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 07/01/2020 and ending 06/30/2021

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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [X] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ALLIED AVIATION NEW YORK SERVICES PENSION PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 07/01/1969

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)
ALLIED NEW YORK SERVICES, INC.

266 WEST 37TH STREET SUITE 302
NEW YORK, NY 10018

2b Employer Identification Number (EIN) 11-3666918

2c Plan Sponsor's telephone number 212-868-5593

2d Business code (see instructions) 488100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2022	ROBERT ROSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ALLIED NEW YORK SERVICES, INC.

266 WEST 37TH STREET SUITE 302
NEW YORK, NY 10018

3b Administrator's EIN
11-3666918

3c Administrator's telephone number
212-868-5593

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**	557
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)**	166
a(2) Total number of active participants at the end of the plan year	**6a(2)**	152
b Retired or separated participants receiving benefits	**6b**	154
c Other retired or separated participants entitled to future benefits	**6c**	210
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	516
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	34
f Total. Add lines **6d** and **6e**	**6f**	550
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**	2
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:

1B 3H

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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 07/01/2020 and ending 06/30/2021

▶ **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
ALLIED AVIATION NEW YORK SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ALLIED NEW YORK SERVICES, INC.

D Employer Identification Number (EIN)
11-3666918

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

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

Part I Basic Information

1	Enter the valuation date: Month 07 Day 01 Year 2020		
2	Assets:		
	a Market value	**2a**	30809664
	b Actuarial value	**2b**	30809664

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	175	13284047	13284047
b For terminated vested participants	216	4790483	4790483
c For active participants	166	8830676	8835854
d Total	557	26905206	26910384

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**	5.74 %
6	Target normal cost	**6**	583055

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

	03/22/2022
Signature of actuary	Date
GARRETT T. NOROF	20-07808
Type or print name of actuary	Most recent enrollment number
USI CONSULTING GROUP	212-949-1344
Firm name	Telephone number (including area code)
261 MADISON AVENUE 5TH FLOOR NEW YORK, NY 10016	
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)	7843255	
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)	7843255	
10	Interest on line 9 using prior year's actual return of 5.07 %	397653	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		121
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 5.55 %		7
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		128
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)	8240908	

Part III Funding Percentages

14	Funding target attainment percentage	14	83.86 %
15	Adjusted funding target attainment percentage	15	114.48 %
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	112.67 %
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
01/15/2021	174000				
04/13/2021	174000				
07/15/2021	86000				
10/13/2020	173310				
			Totals ► 18(b)	607310	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	587099

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:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	62

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**	

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	583055
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
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**	583055

	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**	583055
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	587099

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	4044
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**	
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 07/01/2020 and ending 06/30/2021

A Name of plan
ALLIED AVIATION NEW YORK SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED NEW YORK SERVICES, INC.

D Employer Identification Number (EIN)
11-3666918

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MANNING & NAPIER ADVISORS, LLC
290 WOODCLIFF DRIVE
FAIRPORT, NY 14450

45-3328488

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

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

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

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

USI CONSULTING GROUP, INC.

95 GLASTONBURY BOULEVARD STE 102
GLASTONBURY, CT 06033

06-1053228

(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	ACTUARY	59620	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVIS, WARD & HOCHMAN, LLP

150 EAST 58TH STREET 20TH FLOOR
NEW YORK, NY 10155

20-0494412

(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	ACCOUNTANT	27243	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EXETER TRUST COMPANY

290 WOODCLIFF DRIVE
FAIRPORT, NY 14450

02-0476209

(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	TRUSTEE	176478	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)

STEARNS WEAVER MILLER WEISSLER A&S

150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130

59-2126062

(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	LAWYER	10300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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 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 07/01/2020 and ending 06/30/2021

A Name of plan
ALLIED AVIATION NEW YORK SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED NEW YORK SERVICES, INC.

D Employer Identification Number (EIN)
11-3666918

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	231577	86000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	46737	31204
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	583111	651480
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	29981773	34435905
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(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	30843198	35204589
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	30694	25278
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	30694	25278
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	30812504	35179311

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)	607310	
	(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)		607310
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	625133	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		625133
	(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)	5085923	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		5085923

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6318366
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1318687	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	406	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1319093
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)	97163	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	176478	
(4) Other	2i(4)	358825	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		632466
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1951559
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4366807
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) Name: DAVIS, WARD & HOCHMAN, LLP **(2)** EIN: 20-0494412

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**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 4347447.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
ALLIED AVIATION NEW YORK SERVICES PENSION PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ALLIED NEW YORK SERVICES, INC.

D Employer Identification Number (EIN)
11-3666918

Part I Distributions

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

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

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

EIN(s): 02-0476209

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

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

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

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

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Allied Aviation New York Services Pension Plan

Financial Statements and Supplemental Schedules

Years Ended June 30, 2021 and 2020

Allied Aviation New York Services Pension Plan

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Davis, Ward & Hochman, LLP
Certified Public Accountants and Consultants

Independent Auditors' Report

To the Plan Administrator of the
Allied Aviation New York Services Pension Plan
New York, New York

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

We have performed an audit of the financial statements of Allied Aviation New York Services Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of June 30, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions as of and for the year ended June 30, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Auditor's Report on the June 30, 2020 Financial Statements

We were engaged to audit the financial statements as of and for the year ended June 30, 2020 of Allied Aviation New York Services Pension Plan (2020 Financial Statements). As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated March 29, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Davis, Ward & Hochman, LLP

Davis, Ward & Hochman, LLP

New York, New York
March 31, 2022

Allied Aviation New York Services Pension Plan

Statements of Net Assets Available for Benefits

June 30,	**2021**	2020
Assets		
Investments, at fair value:		
Interest-bearing cash	**$ 651,480**	$ 583,111
Common stocks	**9,777,488**	7,205,770
Exchange traded funds	**24,658,417**	22,776,003
Total investments	**35,087,385**	30,564,884
Receivables:		
Accrued income	**31,204**	46,737
Employer contributions	**86,000**	231,577
Total receivables	**117,204**	278,314
Total assets	**35,204,589**	30,843,198
Liabilities		
Administrative expenses payable	**25,278**	30,694
Net assets available for benefits	**$ 35,179,311**	$ 30,812,504

See accompanying independent auditors' report and notes to financial statements.

