U.S. $ — $0.771486 exchange rate per Federal Reserve Bank of New York as of December 31, 2019.

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Amalgamated Transit Union Pension Plan for International Officers and Employees
EIN 53-6014540, Plan 001

Schedule SB, Part V – Summary of Plan Provisions

1.	Effective date of plan	September 1, 1953.
2.	Plan coverage	The plan covers all International Officers and Employees.
3.	Plan Year	The calendar year.
4.	Benefit service	Credited service under the prior plan, for employment prior to January 1, 1976, plus the number of cumulative years after December 31, 1975.
5.	Vesting service	Credited service under the prior plan, for employment prior to January 1, 1976, plus the period of service after December 31, 1975.
6.	Annual earnings	Total annual compensation paid during any twelve-month period. Pay is limited to $285,000 for 2020.
7.	Average annual earnings	The three consecutive twelve-month periods out of the last 120 months during which the employee earned the highest total pay.
8.	Accrued benefit	3% of average annual earnings times benefit service. The maximum benefit is 75% of average annual earnings. Monthly payments are 1/12 of this amount.
9.	Normal retirement	
	a. Eligibility	Attainment of age 60.
	b. Benefit	The accrued benefit.
10.	Early retirement	
	a. Eligibility	Attainment of age 55 and 5 years of vesting service.
	b. Benefit	The accrued benefit if the employee has at least 10 years of vesting service. Otherwise, the accrued benefit is reduced by 5% per year prior to age 60.
11.	Disability retirement	
	a. Eligibility	No service or age requirement for disability due to occupational accidents. 5 years of vesting service for non-occupational disability.
	b. Benefit	Unreduced accrued benefit. The minimum disability retirement is 50% of average annual earnings for occupational accidents.

Schedule SB, Part V – Summary of Plan Provisions (continued)

12.	Vested termination	
	a. Eligibility	5 years of vesting service.
	b. Benefit	Accrued benefit payable at age 60, or a reduced accrued benefit, as early as age 55. Benefits commencing prior to age 60 are reduced by 5% per year if the participant has less than 15 years of service.
13.	Pre-retirement spouse benefit for active employees	
	a. Eligibility	5 years of vesting service.
	b. Benefit	100% of the benefit the participant would have received had the participant terminated employment on the date of death. The benefit is guaranteed for at least 10 years.
14.	Pre-retirement spouse benefit for terminated employees	
	a. Eligibility	5 years of vesting service.
	b. Benefit	100% of the benefit the participant would have received had the participant terminated employment on the date of death. If payments would otherwise cease within the first 10 years after benefit commencement, payments equal to 97% of the pension are continued until the end of the 10-year period.
15.	Special Supplemental Benefit	
	a. Eligibility	Participants who are not eligible to receive any benefits under the Railroad Retirement Act or from the Social Security Administration.
	b. Benefit	The benefit formula is designed to estimate the benefit the participant and the participant's spouse would have been entitled to under Railroad Retirement if the participant were covered under Railroad Retirement for all work performed. This benefit is reduced by the Railroad Retirement benefit the participant and spouse are actually eligible to receive under Railroad Retirement.

Schedule SB, Part V – Summary of Plan Provisions (continued)

16.	Benefit forms	For single participants, the benefits are based on the 10 year certain and life. The pension shall be equal to 97% of the accrued benefit. For married participants, the benefits are based on the 100% joint and survivor benefit. If payments would otherwise cease within the first 10 years after the participant's retirement date, payments equal to 97% of the pension are continued until the end of the 10 year period.
17.	Cost of living adjustments to pensioners	None.
18.	Status of Plan	The plan is an ongoing pay/service plan. There are no changes pending.

Schedule SB, line 24 – Change in Actuarial Assumptions

- The exchange rate used to convert Canadian dollars to U.S. dollars changed from $0.732923 to $0.771486 per the Federal Reserve Bank of New York as of December 31, 2019

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EIN 53-6014540, Plan 001

Schedule SB, line 26 – Schedule of Active Participant Data

Table A-2
Distribution of Active Participants
By Age and Service as of January 1, 2020
Counts by Age/Service

	Service										
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	**Total**
Under 25	0	1	0	0	0	0	0	0	0	0	1
25-29	0	6	1	0	0	0	0	0	0	0	7
30-34	1	3	1	2	0	0	0	0	0	0	7
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	1	0	0	0	0	0	0	0	0	1
45-49	0	1	2	2	1	0	1	0	0	0	7
50-54	1	5	3	1	0	1	0	2	0	0	13
55-59	0	3	6	1	3	0	2	0	0	0	15
60-64	0	2	3	1	1	0	0	0	0	0	7
65-69	0	1	1	0	2	2	0	0	0	0	6
70 & Up	0	1	3	0	0	1	1	0	0	0	6
Total	2	24	20	7	7	4	4	2	0	0	70

Average Age = 52.1 Average Service = 9.89

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Schedule SB, line 32 – Schedule of Amortization Bases:

Schedule of Amortization Bases				
	Type of Base	1/1/2020 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1.	Shortfall	1,004,290	7.00	162,665
2.	Shortfall	2,174,602	6.00	399,990
3.	Shortfall	3,172,389	5.00	680,638
4.	Shortfall	1,753,866	4.00	462,254
5.	Shortfall	324,899	3.00	112,194
	Total	**8,430,046**		**1,817,741**