

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 [X] 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 LOCAL UNION 101 TRANSPORT WORKERS UNION OF AMERICA STAFF PENSION TRUST
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1981
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) LOCAL UNION 101 TRANSPORT WORKERS UNION OF AMERICA 195 MONTAGUE STREET BROOKLYN, NY 11201
2b Employer Identification Number (EIN) 11-2580202
2c Sponsor's telephone number 718-745-7597
2d Business code (see instructions) 221210
3a Plan administrator's name and address [] Same as Plan Sponsor. CONSTANCE BRADLEY 195 MONTAGUE STREET BROOKLYN, NY 11201
3b Administrator's EIN 11-2580202
3c Administrator's telephone number 718-745-7597
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 7
b Total number of participants at the end of the plan year 7
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
d(1) Total number of active participants at the beginning of the plan year 4
d(2) Total number of active participants at the end of the plan year 4
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows for Plan Administrator and Employer/Plan Sponsor, both signed by Matthew Deckinger on 10/13/2025.

- 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: 561144. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
a	Total plan assets	2379074	2663704
b	Total plan liabilities	0	0
c	Net plan assets (subtract line 7b from line 7a)	2379074	2663704
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	163000	
(2)	Participants	0	
(3)	Others (including rollovers)	0	
b	Other income (loss)	265653	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		428653
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	97464	
e	Certain deemed and/or corrective distributions (see instructions) .	0	
f	Administrative service providers (salaries, fees, commissions)	46559	
g	Other expenses	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		144023
i	Net income (loss) (subtract line 8h from line 8c)		284630
j	Transfers to (from) the plan (see instructions)	0	

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: <u>1A 1D</u>
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		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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		500000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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 <u>LOCAL UNION 101 TRANSPORT WORKERS UNION OF AMERICA STAFF PENSION TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LOCAL UNION 101 TRANSPORT WORKERS UNION OF AMERICA</u>	D Employer Identification Number (EIN) <u>11-2580202</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>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>2379074</u>
	b Actuarial value	2b	<u>2376894</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>3</u>	<u>1020584</u>
	b For terminated vested participants	<u>0</u>	<u>0</u>
	c For active participants	<u>4</u>	<u>1588520</u>
	d Total	<u>7</u>	<u>2609104</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>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>93768</u>
	b Expected plan-related expenses	6b	<u>25000</u>
	c Target normal cost	6c	<u>118768</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		
	Signature of actuary	<u>10/12/2025</u> Date
	<u>MATTHEW G. DECKINGER</u> Type or print name of actuary	<u>23-02757</u> Most recent enrollment number
	<u>MGD CONSULTING INC</u> Firm name	<u>914-831-9199</u> Telephone number (including area code)
	<u>4 MULBERRY LANE WHITE PLAINS, NY 10605-4456</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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>16.46</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)		4361
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>5.21</u> %		227
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		4588
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	91.10 %
15	Adjusted funding target attainment percentage	15	91.10 %
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	80.70 %
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		
09/20/2024	5000		12/30/2024	5000			
10/01/2024	9000		12/31/2024	9000			
10/24/2024	5000		01/27/2025	5000			
11/01/2024	9000		01/31/2025	9000			
11/15/2024	5000		02/28/2025	9000			
11/29/2024	9000		08/19/2024	84000			
			Totals ▶	18(b)	163000	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	150174

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: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
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 type="checkbox"/> Yes <input checked="" 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 118768
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	232210		23215	
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 141983
	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 141983
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 150174
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 8191
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 type="checkbox"/> 2021				