Allied Aviation New York Services Pension Plan

Statements of Changes in Net Assets Available for Benefits

Year ended June 30,	**2021**	2020
Additions:		
Investment income:		
Net appreciation in fair value of investments	**$ 5,085,923**	$ 749,685
Dividend and interest income	**625,133**	749,441
Total net investment income	**5,711,056**	1,499,126
Contributions:		
Employer	**607,310**	722,008
Total contributions	**607,310**	722,008
Total additions	**6,318,366**	2,221,134
Deductions:		
Benefits paid to participants and beneficiaries	**1,318,687**	1,234,553
Other expenses	**406**	-
Administrative expenses	**632,466**	251,911
Total deductions	**1,951,559**	1,486,464
Net increase in net assets available for benefits	**4,366,807**	734,670
Net assets available for benefits:		
Beginning of year	**30,812,504**	30,077,834
End of year	**$ 35,179,311**	$ 30,812,504

See accompanying independent auditors' report and notes to financial statements.

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Allied Aviation New York Services Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General Information

The Plan is a noncontributory defined benefit plan maintained by Allied Aviation New York Services, Inc. (the "Plan Sponsor" or "Company"). The Plan and all rights thereunder are governed by, and construed in accordance with, the laws of the State of New York. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan, as amended, is for the benefit of the employees of the Company, whose employment is subject to a collective bargaining agreement, as amended from time to time, between the Company and the Coal, Gasoline and Fuel Oil Teamsters, Chauffeurs, Oil Burner Installation, Maintenance, Servicemen and helpers of New York City and Vicinity, Nassau and Suffolk Counties, New York, Local 553, and affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America (the "Union").

The purpose of the Plan is to provide retirement and certain other benefits for the eligible employees of the Company whose employment continues to be subject to a collective bargaining agreement between the Company and the Union and whose employment is located at the Company's facilities at the John F. Kennedy International Airport.

The Company has the general responsibility and discretionary authority for the administration, establishment and interpretation of the Plan and its summary plan descriptions and modifications. This includes, but is not limited to, complying with reporting and disclosure requirements, establishing and maintaining Plan records, adopting amendments to the Plan, deciding all questions arising in connection with the Plan, and reviewing the investment performance and methods of the Plan trustee.

Participation

An eligible employee is defined as any employee of the Company whose employment is subject to a collective bargaining agreement between the Company and the Union and whose place of employment and job is situated at the Company's facilities at John F. Kennedy International Airport. Each eligible employee was automatically enrolled in the Plan upon completion of one year of service and the attainment of age 21. A participant's membership in the Plan ceases upon retirement, death, or any break in service.

Vesting

Generally, participants with five or more years of service (defined as a minimum of 1,000 hours in a Plan year) are eligible for full pension benefits beginning at the normal retirement age of 62.

Pension Benefits

The monthly pension benefit is calculated by multiplying a fixed rate, determined through a collective bargaining agreement renegotiated periodically, times the member's Years of Benefit Credit earned. A Benefit Credit is earned on a graduated scale each year, based on the number of hours worked. The Plan permits early retirement at reduced benefits at age 55 or any month thereafter up to age 62, provided that the employee has ten years of benefit credit.

There are several different forms of benefit payments a participant can choose from under the Plan. All the forms of benefit payments are actuarially equivalent to a pension in the form of a Single Life Annuity with a Five Year Certain, payable monthly to the participant. If a participant terminates for any reason other than death, disability or retirement prior to his completion of five years of service, no benefit shall be payable under the Plan.

Disability Benefits

If an active participant has ten or more years of benefit credit, has not reached age 62 and is eligible to receive disability benefits under the Federal Social Security Act, the participant is entitled to pension benefits as if he applied for normal retirement.

Death Benefits

No death benefits are payable under the plan in the event of death before the participant is vested. If the participant is vested and dies prior to retirement, the participant's spouse/beneficiary may be entitled to a reduced monthly benefit the participant would have received if the participant had retired on the date of death until a total of 60 monthly pension payments have been made from the date of death. The amount of the benefit will be reduced by half of 1% for each month the benefit is paid prior to the date of the participant's normal retirement had he or she lived. If the participant is vested and dies subsequent to retirement, the participant's spouse/beneficiary may be entitled to the remainder of benefit payments until a total of 60 payments have been made. In addition, the spouse/beneficiary is entitled to either 50% or 75% of the benefit payable to the participant thereafter, provided that the participant has not waived the Qualified Joint and Survivor Annuity.

Plan Expenses

Plan expenses are paid by the Plan unless the Company elects to pay such expenses directly. Plan expenses consist of custody fees, trustee fees, actuarial fees, auditor fees, PBGC fees and legal fees. Plan expenses paid by the Company in fiscal 2021 and 2020 were immaterial.

Plan Modification

Effective as of July 1, 2016, the Plan was modified to restrict entry into the Plan for employees who would have normally met the eligibility requirements on or after August 1, 2016. All employees which were in the Plan as of June 30, 2015 were not affected by this modification. All employees who had a start date after July 1, 2015 are ineligible to participate in the Plan, although are eligible to participate in the Company matched 401(k) plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared under the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Funds that have been allocated and applied to purchase annuities are excluded from the Plan's assets.

Investment transactions are accounted for on the date purchases or sales are executed. Realized and unrealized gains and losses are determined based on the fair market value of the assets at the beginning of the Plan year. Dividend income is accounted for on the ex-dividend date. Interest income is recorded on the accrual basis as earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. See note 7 for a discussion of fair value measurements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Payment of Benefits

Benefits paid to participants are recorded upon distribution.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits. Actual results could differ from those estimates.

3. Funding Policy

The Company makes quarterly contributions to the Plan sufficient to provide the Plan with assets with which to pay future pension benefits to Plan participants, as required by ERISA. The contributions of the Company are actuarially determined. The Company met the minimum funding requirements of ERISA for the Plan years ended June 30, 2021 and 2020.

4. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, USI Consulting Group, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. Benefit payments that are provided by annuity contracts are excluded from plan assets and are also excluded from accumulated plan benefits. Effective July 1, 2006, the Plan no longer purchases annuity contracts for retirees.

