

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2022</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>02/01/2022</u> and ending <u>01/31/2023</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)
D If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>	

Part II Basic Plan Information —enter all requested information			
1a Name of plan SSA TERMINALS, LLC PENSION PLAN FOR SALARIED CLERICAL BARGAINING UNIT EMPLOYEES (OAKLAND)	1b Three-digit plan number (PN) ►	<u>004</u>	
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) SSA TERMINALS, LLC 1131 SOUTHWEST KICKITAT WAY SEATTLE, WA 98134-1108		1c Effective date of plan <u>07/10/1999</u>	
2b Employer Identification Number (EIN) <u>91-1983909</u>		2c Sponsor's telephone number <u>206-623-0304</u>	
2d Business code (see instructions) <u>488300</u>			
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		3b Administrator's EIN	
3c Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name		4b EIN 4d PN	
5a Total number of participants at the beginning of the plan year.....	5a	<u>10</u>	
b Total number of participants at the end of the plan year	5b	<u>10</u>	
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c		
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>5</u>	
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>5</u>	
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e	<u>0</u>	

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	11/10/2023	NICOLE COOPER
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 492086. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	6237531	5670906
b Total plan liabilities.....	7b		
c Net plan assets (subtract line 7b from line 7a).....	7c	6237531	5670906
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)		
(2) Participants.....	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	-340323	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		-340323
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	196119	
e Certain deemed and/or corrective distributions (see instructions).....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f		
g Other expenses.....	8g	30183	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		226302
i Net income (loss) (subtract line 8h from line 8c).....	8i		-566625
j Transfers to (from) the plan (see instructions).....	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program).....	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		10000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X	
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40. **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. _____Month _____Day _____Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 02/01/2022 and ending 01/31/2023

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

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

A Name of plan <u>SSA TERMINALS, LLC PENSION PLAN FOR SALARIED CLERICAL BARGAINING UNIT EMPLOYEES (OAKLAND)</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SSA TERMINALS, LLC</u>	D Employer Identification Number (EIN) <u>91-1983909</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>02</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>6237531</u>
b Actuarial value	2b <u>5879171</u>
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	<u>4</u> <u>2018429</u> <u>2018429</u>
b For terminated vested participants.....	<u>1</u> <u>148814</u> <u>148814</u>
c For active participants.....	<u>5</u> <u>2645285</u> <u>2713556</u>
d Total	<u>10</u> <u>4812528</u> <u>4880799</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
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 <u>5.37</u> %
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>24554</u>
b Expected plan-related expenses	6b <u>35000</u>
c Total (line 6a + line 6b)	6c <u>59554</u>

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	<u>11/09/2023</u> Date
Signature of actuary	<u>23-07082</u> Most recent enrollment number
<u>BRENT R. CHUBBS, ASA, EA</u> Type or print name of actuary	<u>206-214-3500</u> Telephone number (including area code)
<u>MERCER</u> Firm name	
<u>1301 FIFTH AVENUE, SUITE 1900</u> <u>SEATTLE, WA 98101-2682</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>12.21</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
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 <u>5.54</u> %.....		0
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.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	120.45 %
15 Adjusted funding target attainment percentage	15	120.45 %
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	122.37 %
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
			Totals ►	18(b)	0
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 67
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	59554	
b Excess assets, if applicable, but not greater than line 31a	31b	59554	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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Schedule SB, line 26 — Schedule of Active Participant Data**Distribution of Active Participants as of February 1, 2022**

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29			1								1
30–34		1									1
35–39											
40–44											
45–49											
50–54					1						1
55–59											
60–64											
65–69					1					1	2
70 & up											
Total		1	1		2					1	5

In each cell, the number is the count of active participants for each age/service combination. In accordance with Schedule SB instruction, average compensation is not shown for cells with fewer than 20 participants.

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

Actuarial assumptions

Discount rate sponsor elections

- Segment rates or full yield curve Segment
- Look-back months 4
- First 5 years 4.75%
- Next 15 years 5.18%
- Over 20 years 5.92%

Rationale: Prescribed assumptions set by IRS and based on plan sponsor's PPA election.