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: 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 Local Union 101 Transport Workers Union of America Staff Pension Trust	1b Three-digit plan number (PN) ▶ 001
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) Local Union 101 Transport Workers Union of America 195 Montague Street Brooklyn NY 11201	1c Effective date of plan 01/01/1981
3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor. Constance Bradley 195 Montague Street Brooklyn NY 11201	2b Employer Identification Number (EIN) 11-2580202
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	2c Sponsor's telephone number (718) 745-7597
5a Total number of participants at the beginning of the plan year.....	2d Business code (see instructions) 221210
b Total number of participants at the end of the plan year.....	3b Administrator's EIN 11-2580202
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	3c Administrator's telephone number (718) 745-7597
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	4b EIN
d(1) Total number of active participants at the beginning of the plan year.....	4d PN
d(2) Total number of active participants at the end of the plan year.....	5a 7
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5b 7
	5c(1)
	5c(2)
	5d(1) 4
	5d(2) 4
	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		<u>10/12/2025</u>	Matthew G. Deckinger
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/12/2025</u>	Matthew G. Deckinger
	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 561144. (See instructions.)

Part III Financial Information			
7		(a) Beginning of Year	(b) End of Year
a	Total plan assets	2,379,074	2,663,704
b	Total plan liabilities	0	0
c	Net plan assets (subtract line 7b from line 7a)	2,379,074	2,663,704
8		(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	163,000	
	(2) Participants	0	
	(3) Others (including rollovers)	0	
b	Other income (loss)	265,653	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		428,653
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	97,464	
e	Certain deemed and/or corrective distributions (see instructions)	0	
f	Administrative service providers (salaries, fees, commissions)	46,559	
g	Other expenses	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		144,023
i	Net income (loss) (subtract line 8h from line 8c)		284,630
j	Transfers to (from) the plan (see instructions)	0	

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 1D
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		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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		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?		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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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			

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 Local Union 101 Transport Workers Union of America Staff Pension Trust	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Local Union 101 Transport Workers Union of America	D Employer Identification Number (EIN) 11-2580202	
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>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	2,379,074
	b Actuarial value	2b	2,376,894
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	3	1,020,584
	b For terminated vested participants	0	0
	c For active participants	4	1,588,520
	d Total	7	2,609,104
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	5.12 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	93,768
	b Expected plan-related expenses	6b	25,000
	c Target normal cost	6c	118,768

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	10/12/2025
	Matthew G. Deckinger	Date
	Type or print name of actuary	23-02757
	MGD Consulting Inc	Most recent enrollment number
	Firm name	(914) 831-9199
	4 Mulberry Lane	Telephone number (including area code)
	White Plains NY 10605-4456	
	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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>16.46%</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)		4,361
	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>5.21%</u>		227
	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		4,588
	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	91.10%
15	Adjusted funding target attainment percentage	15	91.10%
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	80.70%
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
	09/20/2024	5,000		12/30/2024	5,000	
	10/01/2024	9,000		12/31/2024	9,000	
	10/24/2024	5,000		01/27/2025	5,000	
	11/01/2024	9,000		01/31/2025	9,000	
	11/15/2024	5,000		02/28/2025	9,000	
	11/29/2024	9,000		08/19/2024	84,000	
				Totals ▶	18(b)	18(c)
					163,000	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	150,174
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?		<input checked="" type="checkbox"/> Yes <input 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 checked="" 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
			(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: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
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 type="checkbox"/> Yes	<input checked="" 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	118,768	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	232,210	23,215	
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	141,983	
	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	141,983	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	150,174	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	8,191	
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 type="checkbox"/> 2021

**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

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 Local Union 101 Transport Workers Union of America Staff Pension Trust		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Local Union 101 Transport Workers Union of America		D Employer Identification Number (EIN) 11-2580202	
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>1</u> Day <u>1</u> Year <u>2024</u>			
2	Assets:			
	a Market value	2a	2,379,074	
	b Actuarial value	2b	2,376,894	
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.....	3	1,020,584	1,020,584
	b For terminated vested participants.....	0	0	0
	c For active participants	4	1,588,520	1,588,520
	d Total.....	7	2,609,104	2,609,104
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	5.12 %	
6	Target normal cost.....			
	a Present value of current plan year accruals.....	6a	93,768	
	b Expected plan-related expenses	6b	25,000	
	c Target normal cost	6c	118,768	

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		10/12/2025
	Signature of actuary	Date
Matthew G. Deckinger	Type or print name of actuary	23-02757
		Most recent enrollment number
MGD Consulting Inc	Firm name	(914) 831-9199
		Telephone number (including area code)
4 Mulberry Lane		
White Plains	NY 10605-4456	
	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.