The significant actuarial assumptions and method used in the July 1, 2020 and 2019 valuations were:

Funding method – Unit Credit Cost Method
Mortality – Pri-2012 Blue Collar Mortality Table with MP-2020 Scaling projected on a fully generational basis at July 1, 2020 and Pri-2012 Blue Collar Mortality Table with MP-2019 Scaling projected on a fully generational basis at July 1, 2019
Retirement age - Age 62, or current age, if older
Investment return - 7% per annum (pre-retirement funding)

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

The Company selects the expected rate of return on Plan assets in consultation with its investment advisor from Manning and Napier Advisors, LLC and actuary from USI Consulting Group. The expected rate of return on Plan assets was 7% for the July 1, 2020 and 2019 valuations and was based on the composition of Plan assets and anticipated rates of return for current market conditions and future expectations. The expected rate of return is a long-term assumption that generally does not change annually. USI Consulting Group has provided the Plan with the effective interest rate of 5.74% as of July 1, 2020, which was used to calculate targeted funding requirements included in Schedule SB of Form 5500 and was based on IRS mandated rates.

The actuarial present value of the accumulated plan benefits as of July 1, 2020 and 2019 are as follows:

	2020	2019
Retirees and beneficiaries	**$ 11,470,677**	$ 10,644,847
Terminated – vested	**4,053,274**	3,726,955
Active – vested	**7,482,887**	7,902,476
Active – nonvested	**5,418**	10,513
Total actuarial present value of accumulated plan benefits	**$ 23,012,256**	$ 22,284,791

The changes in the actuarial present value of the accumulated plan benefits as of July 1, 2020 and 2019 are as follows:

	2020	2019
Present value of the accumulated plan benefits at beginning of period	**$ 22,284,791**	$ 21,564,949
Increase (decrease) during the year due to:		
Benefits paid	**(1,234,553)**	(1,126,131)
Interest	**1,517,457**	1,470,798
Benefits accumulated	**484,120**	465,757
Assumption changes	**(39,559)**	(90,582)
Present value of accumulated plan benefits at July 1	**$ 23,012,256**	$ 22,284,791

5. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CRF 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Exeter Trust Company, the trustee, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate. Exeter Trust Company is a subsidiary of Manning & Napier, Inc., which has its headquarters in Fairport, New York. The combined consolidated financial statements of Manning & Napier, Inc. were audited by PricewaterhouseCoopers LLP for the years ended December 31, 2021 and 2020.

June 30,	**2021**	2020
Interest-bearing cash	**$ 651,480**	$ 583,111
Common stocks	**9,777,488**	7,205,770
Exchange traded funds	**24,658,417**	22,776,003

June 30,	**2021**	2010
Net appreciation in fair value of investments	**$ 5,085,923**	$ 749,685
Dividend and interest income	**625,133**	749,441

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

6. Investments

Exeter Trust Company, an independent trustee and investment advisor, manages and controls the Plan investments. In order to reduce the fees charged to the Plan, effective November 2, 2016, the Plan changed its investments in the Manning & Napier Pro-Mix Extended Term Collective Investment Trust fund to the Manning & Napier Global Tactical Portfolio – Moderate Growth Strategy fund and the Disciplined Value Strategy fund, which primarily invest in exchange-traded funds and equity securities, respectively.

7. Fair Value Measurements

The framework for measuring fair value 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 for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

Level 3 – Inputs to the valuation methodology that 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The valuation methodologies used may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements as of the reporting date.

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at June 30, 2021 and 2020.

Interest-bearing cash: Interest-bearing cash is valued at cost plus accrued income, which approximates fair value due to its liquid nature and is protected by the Federal Deposit Insurance Corporation (FDIC).

Common Stocks: Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Exchange traded funds: Exchange traded funds are valued using quoted prices listed on nationally recognized securities exchanges.

The following sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2021 and 2020:

	Investment assets at fair value at June 30, 2021			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 651,480	$ -	$ -	$ 651,480
Common Stocks	9,777,488	-	-	9,777,488
Exchange traded funds	24,658,417	-	-	24,658,417
	$35,087,385	$ -	$ -	$35,087,385

	Investment assets at fair value at June 30, 2020			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 583,111	$ -	$ -	$ 583,111
Common Stocks	7,205,770	-	-	7,205,770
Exchange traded funds	22,776,003	-	-	22,776,003
	$30,564,884	$ -	$ -	$30,564,884

8. Parties-In-Interest Transactions

Plan investments are managed by Manning & Napier Advisors, LLC, an affiliate of Exeter Trust Company. State Street Bank & Trust Company provides sub-custodian services to Exeter Trust Company, and provides all safekeeping and clearing arrangements. Transactions with these entities qualify as party-in-interest transactions.

9. Tax Status

The Plan received a determination letter from the Internal Revenue Service dated August 5, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "IRC"), and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter and the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, is exempt from taxation.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The

Plan administrator believes it is no longer subject to income tax examinations for years prior to the year ended June 30, 2018.

10. Plan Termination

Although it has not expressed any intent to do so, the Company has the right at any time to amend, suspend, or terminate the Plan, in whole or in part, and for any reason, without the consent of the Participants or their beneficiaries, subject to the provisions set forth in ERISA.

In the event the Plan is terminated, the net assets of the Plan (except for any benefits purchased though annuity contracts) will be used to pay retirement benefits accrued to the date of termination, but only to the extent that such retirement benefits have been funded by contributions made prior to the date of termination. The Plan net assets will be allocated to the Participants in the following order:

(a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits paid in the form of an annuity under the Plan.

The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

(b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.

(c) All other vested benefits (that is, vested benefits not insured by the PBGC).

(d) All non-vested benefits.

Any net assets of the Plan remaining after the payment of all expenses of final administration, and after payment of all liabilities accrued to the termination date, shall be paid to the Company.

Certain benefits under the Plan are insured by the 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. However, the PBGC does not guarantee all types of

benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

11. Risks And Uncertainties

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 such changes could materially affect the amounts reported in the statement of net assets available for 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.

During 2020, there was an outbreak of the novel coronavirus (COVID 19) which impacted the financial markets and the global economy. COVID-19 has adversely affected, and may continue to adversely affect, the financial markets and the global economy. The related subsequent financial impact and duration cannot be reasonably estimated at this time.

12. Subsequent Events

The Company has evaluated subsequent events from July 1, 2021 through March 31, 2022, the date the financial statements were available to be issued, and has determined that there are no events to disclose.

