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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNITED SERVICE WORKERS UNION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1976

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)
UNITED SERVICE WORKERS UNION

145 HUGUENOT STREET, SUITE 420
NEW ROCHELLE, NY 10801

2b Employer Identification Number (EIN) 11-1772919

2c Sponsor's telephone number 800-619-2689

2d Business code (see instructions) 525100

3a Plan administrator's name and address [ ] Same as Plan Sponsor.
TRUSTEES
145 HUGUENOT STREET, SUITE 420
NEW ROCHELLE, NY 10801

3b Administrator's EIN 11-1772919

3c Administrator's telephone number 800-619-2689

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	36
b Total number of participants at the end of the plan year	5b	36
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	9
d(2) Total number of active participants at the end of the plan year	5d(2)	8
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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.	07/27/2025	WILLIAM SWEENEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2025	LORI AMES
	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.) [X] 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.) [X] 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)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555261. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	57963256	61592131
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	57963256	61592131

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	4050000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	2055136	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		6105136
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2466776	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	9485	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2476261
i Net income (loss) (subtract line 8h from line 8c)	8i		3628875
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:
1A

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? Continue to answer "Yes" for any prior year failures until fully corrected. (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		2500000
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			
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? (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. ☐ Yes ☒ No

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

a 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)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☒ N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 01 / 01 / 2024 (MM/DD/YYYY) and the Opinion Letter serial number_____.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan
UNITED SERVICE WORKERS UNION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UNITED SERVICE WORKERS UNION

D Employer Identification Number (EIN)
11-1772919

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	57963256
b Actuarial value	**2b**	57963256

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	23	34472761	34472761
b For terminated vested participants	4	4200402	4200402
c For active participants	9	15391619	15791933
d Total	36	54064782	54465096

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**	5.15 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	461906
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	461906

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	07/14/2025 Date
RICHARD HUDSON Type or print name of actuary	23-05610 Most recent enrollment number
FIRST ACTUARIAL CONSULTING, INC. Firm name	212-395-9555 Telephone number (including area code)
1501 BROADWAY, SUITE 1728 NEW YORK, NY 10036-5601 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	915632
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	915632
10	Interest on line 9 using prior year's actual return of 4.65 %	0	42577
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3373706
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 5.28 %		178132
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		3551838
d	Portion of (c) to be added to prefunding balance		3551838
12	Other reductions in balances due to elections or deemed elections		1011887
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3498160

Part III Funding Percentages

14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	106.42 %
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	100.00 %
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
01/05/2024	337500		07/02/2024	337500	
02/07/2024	337500		08/02/2024	337500	
03/04/2024	337500		09/05/2024	337500	
04/02/2024	337500		10/01/2024	337500	
05/02/2024	337500		11/01/2024	147500	
06/04/2024	337500		12/01/2024	527500	
			Totals ► 18(b)	4050000	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	3956642

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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	4.87 %	5.59 %	

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 58

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☐ Yes ☒ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	461906
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	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** 461906

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

36 Additional cash requirement (line 34 minus line 35)	**36**	461906
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3956642

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

a Total (excess, if any, of line 37 over line 36)	**38a**	3494736
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. ☐ 2019 ☐ 2020 ☐ 2021

Form 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	2023 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
United Service Workers Union Pension Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1976

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)
United Service Workers Union

145 Huguenot Street, Suite 420
New Rochelle NY 10801

2b Employer Identification Number (EIN) 11-1772919

2c Sponsor's telephone number (800)619-2689

2d Business code (see instructions) 525100

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

145 Huguenot Street, Suite 420
New Rochelle NY 10801

3b Administrator's EIN 11-1772919

3c Administrator's telephone number (800)619-2689

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	36
b Total number of participants at the end of the plan year	5b	36
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	
d(1) Total number of active participants at the beginning of the plan year	5d(1)	10
d(2) Total number of active participants at the end of the plan year	5d(2)	9
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	0

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	William Sweeney	9/27/24	William Sweeney
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Lori Ames	9/27/24	Lori Ames
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

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 555261. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	57,963,256	61,592,131
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	57,963,256	61,592,131

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	8a(1)	4,050,000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	2,055,136	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		6,105,136
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,466,776	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	9,485	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2,476,261
i Net income (loss) (subtract line 8h from line 8c)	8i		3,628,875
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:
1A

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? Continue to answer "Yes" for any prior year failures until fully corrected. (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		2,500,000
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			
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? (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. ☐ Yes ☒ No

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

a 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)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable).under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☒ N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter _____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan: United Service Workers Union Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: United Service Workers Union

D Employer Identification Number (EIN): 11-1772919

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

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

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2024

2 Assets:

a Market value	2a	57,963,256
b Actuarial value	2b	57,963,256

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	23	34,472,761	34,472,761
b For terminated vested participants	4	4,200,402	4,200,402
c For active participants	9	15,391,619	15,791,933
d Total	36	54,064,782	54,465,096

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	5.15 %
6 Target normal cost		
a Present value of current plan year accruals	6a	461,906
b Expected plan-related expenses	6b	0
c Target normal cost	6c	461,906

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary: [signature]

Date: 7/14/2025

Type or print name of actuary: Richard Hudson

Most recent enrollment number: 23-05610

Firm name: First Actuarial Consulting, Inc.