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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>16.46</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)		4,361
	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>5.21</u> %		227
	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		4,588
	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	91.10%
15	Adjusted funding target attainment percentage	15	91.10%
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	80.70%
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		
09/20/2024	5,000		12/30/2024	5,000			
10/01/2024	9,000		12/31/2024	9,000			
10/24/2024	5,000		01/27/2025	5,000			
11/01/2024	9,000		01/31/2025	9,000			
11/15/2024	5,000		02/28/2025	9,000			
11/29/2024	9,000		08/19/2024	84,000			
			Totals ▶	18(b)	163,000	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	150,174
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input 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 checked="" 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	(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: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 65

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	118,768
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	232,210	23,215
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	141,983
--	-----------	---------

	Carryover balance	Prefunding balance	
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			141,983
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			150,174

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

a Total (excess, if any, of line 37 over line 36)	38a	8,191
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

October 06, 2025

**Local Union 101 Transport Workers Union of America
Staff Pension Trust**

ATTACHMENTS TO SCHEDULE SB (FORM 5500-SF)
PLAN YEAR ENDED DECEMBER 31, 2024

Employer Identification Number: 11-2580202
Plan Number: 001

Item E

This attachment is a part of the Actuarial Information for the above retirement plan for the plan year ended December 31, 2024.

A. Membership Data

Data for active, retired and terminated vested employees for purposes of the January 1, 2024 actuarial valuation of the plan was supplied by the plan sponsor. This data included all information required to calculate the actuarial values shown herein.

B. Plan

Table 9 (2 pages), Attachment V (second part), outlines the principal eligibility and benefit provisions of the plan, a copy of which was furnished to the actuary by the plan sponsor.

C. Assets

The current value of the plan assets as of January 1, 2024, shown in item 2(a), was furnished by the Company.

D. Actuarial Assumptions and Methods

Table 8 (1 page), Attachment V (first part), summarizes the actuarial assumptions and methods used in the preparation of the actuarial results shown herein.

This valuation reflects the actuary's understanding of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87) and the pension Protection Act of 2006 (PPA). The IRS has not yet issued guidance to certain provisions of these Acts that affect the calculation of minimum and maximum deductible contributions. When such guidance is issued, certain items in this report may need to be restated.

E. Contributions

The 2024 contribution was made for the plan year ended December 31, 2024, as reported by the plan sponsor, in the amount of \$163,000.

F. Minimum Required Contribution for Current Year

1. The amount entered in Item 31 is the Target Normal Cost, \$118,768.
2. Table 3 (1 page), Attachment 32, shows the amortization of shortfall and waiver amortization bases, as summarized in Item 32(a) and 32(b).
3. The amount entered in Item 37 is the contribution for the year adjusted to the valuation date of January 1, 2024, that was allocated toward the minimum required for the year.

G. Changes in Actuarial Assumptions and Methods

Changes in actuarial assumptions have been made as follows:

1. The three Segment Interest Rates used for the valuations for 2024 are 4.75%, 4.96% and 5.59%.
2. The Effective Interest Rate for 2023 was determined to be 5.12%.
3. The mortality table used is the Rp-2006 Combined Mortality Table, projected to 2024 using Projection Scale MP-2016. (Post-retirement only; none, pre-retirement.)