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Interest-Bearing Cash:				
*	State Street Interest Bearing Fund	Interest-Bearing Cash Account	$ 250,000	**$ 250,000**
*	State Street Instl US Govt Money Mkt Fd	Interest-Bearing Cash Account	225,186	**225,186**
*	State Street Interest Bearing Fund	Interest-Bearing Cash Account	176,294	**176,294**
Exchange Traded Funds:				
	Goldman Sachs	TR Access INVT GR ETF – 17,794 units	936,773	**975,823**
	Goldman Sachs	TR ActiveBeta INT – 12,963 units	362,926	**452,798**
	Invesco	Exchange Traded Fd TR S&P500 – 7,438 units	512,550	**547,511**
	Schwab	US DVD Equity – 7,179 units	401,849	**542,876**
	SPDR	Portfolio Intrm Term Treasury ETF – 102,017 units	3,239,285	**3,303,311**
	SPDR	Series Trust Portfolio SH TSR – 32,426 units	982,511	**993,533**
	Vanguard	FTSE Developed Markets ETF – 26,647 units	885,818	**1,372,854**
	Vanguard	FTSE Emerging Markets ETF – 13,583 units	521,758	**737,693**
	Vanguard	INDEX FDS REAL ESTATE ETF – 1,859 units	156,144	**189,228**
	Vanguard	INT Term Corporate Bond ETF – 6,231 units	540,425	**592,381**
	Vanguard	Long Term Corporate Bond ETF – 4,827 units	474,787	**516,199**
	Vanguard	Mid-Cap ETF – 1,562 units	210,519	**370,741**
	Vanguard	Mortgage Backed Securities ETF – 52,168 units	2,743,146	**2,784,206**
	Vanguard	Scottsdale FDS Long Term – 15,491 units	1,441,326	**1,358,561**
	Vanguard	S&P 500 ETF – 10,167 units	2,465,308	**4,000,918**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	Short Term Corporate ETF – 9,027 units	716,106	**746,623**
	Vanguard	Small Cap ETF – 2,446 units	297,286	**551,035**
	Vanguard	Total Bond Market ETF – 49,551 units	4,292,076	**4,255,935**
	Vanguard	Value ETF – 2,664 units	271,652	**366,193**
Common Stocks:				
	3M Company	Common Stock – 790 shares	136,724	**156,918**
	Allstate Corp.	Common Stock – 550 shares	54,822	**71,742**
	Analog Devices Inc	Common Stock – 555 shares	59,692	**95,549**
	Archer Daniels Midland CO	Common Stock – 1,057 shares	45,371	**64,054**
	Automatic Data Processing Inc	Common Stock – 579 shares	88,847	**115,001**
	Barrick Gold Corp	Common Stock – 2,900 shares	58,044	**59,972**
	Best Buy Inc.	Common Stock – 600 shares	30,536	**68,988**
	BHP Group PLC	Common Stock – 2,761 shares	159,763	**164,804**
	Bristol-Myers Squibb CO	Common Stock – 2,546 shares	133,945	**170,124**
	British American Tobacco .	Common Stock – 2,767 shares	105,229	**108,771**
	Broadridge Financial Solutions	Common Stock – 244 shares	37,660	**39,413**
	C H Robinson Worldwide Inc.	Common Stock – 391 shares	30,529	**36,625**
	Campbell Soup CO	Common Stock – 667 shares	33,356	**30,409**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Caterpillar Inc.	Common Stock – 772 shares	118,501	**168,010**
	Chubb Limited	Common Stock – 648 shares	90,027	**102,993**
	Cincinnati Finl Corp	Common Stock – 334 shares	34,900	**38,951**
	Cisco Systems Inc.	Common Stock – 4,441 shares	151,281	**235,373**
	Citigroup Inc.	Common Stock – 2,275 shares	146,740	**160,956**
	Clorox Co.	Common Stock – 233 shares	44,963	**41,919**
	Coca Cola European Partners PLC	Common Stock – 1,083 shares	43,644	**64,244**
	Colgate – Palmolive Co.	Common Stock – 1,311 shares	95,229	**106,650**
	Comcast Corp CL A	Common Stock – 4,262 shares	174,016	**243,019**
	Conagra Brands Inc.	Common Stock – 992 shares	37,129	**36,089**
	CRH PLC ADR	Common Stock – 1,508 shares	50,240	**76,667**
	Cummins Inc.	Common Stock – 321 shares	46,356	**78,263**
	Eastman Chemical Company	Common Stock – 295 shares	32,706	**34,441**
	Eaton Corp PLC	Common Stock – 747 shares	52,911	**110,690**
	Emerson Electric Co.	Common Stock – 1,145 shares	64,136	**110,195**
	Fifth Third Bancorp	Common Stock – 1,533 shares	38,160	**58,607**
	Garmin Ltd	Common Stock – 341 shares	44,963	**49,322**
	General Dynamics Corp.	Common Stock – 448 shares	75,697	**84,340**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	General Mills Inc.	Common Stock – 1,140 shares	67,551	**69,460**
	Genuine Parts Co	Common Stock – 389 shares	35,223	**49,197**
	Gilead Sciences Inc.	Common Stock – 1,731 shares	116,923	**119,197**
	Grifols Sa Adr	Common Stock – 1,939 shares	33,243	**33,642**
	Hartford Financial Services Group Inc.	Common Stock – 659 shares	44,124	**40,838**
	Hershey Co	Common Stock – 405 shares	45,050	**70,543**
	Home Depot Inc.	Common Stock – 1,056 shares	153,763	**336,748**
	Honda Motor LTD Spons ADR	Common Stock – 3,042 shares	86,454	**97,892**
	Honeywell International Inc.	Common Stock – 891 shares	117,791	**195,441**
	Huntington Bancshares Inc.	Common Stock – 2,133 shares	34,088	**30,438**
	Illinois Tool Works Inc.	Common Stock – 518 shares	84,993	**115,804**
	Intel Corp	Common Stock – 4,052 shares	154,393	**227,479**
	International Business Machines Corp	Common Stock – 1,127 shares	167,835	**165,207**
	International Flavors & Fragrances Inc.	Common Stock – 411 shares	57,160	**61,403**
	Johnson & Johnson	Common Stock – 2,036 shares	245,514	**335,411**
	Johnson Controls International PLC	Common Stock – 1,524 shares	53,161	**104,592**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	JPMorgan Chase & Co	Common Stock – 2,200 shares	164,008	**342,188**
	Kimberly-Clark Corp	Common Stock – 551 shares	64,965	**73,713**
	Koninklijke Phillips Nvr	Common Stock – 1,292 shares	75,147	**64,212**
	The Kraft Heinz Company	Common Stock – 1,794 shares	71,634	**73,159**
	Kroger Co.	Common Stock – 1,517 shares	48,168	**58,116**
	L3Harris Technologies Inc Com	Common Stock – 316 shares	64,634	**68,303**
	Linde PLC Com	Common Stock – 577 shares	117,955	**166,811**
	Lockheed Martin Corp	Common Stock – 352 shares	94,872	**133,179**
	Magna International Inc. CL A	Common Stock – 739 shares	33,851	**68,461**
	Merck & Co Inc.	Common Stock – 2,594 shares	153,653	**201,735**
	Mondelez International Inc.	Common Stock – 2,043 shares	91,096	**127,565**
	Motorola Solutions Inc.	Common Stock – 285 shares	53,563	**61,802**
	Netapp Inc.	Common Stock – 461 shares	33,552	**37,719**
	Newmont Corporation Com	Common Stock – 1,191 shares	72,711	**75,486**
	Northrop Grumman Corp	Common Stock – 233 shares	75,628	**84,679**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Novartis Ag Spon Adr	Common Stock – 2,238 shares	193,511	**204,195**
	Nucor Corp.	Common Stock – 751 shares	39,424	**72,043**
	Omnicom Group Inc.	Common Stock – 465 shares	34,935	**37,195**
	Oracle Corp.	Common Stock – 2,877 shares	163,544	**223,946**
	Organon & Co Common Stock Com	Common Stock – 259 shares	7,578	**7,837**
	Petroleo Brasileiro	Common Stock – 8,846 shares	74,458	**104,471**
	Posco Adr	Common Stock – 636 shares	45,612	**48,826**
	Proctor & Gamble.	Common Stock – 1,908 shares	257,732	**257,446**
	Qualcomm Inc.	Common Stock – 1,234 shares	103,192	**176,376**
	Quest Diagnostics Inc	Common Stock – 276 shares	35,754	**36,424**
	Regions Financial Corp	Common Stock – 1,851 shares	38,979	**37,353**
	Republic Services Inc.	Common Stock – 539 shares	53,710	**59,295**
	Rio Tinto Plc Adr Spon	Common Stock – 1,738 shares	135,120	**145,801**
	Sanofi-Aventis Adr	Common Stock – 2,688 shares	134,381	**141,550**
	SK Telecom Co LTD ADR	Common Stock – 1,897 shares	42,791	**59,585**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Smith & Nephew PLC Sponsored ADR	Common Stock – 984 shares	36,170	**42,745**
	Smucker J M Co/The-New Common Com	Common Stock – 302 shares	38,469	**39,130**
	Takeda Pharmaceutical Co	Common Stock – 4,453 shares	82,995	**74,944**
	Telekomunik Indonesia	Common Stock – 1,861 shares	43,987	**40,328**
	The Travelers Companies Inc.	Common Stock – 451 shares	60,827	**67,519**
	Tysons Foods Inc CL A	Common Stocks – 721 shares	51,062	**53,181**
	U S Bancorp New	Common Stock – 2,301 shares	107,309	**131,088**
	Unilever PLC ADR AMER SHS Spon	Common Stock – 3,016 shares	136,085	**176,436**
	Union Pacific Corp Com	Common Stock – 872 shares	95,315	**191,779**
	Verizon Communications	Common Stock – 3,571 shares	208,269	**200,083**
	Walmart Inc.	Common Stock – 2,346 shares	192,572	**330,833**
	Waste Mgmt Inc. Del Com.	Common Stock – 712 shares	52,407	**99,758**
	WW Grainger	Common Stock – 100 shares	40,328	**43,800**
			$ 29,639,061	**$ 35,087,385**