Mortality sponsor elections

- Healthy participants Section 430(h)(3) prescribed combined static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvements beyond 2006 removed with static mortality improvement based on the IRS methodology and projection scale MP-2020.

Rationale: Prescribed assumption set by IRS and based on plan sponsor's PPA election.

Other economic assumptions

- | | |
|---|--|
| • Salary increases | 4.00% per year
Rationale: Based upon average actual historical salary increases. |
| • Social Security taxable wage base increases | 2.95% per year
Rationale: The Social Security wage base increase assumption reflects 0.75% real wage growth above inflation |
| • Inflation | 2.20% per year
Rationale: The inflation assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their long-term Capital Market Outlook. |
| • Expected investment return | 5.38% for 2020/2021 and 4.98% per year for 2021/2022, limited to third segment rate as required by the asset method. The third segment rate was 5.94% for 2020/2021 and 6.11% for 2021/2022.
Rationale: The expected investment return is based on the median simulated investment return using market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's current target asset mix, net of an adjustment for expenses assumed to be paid from plan assets. |
| • Expenses | \$35,000 added to current year normal cost
Rationale: Based upon the amount paid from plan assets during the prior plan year |

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

Demographic assumptions		
• Withdrawal	None assumed Rationale: Based on historical participant behavior in which they retire directly from active status.	
• Disability incidence	None assumed Rationale: Based on historical participant behavior in which they retire directly from active status.	
• Retirement age	100% retire at age 67 Rationale: Based on a review of participant behavior undertaken in 2015.	
• Benefit commencement age for		
— Future vested deferred	67	
— Current vested deferred	67	
	Rationale: Based on a review of participant behavior undertaken in 2015.	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
— Percentage married	83%	83%
— Spouse age difference	3 years younger	3 years older
	Rationale: Because the plan does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement are based on the actuary's experience with many plans.	
• Form of payment	100% of future retirees are assumed to elect a Single Life Annuity. Rationale: Almost all of the current retirees elected a Single Life Annuity form of payment.	
• Unpredictable contingent event assumptions	Not applicable	

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

Actuarial methods for funding

Asset methods – Effective February 1, 2008

The asset valuation method is an annual average of the adjusted market value during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods – Effective February 1, 2008

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods – Effective February 1, 2008

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 02/01/2022 and ending 01/31/2023

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A Name of plan SSA TERMINALS, LLC PENSION PLAN FOR SALARIED CLERICAL BARGAINING UNIT EMPLOYEES (OAKLAND)	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SSA TERMINALS, LLC	D Employer Identification Number (EIN) 91-1983909
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month 02 Day 01 Year 2022	
2 Assets:	
a Market value	2a 6,237,531
b Actuarial value	2b 5,879,171
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 4 (2) Vested Funding Target 2,018,429 (3) Total Funding Target 2,018,429
b For terminated vested participants	1 148,814 148,814
c For active participants	5 2,645,285 2,713,556
d Total	10 4,812,528 4,880,799
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>	
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 5.37%
6 Target normal cost	
a Present value of current plan year accruals	6a 24,554
b Expected plan-related expenses	6b 35,000
c Total (line 6a + line 6b)	6c 59,554

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	Brent R. Chubbs BRC	11/9/2023
	Signature of actuary	Date
BRENT R. CHUBBS, ASA, EA		2307082
	Type or print name of actuary	Most recent enrollment number
MERCER		206-214-3500
	Firm name	Telephone number (including area code)
1301 FIFTH AVENUE, SUITE 1900		
SEATTLE WA 98101-2682		
	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 ☐

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

Schedule SB (Form 5500) 2022
v. 220413

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.21</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 <u>5.54</u> %		0
	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		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages
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14	Funding target attainment percentage.....	14	120.45 %
15	Adjusted funding target attainment percentage	15	120.45 %
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	122.37 %
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
			Totals ►	18(b)	0 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	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 67
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	59,554	
b Excess assets, if applicable, but not greater than line 31a	31b	59,554	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