Telephone number (including area code): (212) 395-9555

Address of the firm: 1501 Broadway, Suite 1728, New York NY 10036-5601

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	915,632
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	915,632
10	Interest on line 9 using prior year's actual return of 4.65 %	0	42,577
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3,373,706
	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 5.28 %		178,132
	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		3,551,838
	d Portion of (c) to be added to prefunding balance		3,551,838
12	Other reductions in balances due to elections or deemed elections		1,011,887
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3,498,160

Part III Funding Percentages

14	Funding target attainment percentage	14	100.00%
15	Adjusted funding target attainment percentage	15	106.42%
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	100.00%
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
01/05/2024	337,500		07/02/2024	337,500	
02/07/2024	337,500		08/02/2024	337,500	
03/04/2024	337,500		09/05/2024	337,500	
04/02/2024	337,500		10/01/2024	337,500	
05/02/2024	337,500		11/01/2024	147,500	
06/04/2024	337,500		12/01/2024	527,500	
			Totals ► 18(b)	4,050,000	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	3,956,642

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	4.87 %	5.59 %	

b Applicable month (enter code)	21b	2
22 Weighted average retirement age	22	58

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 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	461,906
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	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	461,906

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

36 Additional cash requirement (line 34 minus line 35)	36	461,906
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3,956,642

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

a Total (excess, if any, of line 37 over line 36)	38a	3,494,736
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. ☐ 2019 ☐ 2020 ☐ 2021

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

Actuarial Assumptions

Interest Rates

November 2023 24-month average segment rates with adjustment required by IRC Section 430(h)(2)(C)(iv), as amended by BBA 2015 and ARPA 2021.

1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Effective Rate	5.15%

Mortality

Mortality tables with separate pre- and post-commencement rates, mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis.

Retirement Rates

Age 57 and completion of 20 years of service, but no later than Normal Retirement Age.

Termination Rates

Table V from August 1992 Pension Forum published by the Society of Actuaries, multiplied by 1.25. Sample rates are shown below:

Age	Probability	Age	Probability
20	23.25%	40	8.13%
25	17.00	45	6.88
30	12.63	50	5.63
35	9.88	55	0.00

This assumption was developed based on the plan's historical experience.

Salary Scale

Table S-5 from the Actuary's Pension Handbook plus 4.00%. Sample rates are shown below:

Age	Rate	Age	Rate
20	9.10%	40	6.72%
25	8.18	45	6.39
30	7.57	50	6.12
35	7.11	55	5.88

This assumption was developed based on the plan's historical experience.

Disability Rates

1987 Commissioner's Group Disability Table, six month elimination period, male and female.

This assumption was developed based on the plan's historical experience.

Administrative Expenses

None, administrative expenses are paid from outside the trust fund.

Future Work Hours	Active participants are assumed to work the same hours in the upcoming years as they did in the prior year.
Marriage	75% of participants are assumed to be married. Husbands are assumed to be three years older than wives.
Cost of Living	2.50% inflation rate for benefits earned prior to January 1, 2004.
Form of Payment	Participants are assumed to elect the normal form.
New Entrants	No new entrants or rehired employees are assumed in the future.
Future Increases in Maximum Benefits	It is assumed that maximum benefit and plan compensation limitations under Internal Revenue Code will not increase in the future.
Benefits Not Included in the Valuation	None.

Actuarial Methods

Cost Method	The Funding Target is the present value of accrued benefits based on service as of the valuation date in accordance with Section 430 of the Internal Revenue Code.
Asset Method	The Actuarial Value of Assets is equal to the Market Value of Assets. The discounted value of accrued contributions, if any, is included in the Value of Assets.

Changes in the Non-prescribed-by-PPA Actuarial Assumptions since Last Valuation

No changes in non-prescribed assumptions were made for this valuation.

Modelling Disclosure ASOP 56

FACT utilizes ProVal, an actuarial valuation program leased from Winklevoss Technologies, to calculate the liabilities, normal costs and projected benefit payments. Winklevoss Technologies employs actuaries who are experts in the development of actuarial software and is used by many of the actuarial consulting firms worldwide. The ProVal software is customized by our staff to value the benefits described in this report. We have used ProVal in accordance with its original intended purpose and have reviewed the results from ProVal as it relates to the Plan. We have not identified any material inconsistencies in the results that would affect the contents of this actuarial valuation report.