* Party-in-interest as defined by ERISA

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN: 11-3666918 Plan No. 004

Year ended June 30, 2021

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series of transactions in excess of 5% of Plan assets						
Vanguard	Vanguard S&P 500 ETF 6 Sales		$ 2,104,985	$ 1,764,352	$ 2,104,985	$ 340,633

* Party-in-interest as defined by ERISA

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 07/01/2020 and ending 06/30/2021

▶ **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
Allied Aviation New York Services Pension Plan

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Allied New York Services, Inc.

D Employer Identification Number (EIN)
11-3666918

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

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

Part I Basic Information

1 Enter the valuation date: Month 7 Day 1 Year 2020

2 Assets:

a Market value	**2a**	30,809,664
b Actuarial value	**2b**	30,809,664

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	175	13,284,047	13,284,047
b For terminated vested participants	216	4,790,483	4,790,483
c For active participants	166	8,830,676	8,835,854
d Total	557	26,905,206	26,910,384

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**	5.74 %
6 Target normal cost	**6**	583,055

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

Garrett Norof — Signature of actuary

3/22/2022 — Date

GARRETT T. NOROF — Type or print name of actuary

20-07808 — Most recent enrollment number

USI CONSULTING GROUP — Firm name

(212)949-1344 — Telephone number (including area code)

261 MADISON AVENUE
5TH FLOOR
NEW YORK NY 10016
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)	7,843,255	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)	7,843,255	0
10	Interest on line 9 using prior year's actual return of 5.07%	397653	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		121
	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 5.55%		7
	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		128
	d Portion of (c) to be added to prefunding balance		0
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)	8,240,908	0

Part III Funding Percentages

14	Funding target attainment percentage	14	83.86%
15	Adjusted funding target attainment percentage	15	114.48%
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	112.67%
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
10/13/2020	173,310				
01/15/2021	174,000				
04/13/2021	174,000				
07/15/2021	86,000				
			Totals ► 18(b)	607,310	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	
	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	587,099

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:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

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**	
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**	583,055
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	583,055

	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**	583,055
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	587,099
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	4,044
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

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

COST METHOD

In accordance with the Pension Protection Act of 2006 (PPA), the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

Unit Credit method. The normal cost is the sum of the individual normal costs for active participants. The normal cost for an individual is the present value, as of the valuation date, of the participant's retirement, death, and withdrawal benefits which he is expected to accrue during the current plan year.

The actuarial accrued liability is the sum of the individual present values, for all participants, of the benefits accrued, based on service to the valuation date.

ACTUARIAL ASSUMPTIONS

Interest Rate (as prescribed by PPA and modified by MAP-21, HATFA and BBA)

Without Adjusted Interest Rates:

Liabilities are valued using the three segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of July.