It is assumed that 100% of active participants will retire at the age of 67.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: July 10, 1999 Plan year: February 1 to January 31.
Most recent amendment	Plan restated at February 1, 2014, and amended through Amendment #2
Sponsoring employer	SSA Terminals, LLC
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None

Definitions

• Covered employees	All salaried clerical employees covered under the collective bargaining agreement between SSA Terminals, LLC and the ILWU Ship Clerk's Association Local 34 are eligible to participate in the plan on the first of the month coincident with or next following the completion of one year of service.
• Employee contributions	None
• Credited vesting service	All periods of employment computed to the next whole month. A participant will be 100% vested upon reaching age 65 or completing five years of credited vesting service, whichever is earlier.
• Credited benefit service	All periods of employment a participant renders as an eligible employee, computed to the next whole month.
• Monthly compensation	Base compensation plus overtime and annual bonus, but excluding bonuses paid for periods greater than one year, earned during the plan year, divided by the number of months the participant earned base compensation during the year.
• Final average monthly earnings	Highest average monthly compensation during any 60 consecutive months from the most recent 120 months.
• Transfers to/from Matson	Credited vesting service and credited benefit service may be recognized for purposes of the SSAT plan or the Matson plan if the transfer matches the plan's eligibility provisions for such a transfer.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement

- **Eligibility** Age 65
- **Benefit** The greater of (1) the final average benefit and (2) the minimum benefit below:
 1. 1/12 of the sum of the following:
 - A. 1.45% of final average monthly compensation not in excess of covered compensation plus 1.85% of final average monthly compensation in excess of covered compensation, all multiplied by number of months of credited benefit service (maximum 300 months).
 - B. 0.725% of final average monthly compensation not in excess of covered compensation plus 0.925% of final average monthly compensation in excess of covered compensation, all multiplied by number of months of credited benefit service in excess of 300 months (maximum 300 months).
 - C. 0.725% of final average monthly compensation multiplied by number of months of credited benefit service in excess of 600 months.
 2. 1/12 of the following amount multiplied by the number of months of credited benefit service, to a maximum of 432 months:
 - A. \$205 for those who retire after June 30, 2020 and before July 1, 2021
 - B. \$210 for those who retire after June 30, 2021 and before July 1, 2022
 - C. \$215 for those who retire after June 30, 2022 and before July 1, 2023
 - D. \$220 for those who retire after June 30, 2023 and before July 1, 2024
 - E. \$225 for those who retire after June 30, 2024 and before July 1, 2025
 - F. \$230 for those who retire after June 30, 2025

Benefit rates for older dates are listed in the plan's legal document.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement

- Eligibility Age 55 with 5 years of credited vesting service
- Benefit
 - For vested employees retiring from active service with at least 30 years of service or at age 60 with at least 5 years of service, the early retirement benefit is equal to the normal retirement benefit.
 - For vested employees retiring from active service not described above, a normal retirement benefit multiplied by a percentage determined as follows:

Age at Commencement of

Benefits	Percentage
60	100%
59	94%
58	88%
57	82%
56	76%
55	70%

- For all others, a normal retirement benefit multiplied by a percentage determined as follows:

Age at Commencement of Benefits	Percentage	If Terminate Employment After Age 55
65	100%	100%
64	94%	100%
63	88%	100%
62	82%	100%
61	76%	100%
60	70%	100%
59	66%	94%
58	62%	88%
57	58%	82%
56	54%	76%
55	50%	70%