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1976; restated January 1, 1997; last amended December 15, 2003.
Plan Year	12-month period beginning on a January 1st.
Participation	An employee of United Service Workers Union who is not represented by the "IAM, Local 447, 9 to 5 Division, AFL-CIO" becomes a Participant in the Plan on the January 1st following his/her attainment of age 20½. Entry into the Plan was frozen as of March 1, 2006.
Accrual Service	Service from the day a Participant performs an hour of service. This service shall be expressed as years and fractional parts of a year (to two decimal places) on the basis that 365 days equal one year. If an active Participant had at least 17.50 years of Accrual Service and attained at least age 60 as of January 1, 2001, he/she received an additional 2.50 years of Accrual Service, provided he/she started receiving his/her benefit between January 1, 2001 and March 1, 2001.
Average Compensation	The average of a Participant's monthly earnings for those three consecutive years (all years if less than three) which give the highest average.
Accrued Benefit	The monthly Accrued Benefit is equal to the greater of (a) or (b) below: (a) 3.0% of Average Compensation times Accrual Service not in excess of 20 years. (b) Accrued Benefit as of December 31, 1985.
Normal Retirement Age	Age 62.
Normal Retirement Benefit	Eligibility: Normal Retirement Age. Amount: Accrued Benefit.
Early Retirement Benefit	Eligibility: Age 55 if entered the Plan after January 1, 2001. If entered the Plan before January 1, 2001, Age 55 or completion of 20 years of Accrual Service. Amount: Accrued Benefit reduced by six percent for each year by which the early retirement date precedes the attainment of Normal Retirement Age. There is no reduction if a Participant has 20 years of Accrual Service and was a Participant in the Plan prior to January 1, 2001.

Late Retirement Benefit

Eligibility: Commencement after Normal Retirement Age and retirement from active status.

Amount: A monthly benefit equal to the greater of (a) or (b) below:

(a) Accrued Benefit on the late retirement date.

(b) Accrued Benefit on normal retirement date, plus accrued benefit as of April 1, 2016, increased by the following factor:

Number of Years Late Retirement Date follows Normal Retirement Age	Factor
1	1.06
2	1.12
3	1.19
4	1.26
5	1.34
6	1.42
7	1.50
8	1.59
9	1.69
10	1.79

Disability Retirement Benefit

Eligibility: 15 years of service and permanent and total disability.

Amount: Accrued Benefit payable immediately.

Deferred Vested Benefit

Eligibility: 5 years of service.

Amount: Accrued Benefit payable at Normal Retirement Age or Early Retirement Benefit payable at Early Retirement Date, if eligible.

Pre-Retirement Death Benefit

Eligibility: 5 years of service.

Amount: Spousal portion of the 100% Joint-and-Survivor Annuity payable to a surviving spouse when a participant would have been eligible for Early or Normal Retirement Benefit.

Cost of Living Adjustment

The portion of the retirement benefit attributable to service prior to January 1, 2004, is adjusted each January 1st in accordance with the All Urban Consumer Price Index as published by the US DOL up to a maximum of 3%.

Normal Form of Benefit

Single Life Annuity for non-married Participants. 100% Joint and Survivor Annuity for married Participants actuarially reduced.

If retirement occurs after age 60 with at least 20 years of service, the 100% Joint and Survivor Annuity is unreduced.

Changes in Plan Provisions since Last Valuation

There have been no changes in plan provisions since the prior valuation.

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
57	6.8478	1.0000	6.8478	390.3241
58	0.0000	1.0000	0.0000	0.0000
59	0.0000	1.0000	0.0000	0.0000
60	0.0000	1.0000	0.0000	0.0000
61	1.0000	0.0000	0.0000	0.0000
62	0.9882	1.0000	0.9882	61.2674
63	1.0000	1.0000	1.0000	63.0000
Total			8.8360	514.5916
Average				58.24

Schedule SB, Line 26a – Schedule of Active Participant Data

Age	Years of Credited Service										
	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 and up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	2	0	0	0	0	2
50 to 54	0	0	0	0	0	1	1	1	0	0	3
55 to 59	0	0	0	0	0	1	0	0	1	0	2
60 to 64	0	0	0	0	1	0	1	0	0	0	2
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 and up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	1	4	2	1	1	0	9

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

Actuarial Assumptions

Interest Rates November 2023 24-month average segment rates with adjustment required by IRC Section 430(h)(2)(C)(iv), as amended by BBA 2015 and ARPA 2021.

1st Segment Rate	4.75%
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Effective Rate	5.15%

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This assumption was developed based on the plan's historical experience.