With Adjusted Interest Rates:

The Plan Sponsor has elected to implement the interest rate provisions provided in the American Rescue Plan Act of 2021 effective with the 2020 Plan Year for both IRS minimum funding and AFTAP benefit restriction purposes. The interest rates are the adjusted 24-month segment rates using 25-year average segment rate corridors under MAP-21, further adjusted by HATFA/BBA/ARPA permissible corridors for the plan year beginning in 2020.

PBGC Premiums:

The Plan Sponsor is using the Standard Method to determine the Variable Rate Premium.

	Without Adjusted Interest Rates	With Adjusted Interest Rates	PBGC Premiums
Segment 1 (0 to 5 years)	2.44%	4.75%	0.74%
Segment 2 (5 to 20 years)	3.54%	5.50%	2.57%
Segment 3 (20+ years)	4.04%	6.27%	3.32%
Effective Rate	3.72%	5.74%	2.86%

Mortality Assumption

Non-Disabled – 2020 Annuitant and Non-annuitant Mortality Tables provided in IRS Notice 2019-26

Disabled – 2020 Annuitant and Non-annuitant Mortality Tables provided in IRS Notice 2019-26

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

Salary Projection – N/A

Social Security Wage Base Increases – N/A

Retirement Age - Age 62 for all participants.

- Actuarial increases are reflected for active employees past age 62.

- Missed payments past age 62 are included in the benefit obligation for terminated vested participants.

Turnover Rates-

Age	Rate
25	0.21600
30	0.13900
35	0.07900
40	0.05000
45	0.03400
50	0.02010
55	0.00620
56	0.00400
57	0.02200
58	0.00090
59	0.00030
60+	0.00000

Disability rates – 1977 Railroad Retirement Board Table

Age	Rate
25	0.00010
30	0.00010
35	0.00080
40	0.00150
45	0.00400
50	0.00730
55	0.01400
60	0.02480
61	0.02920
62	0.03450
63	0.03400
64	0.03000

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS (continued)

Credit Balances – Excess contributions plus interest for the 2019 plan year in the amount of $0 were elected to be added to the prefunding balance.
The voluntary/deemed reduction of the funding standard carryover balance was $0.
The voluntary reduction of the prefunding balance $0.

Expense Load – An expense load of $245,222 has been included in the Target Normal Cost to reflect expected administrative expenses to be paid from the Plan Trust.

Forms of Payment – 5 Year Certain and Life Annuity

Expected Return on Assets for FASB ASC 960 – 7.00%

RATIONALE FOR ASSUMPTIONS

1. Prescribed Assumptions: The Interest Rates and Mortality Assumptions are prescribed by the IRS and/or Plan Sponsor elections.
2. The Retirement, Withdrawal, and Disability Assumptions were chosen based on standard industry tables.
3. The Expected Return on Plan Assets assumption was chosen based on guidance from the Plan's Investment Advisor and Plan Sponsor.

ASSET VALUATION

Current market value of plan assets as reported by the trustee, plus accrued contributions.

PLAN SPONSOR ELECTIONS

The plan sponsor elected to use the Standard method to value liabilities for the variable premium calculation during the 2018 premium payment year. This election cannot be changed until the 2023 premium payment year.

ACCRUED AND VESTED BENEFITS

Vested benefits are based on the plan document's vesting schedule based on years of service. Please refer to the Summary of Plan Provisions section of this report for requirements for particular benefits.

Disability and death benefits (other than the qualified pre-retirement survivor annuity) are not treated as vested benefits for liability calculation purposes.

Allied Aviation New York Services Pension Plan
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
EIN/PN: 11-3666918/004
Plan Year: 07/01/2020 – 06/30/2021

The Plan assumes that 100% of all active employees will retire at age 62.

Allied Aviation New York Services Pension Plan

Schedule SB, Line 26 - Schedule of Active Participant Data

EIN/PN: 11-3666918/004

Plan Year: 07/01/2020 - 06/30/2021

	Years of Credited Service:										
Attained	**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**
Age	**No.**	**No.**	**No.**	**No.**	**No.**	**No.**	**No.**	**No.**	**No.**	**No.**	**No.**
Under 25	0	0	0	0	0	0	0	0	0	0	**0**
25 to 29	0	0	2	0	0	0	0	0	0	0	**2**
30 to 34	0	0	5	0	0	0	0	0	0	0	**5**
35 to 39	0	0	2	5	1	0	0	0	0	0	**8**
40 to 44	0	0	4	5	7	2	0	0	0	0	**18**
45 to 49	0	0	5	6	4	4	0	1	0	0	**20**
50 to 54	0	0	2	7	8	6	5	0	0	0	**28**
55 to 59	0	0	10	7	9	9	3	2	0	0	**40**
60 to 64	0	0	2	3	5	9	1	3	0	1	**24**
65 to 69	0	0	2	3	1	4	1	0	0	0	**11**
70 & up	0	0	0	0	1	5	2	1	0	1	**10**
Total	**0**	**0**	**34**	**36**	**36**	**39**	**12**	**7**	**0**	**2**	**166**

Allied Aviation New York Services Pension Plan
Schedule SB, Part V – Summary of Plan Provisions
EIN/PN: 11-3666918/004
Plan Year: 07/01/2020 – 06/30/2021

SUMMARY OF PLAN PROVISIONS

Effective Date: July 1, 1969; restated July 1, 2013; last amended June 16, 2016.

Eligibility: All employees who are members of a bargaining unit represented by union.

Any person who initially satisfies the eligibility and entry date requirements to become a Member on or after August 1, 2016 shall not be an Eligible Employee.

Employees hired on or after September 1, 2014 will not receive further Benefit Credit for service on or after August 1, 2016.

Credited Service: Benefit credit as of the plan restatement date. For each plan year on and after the plan restatement date, participant will receive benefit credit in accordance with the following table:

Hours Worked	Benefit Credit
1800 or More	1.0
1620 - 1799	0.9
1440 - 1619	0.8
1249 - 1439	0.7
1041 - 1248	0.6
900 - 1040	0.5
720 - 899	0.4
540 - 719	0.3
360 - 539	0.2
Less Than 360	0.0

For those hired after the restatement date, Credited Service is accrued from the date of participation.

Retirement Dates:

Normal: First of the month coincident with or next following age 62.

Early: Age 55 with 10 years of service.