Schedule SB, Part V — Summary of Plan Provisions

Late retirement	
• Benefit	<p>The greater of:</p> <p>(1) Normal retirement benefit determined as of the late retirement date.</p> <p>(2) Normal retirement benefit determined as of the normal retirement date actuarially increased to the late retirement date for each month in the postponement period that the participant did not complete 40 hours of service.</p>
Supplemental retirement benefit	
• Eligibility	Payable to participants who retire after age 60 with at least 5 years of credited vesting service or after age 55 with at least 30 years of credited vesting service.
• Benefit	Equal to the lesser of \$400 per month or \$24,000 divided by the number of months from the commencement date to Social Security Normal Retirement Date. It is payable until the participant reaches Social Security Normal Retirement Age.
Disability benefit	
• Eligibility	A participant who becomes disabled while eligible for and continuously receiving disability benefits under the employer's sickness benefits plan or long-term disability plan.
• Benefit	Normal retirement benefit based on continued credited vesting service and credited benefit service during the disability period.
Death benefit for vested participants	
• Eligibility	A participant who dies after becoming vested but who is not yet eligible for early retirement.
• Benefit	<p>75% of the amount which would have been payable to the participant had he or she</p> <p>A. terminated on the date of death,</p> <p>B. survived to and retired on the earliest possible retirement date after the date of death and</p> <p>C. elected the 75% Joint & Survivor annuity option.</p> <p>Benefit begins on the earliest date on which the participant could have retired had he or she terminated employment immediately prior to his or her death.</p>

Schedule SB, Part V — Summary of Plan Provisions

Death benefit for participants eligible for early retirement															
• Eligibility	A married participant who dies after becoming eligible for early retirement.														
• Benefit prior to early retirement	<p>The greater of benefits (1) and (2).</p> <p>1. 75% of the amount which would have been payable to the participant had he or she</p> <ul style="list-style-type: none"> A. terminated on the date of death, B. retired on the next day after the date of death and C. elected the 75% Joint & Survivor annuity option. <p>2. The normal monthly pension the participant had accrued to date of death multiplied by the following applicable percentage:</p> <table> <tr> <th colspan="2">Spouse's Age at Participant's</th></tr> <tr> <th>Date of Death</th><th>Percentage</th></tr> <tr> <td>Less than 30</td><td>30%</td></tr> <tr> <td>30-36</td><td>35%</td></tr> <tr> <td>37-44</td><td>40%</td></tr> <tr> <td>45-52</td><td>45%</td></tr> <tr> <td>53 and over</td><td>50%</td></tr> </table>	Spouse's Age at Participant's		Date of Death	Percentage	Less than 30	30%	30-36	35%	37-44	40%	45-52	45%	53 and over	50%
Spouse's Age at Participant's															
Date of Death	Percentage														
Less than 30	30%														
30-36	35%														
37-44	40%														
45-52	45%														
53 and over	50%														
Form of benefits															
• Automatic form for unmarried participants	Single Life Annuity														
• Automatic form for married participants	50% Joint and Survivor Annuity														
• Optional forms	66-2/3%, 75%, and 100% Joint and Survivor Annuities														
• Optional form conversion factors	Actuarial equivalence for annuity options is determined based on 6.5% interest and the UP84 mortality table (set back 2 years for participant and 7 years for beneficiary).														
Miscellaneous															
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. For 2003 and all prior years, this limit is \$200,000. This limit is indexed annually. For 2022, the limit is \$305,000.														
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2022, the limit \$245,000.														

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through February 1, 2014 and amended through Amendment #2, are included in this valuation:

- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for participants who defer retirement beyond their normal retirement date.
 - *Deferred vested participants:* The plan applies late retirement actuarial increases for participants who defer retirement beyond their normal retirement date.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** Not applicable because the plan is collectively bargained.

Plan provision specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:** The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled **benefit** increases effective after the end of the current plan year are excluded from minimum funding requirements.

Plan provision changes since prior valuation

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2021 to 2022.
- New \$215 benefit level effective July 1, 2022 is reflected for PPA purposes. All negotiated benefit increases were already reflected for ASC 715 disclosure.

Schedule SB, line 24 — Change in Actuarial Assumptions

- Interest discounts and mortality rates were updated from 2021 to 2022 in accordance with PPA.
- The expected investment return was updated from 5.38% to 4.98%.
- The expense assumption was updated from \$30,000 to \$35,000.