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Age	Rate	Age	Rate
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59	0.0000	1.0000	0.0000	0.0000
60	0.0000	1.0000	0.0000	0.0000
61	1.0000	0.0000	0.0000	0.0000
62	0.9882	1.0000	0.9882	61.2674
63	1.0000	1.0000	1.0000	63.0000
Total			8.8360	514.5916
Average				58.24

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Accrual Service	Service from the day a Participant performs an hour of service. This service shall be expressed as years and fractional parts of a year (to two decimal places) on the basis that 365 days equal one year. If an active Participant had at least 17.50 years of Accrual Service and attained at least age 60 as of January 1, 2001, he/she received an additional 2.50 years of Accrual Service, provided he/she started receiving his/her benefit between January 1, 2001 and March 1, 2001.
Average Compensation	The average of a Participant's monthly earnings for those three consecutive years (all years if less than three) which give the highest average.
Accrued Benefit	The monthly Accrued Benefit is equal to the greater of (a) or (b) below: (a) 3.0% of Average Compensation times Accrual Service not in excess of 20 years. (b) Accrued Benefit as of December 31, 1985.
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Late Retirement Benefit

Eligibility: Commencement after Normal Retirement Age and retirement from active status.

Amount: A monthly benefit equal to the greater of (a) or (b) below:

(a) Accrued Benefit on the late retirement date.

(b) Accrued Benefit on normal retirement date, plus accrued benefit as of April 1, 2016, increased by the following factor:

Number of Years Late Retirement Date follows Normal Retirement Age	Factor
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2	1.12
3	1.19
4	1.26
5	1.34
6	1.42
7	1.50
8	1.59
9	1.69
10	1.79

Disability Retirement Benefit

Eligibility: 15 years of service and permanent and total disability.

Amount: Accrued Benefit payable immediately.

Deferred Vested Benefit

Eligibility: 5 years of service.

Amount: Accrued Benefit payable at Normal Retirement Age or Early Retirement Benefit payable at Early Retirement Date, if eligible.

Pre-Retirement Death Benefit

Eligibility: 5 years of service.

Amount: Spousal portion of the 100% Joint-and-Survivor Annuity payable to a surviving spouse when a participant would have been eligible for Early or Normal Retirement Benefit.

Cost of Living Adjustment

The portion of the retirement benefit attributable to service prior to January 1, 2004, is adjusted each January 1st in accordance with the All Urban Consumer Price Index as published by the US DOL up to a maximum of 3%.

Normal Form of Benefit	Single Life Annuity for non-married Participants. 100% Joint and Survivor Annuity for married Participants actuarially reduced. If retirement occurs after age 60 with at least 20 years of service, the 100% Joint and Survivor Annuity is unreduced.

Changes in Plan Provisions since Last Valuation

There have been no changes in plan provisions since the prior valuation.

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

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58	0.0000	1.0000	0.0000	0.0000
59	0.0000	1.0000	0.0000	0.0000
60	0.0000	1.0000	0.0000	0.0000
61	1.0000	0.0000	0.0000	0.0000
62	0.9882	1.0000	0.9882	61.2674
63	1.0000	1.0000	1.0000	63.0000
Total			8.8360	514.5916
Average				58.24

Schedule SB, Line 26a – Schedule of Active Participant Data

	Years of Credited Service										
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	2	0	0	0	0	2
50 to 54	0	0	0	0	0	1	1	1	0	0	3
55 to 59	0	0	0	0	0	1	0	0	1	0	2
60 to 64	0	0	0	0	1	0	1	0	0	0	2
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 and up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	1	4	2	1	1	0	9

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Schedule SB, Line 26a – Schedule of Active Participant Data

Age	Years of Credited Service										
	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 and up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	2	0	0	0	0	2
50 to 54	0	0	0	0	0	1	1	1	0	0	3
55 to 59	0	0	0	0	0	1	0	0	1	0	2
60 to 64	0	0	0	0	1	0	1	0	0	0	2
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 and up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	1	4	2	1	1	0	9

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UNITED SERVICE WORKERS UNION

IUJAT

September 27, 2024

Mr. Andy Pollack
First Actuarial Consulting Team
1501 Broadway – Suite 1738
New York, NY 10036

RE: Authorization to Electronically Sign and File 2023 Form 5500
United Service Workers of America Retirement Plan / Fed ID# 11-1772919

I hereby authorize Andy Pollack of First Actuarial Consulting Team to electronically sign and file the Form 5500 for the entity referenced above on our behalf.

I further understand the following:

- I must sign a paper copy of the completed Form 5500.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the Internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to First Actuarial Consulting Team.

Dated: 9/27/2024 By: Lori Ames
Lori A. Ames (Trustee)

Dated: 9/27/2024 By: William Sweeney
William Sweeney (Trustee)

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