Disability: 10 years of service and eligible for Social Security disability benefits.

Deferred Vested: 5 Years of Vesting Service.

Preretirement Death: 5 Years of Vesting Service.

SUMMARY OF PLAN PROVISIONS
(continued)

Retirement Benefits:

Normal:

For participants hired before July 1, 1990:

(a) $516 per Year of Benefit Credit completed as of June 30, 2005, plus

(b) $552 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2008 for participants that terminate prior to July 1, 2008 or $600 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2011 for participants that terminate on or after July 1, 2008, plus

(c) $660 per Year of Benefit Credit completed after July 1, 2011

For participants hired on or after July 1, 1990:

(a) $228 per Year of Benefit Credit completed as of June 30, 2005, plus

(b) $276 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2008 for participants that terminate prior to July 1, 2008 or $324 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2011 for participants that terminate on or after July 1, 2008, plus

(c) $384 per Year of Benefit Credit completed after July 1, 2011

The accrued benefit values are based on the ultimate negotiated multipliers.

Early: Benefit accrued to date of retirement reduced by 1/2 of 1% for each month that the date of retirement precedes the normal retirement date.

Disability: Benefit accrued to date of disability payable immediately.

Deferred Vested: Accrued normal retirement benefit. Benefit payment commences at Normal Retirement Age or at early retirement with reductions.

Preretirement Death: An annuity for the spouse equal to the benefit the spouse would have received if the participant had survived to earliest retirement date with a benefit frozen at date of death, retired with a 50% Joint and Survivor annuity, and then died.

SUMMARY OF PLAN PROVISIONS
(continued)

Termination of Employment:

Vesting:	Credited Service as of the plan restatement date. For each plan year beginning on or after the plan restatement date in which an employee completes at least 1,000 hours of service, an employee will be credited with a year of Vesting Service.

Normal Form of Benefits:

Married Employees:	Actuarially reduced 50% Joint and Survivor Annuity with 5-year period certain.
Single Employees:	5-year period certain and life annuity.

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Interest-Bearing Cash:				
*	State Street Interest Bearing Fund	Interest-Bearing Cash Account	$ 250,000	**$ 250,000**
*	State Street Instl US Govt Money Mkt Fd	Interest-Bearing Cash Account	225,186	**225,186**
*	State Street Interest Bearing Fund	Interest-Bearing Cash Account	176,294	**176,294**
Exchange Traded Funds:				
	Goldman Sachs	TR Access INVT GR ETF – 17,794 units	936,773	**975,823**
	Goldman Sachs	TR ActiveBeta INT – 12,963 units	362,926	**452,798**
	Invesco	Exchange Traded Fd TR S&P500 – 7,438 units	512,550	**547,511**
	Schwab	US DVD Equity – 7,179 units	401,849	**542,876**
	SPDR	Portfolio Intrm Term Treasury ETF – 102,017 units	3,239,285	**3,303,311**
	SPDR	Series Trust Portfolio SH TSR – 32,426 units	982,511	**993,533**
	Vanguard	FTSE Developed Markets ETF – 26,647 units	885,818	**1,372,854**
	Vanguard	FTSE Emerging Markets ETF – 13,583 units	521,758	**737,693**
	Vanguard	INDEX FDS REAL ESTATE ETF – 1,859 units	156,144	**189,228**
	Vanguard	INT Term Corporate Bond ETF – 6,231 units	540,425	**592,381**
	Vanguard	Long Term Corporate Bond ETF – 4,827 units	474,787	**516,199**
	Vanguard	Mid-Cap ETF – 1,562 units	210,519	**370,741**
	Vanguard	Mortgage Backed Securities ETF – 52,168 units	2,743,146	**2,784,206**
	Vanguard	Scottsdale FDS Long Term – 15,491 units	1,441,326	**1,358,561**
	Vanguard	S&P 500 ETF – 10,167 units	2,465,308	**4,000,918**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Vanguard	Short Term Corporate ETF – 9,027 units	716,106	**746,623**
	Vanguard	Small Cap ETF – 2,446 units	297,286	**551,035**
	Vanguard	Total Bond Market ETF – 49,551 units	4,292,076	**4,255,935**
	Vanguard	Value ETF – 2,664 units	271,652	**366,193**
Common Stocks:				
	3M Company	Common Stock – 790 shares	136,724	**156,918**
	Allstate Corp.	Common Stock – 550 shares	54,822	**71,742**
	Analog Devices Inc	Common Stock – 555 shares	59,692	**95,549**
	Archer Daniels Midland CO	Common Stock – 1,057 shares	45,371	**64,054**
	Automatic Data Processing Inc	Common Stock – 579 shares	88,847	**115,001**
	Barrick Gold Corp	Common Stock – 2,900 shares	58,044	**59,972**
	Best Buy Inc.	Common Stock – 600 shares	30,536	**68,988**
	BHP Group PLC	Common Stock – 2,761 shares	159,763	**164,804**
	Bristol-Myers Squibb CO	Common Stock – 2,546 shares	133,945	**170,124**
	British American Tobacco .	Common Stock – 2,767 shares	105,229	**108,771**
	Broadridge Financial Solutions	Common Stock – 244 shares	37,660	**39,413**
	C H Robinson Worldwide Inc.	Common Stock – 391 shares	30,529	**36,625**
	Campbell Soup CO	Common Stock – 667 shares	33,356	30,409

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Caterpillar Inc.	Common Stock – 772 shares	118,501	**168,010**
	Chubb Limited	Common Stock – 648 shares	90,027	**102,993**
	Cincinnati Finl Corp	Common Stock – 334 shares	34,900	**38,951**
	Cisco Systems Inc.	Common Stock – 4,441 shares	151,281	**235,373**
	Citigroup Inc.	Common Stock – 2,275 shares	146,740	**160,956**
	Clorox Co.	Common Stock – 233 shares	44,963	**41,919**
	Coca Cola European Partners PLC	Common Stock – 1,083 shares	43,644	**64,244**
	Colgate – Palmolive Co.	Common Stock – 1,311 shares	95,229	**106,650**
	Comcast Corp CL A	Common Stock – 4,262 shares	174,016	**243,019**
	Conagra Brands Inc.	Common Stock – 992 shares	37,129	**36,089**
	CRH PLC ADR	Common Stock – 1,508 shares	50,240	**76,667**
	Cummins Inc.	Common Stock – 321 shares	46,356	**78,263**
	Eastman Chemical Company	Common Stock – 295 shares	32,706	**34,441**
	Eaton Corp PLC	Common Stock – 747 shares	52,911	**110,690**
	Emerson Electric Co.	Common Stock – 1,145 shares	64,136	**110,195**
	Fifth Third Bancorp	Common Stock – 1,533 shares	38,160	**58,607**
	Garmin Ltd	Common Stock – 341 shares	44,963	**49,322**
	General Dynamics Corp.	Common Stock – 448 shares	75,697	**84,340**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	General Mills Inc.	Common Stock – 1,140 shares	67,551	**69,460**
	Genuine Parts Co	Common Stock – 389 shares	35,223	**49,197**
	Gilead Sciences Inc.	Common Stock – 1,731 shares	116,923	**119,197**
	Grifols Sa Adr	Common Stock – 1,939 shares	33,243	**33,642**
	Hartford Financial Services Group Inc.	Common Stock – 659 shares	44,124	**40,838**
	Hershey Co	Common Stock – 405 shares	45,050	**70,543**
	Home Depot Inc.	Common Stock – 1,056 shares	153,763	**336,748**
	Honda Motor LTD Spons ADR	Common Stock – 3,042 shares	86,454	**97,892**
	Honeywell International Inc.	Common Stock – 891 shares	117,791	**195,441**
	Huntington Bancshares Inc.	Common Stock – 2,133 shares	34,088	**30,438**
	Illinois Tool Works Inc.	Common Stock – 518 shares	84,993	**115,804**
	Intel Corp	Common Stock – 4,052 shares	154,393	**227,479**
	International Business Machines Corp	Common Stock – 1,127 shares	167,835	**165,207**
	International Flavors & Fragrances Inc.	Common Stock – 411 shares	57,160	**61,403**
	Johnson & Johnson	Common Stock – 2,036 shares	245,514	**335,411**
	Johnson Controls International PLC	Common Stock – 1,524 shares	53,161	**104,592**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	JPMorgan Chase & Co	Common Stock – 2,200 shares	164,008	**342,188**
	Kimberly-Clark Corp	Common Stock – 551 shares	64,965	**73,713**
	Koninklijke Phillips Nvr	Common Stock – 1,292 shares	75,147	**64,212**
	The Kraft Heinz Company	Common Stock – 1,794 shares	71,634	**73,159**
	Kroger Co.	Common Stock – 1,517 shares	48,168	**58,116**
	L3Harris Technologies Inc Com	Common Stock – 316 shares	64,634	**68,303**
	Linde PLC Com	Common Stock – 577 shares	117,955	**166,811**
	Lockheed Martin Corp	Common Stock – 352 shares	94,872	**133,179**
	Magna International Inc. CL A	Common Stock – 739 shares	33,851	**68,461**
	Merck & Co Inc.	Common Stock – 2,594 shares	153,653	**201,735**
	Mondelez International Inc.	Common Stock – 2,043 shares	91,096	**127,565**
	Motorola Solutions Inc.	Common Stock – 285 shares	53,563	**61,802**
	Netapp Inc.	Common Stock – 461 shares	33,552	**37,719**
	Newmont Corporation Com	Common Stock – 1,191 shares	72,711	**75,486**
	Northrop Grumman Corp	Common Stock – 233 shares	75,628	**84,679**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Novartis Ag Spon Adr	Common Stock – 2,238 shares	193,511	**204,195**
	Nucor Corp.	Common Stock – 751 shares	39,424	**72,043**
	Omnicom Group Inc.	Common Stock – 465 shares	34,935	**37,195**
	Oracle Corp.	Common Stock – 2,877 shares	163,544	**223,946**
	Organon & Co Common Stock Com	Common Stock – 259 shares	7,578	**7,837**
	Petroleo Brasileiro	Common Stock – 8,846 shares	74,458	**104,471**
	Posco Adr	Common Stock – 636 shares	45,612	**48,826**
	Proctor & Gamble.	Common Stock – 1,908 shares	257,732	**257,446**
	Qualcomm Inc.	Common Stock – 1,234 shares	103,192	**176,376**
	Quest Diagnostics Inc	Common Stock – 276 shares	35,754	**36,424**
	Regions Financial Corp	Common Stock – 1,851 shares	38,979	**37,353**
	Republic Services Inc.	Common Stock – 539 shares	53,710	**59,295**
	Rio Tinto Plc Adr Spon	Common Stock – 1,738 shares	135,120	**145,801**
	Sanofi-Aventis Adr	Common Stock – 2,688 shares	134,381	**141,550**
	SK Telecom Co LTD ADR	Common Stock – 1,897 shares	42,791	**59,585**

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 11-3666918 **Plan No. 004**

June 30, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Smith & Nephew PLC Sponsored ADR	Common Stock – 984 shares	36,170	**42,745**
	Smucker J M Co/The-New Common Com	Common Stock – 302 shares	38,469	**39,130**
	Takeda Pharmaceutical Co	Common Stock – 4,453 shares	82,995	**74,944**
	Telekomunik Indonesia	Common Stock – 1,861 shares	43,987	**40,328**
	The Travelers Companies Inc.	Common Stock – 451 shares	60,827	**67,519**
	Tysons Foods Inc CL A	Common Stocks – 721 shares	51,062	**53,181**
	U S Bancorp New	Common Stock – 2,301 shares	107,309	**131,088**
	Unilever PLC ADR AMER SHS Spon	Common Stock – 3,016 shares	136,085	**176,436**
	Union Pacific Corp Com	Common Stock – 872 shares	95,315	**191,779**
	Verizon Communications	Common Stock – 3,571 shares	208,269	**200,083**
	Walmart Inc.	Common Stock – 2,346 shares	192,572	**330,833**
	Waste Mgmt Inc. Del Com.	Common Stock – 712 shares	52,407	**99,758**
	WW Grainger	Common Stock – 100 shares	40,328	**43,800**
			$ 29,639,061	**$ 35,087,385**

* Party-in-interest as defined by ERISA

Allied Aviation New York Services Pension Plan

Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN: 11-3666918 Plan No. 004

Year ended June 30, 2021

Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series of transactions in excess of 5% of Plan assets						
Vanguard	Vanguard S&P 500 ETF 6 Sales		$ 2,104,985	$ 1,764,352	$ 2,104,985	$ 340,633

* Party-in-interest as defined by ERISA