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	C:\ML101TWU\Val2025\val report-2025.xlsx contributions										10/11/2025		
3	Local 101 - TWU Staff Pension Trust							Valuation Book for : 2025					
4	Schedule SB for Plan Year 2024							EIN: 11-2580202 PN: 001					
5	Interest on Contributions for Schedule B: Gain/Loss										Attachment to Item 19c of Schedule SB		
6	<u>1</u> <u>1</u> 2024 = beginning of Plan Year										for 2024 Form 5500-SF		
7	Prior Year Funding Interest Rate:						5.12%		=EIR, 2024				
9	DATE OF CONTRIBUTION						Adjusted ERC to BEGINNING			Adjusted ERC to END			
10					AMOUNT OF CONTRIBUT'NS		INTEREST Adjustment		2024		Adjustment		2024
11	MM	DD	YY										
12	9	20	2024	09/20/2024	\$5,000.00	1.03658	\$4,824	1.05120	\$5,071	-103			
13	10	1	2024	10/01/2024	\$9,000.00	1.03816	\$8,669	1.05120	\$9,113	-92			
14	10	24	2024	10/24/2024	\$5,000.00	1.04148	\$4,801	1.05120	\$5,047	-69			
15	11	1	2024	11/01/2024	\$9,000.00	1.04249	\$8,633	1.05120	\$9,075	-61			
16	11	15	2024	11/15/2024	\$5,000.00	1.04451	\$4,787	1.05120	\$5,032	-47			
17	11	29	2024	11/29/2024	\$9,000.00	1.04654	\$8,600	1.05120	\$9,040	-33			
18	12	30	2024	12/30/2024	\$5,000.00	1.05105	\$4,757	1.05120	\$5,001	-2			
19	12	31	2024	12/31/2024	\$9,000.00	1.05120	\$8,562	1.05120	\$9,000	-1			
20	1	27	2025	01/27/2025	\$5,000.00	1.05500	\$4,739	1.05120	\$4,982	26			
21	1	31	2025	01/31/2025	\$9,000.00	1.05558	\$8,526	1.05120	\$8,963	30			
22	2	28	2025	02/28/2025	\$9,000.00	1.05954	\$8,494	1.05120	\$8,929	58			
23	3	3	2025	03/03/2025	\$3,000.00	1.06028	\$2,829	1.05120	\$2,974	61			
24	3	27	2025	03/27/2025	\$3,000.00	1.06381	\$2,820	1.05120	\$2,964	85			
25	4	1	2025	04/01/2025	\$9,000.00	1.06440	\$8,455	1.05120	\$8,888	90			
26	4	25	2025	04/25/2025	\$3,000.00	1.06795	\$2,809	1.05120	\$2,953	114			
27	5	1	2025	05/01/2025	\$9,000.00	1.06884	\$8,420	1.05120	\$8,851	120			
28	5	30	2025	05/30/2025	\$9,000.00	1.07315	\$8,387	1.05120	\$8,816	149			
29	6	6	2025	06/06/2025	\$3,000.00	1.07404	\$2,793	1.05120	\$2,936	156			
30	6	30	2025	06/30/2025	\$0.00	1.07763	\$0	1.05120	\$0	180			

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	C:\ML101TWU\Val2025\val report-2025.xlsx contributions										10/11/2025		
3	Local 101 - TWU Staff Pension Trust							Valuation Book for : 2025					
4	Schedule SB for Plan Year 2024							EIN: 11-2580202 PN: 001					
5	Interest on Contributions for Schedule B: Gain/Loss										Attachment to Item 19c of Schedule SB		
6	1 1 2024 = beginning of Plan Year										for 2024 Form 5500-SF		
7	Prior Year Funding Interest Rate:					5.12%		=EIR, 2024					
9	DATE OF CONTRIBUTION					AMOUNT OF CONTRIBUTIONS			Adjusted ERC to BEGINNING		Adjusted ERC to END		
10	MM	DD	YY				INTEREST Adjustment	2024	Adjustment	2024			
31	7	1	2025	07/01/2025		\$9,000.00	1.07777	\$8,351	1.05120	\$8,779	181		
32	7	28	2025	07/28/2025		\$3,000.00	1.08182	\$2,773	1.05120	\$2,915	208		
33	8	1	2025	08/01/2025		\$9,000.00	1.08227	\$8,316	1.05120	\$8,742	212		
34	8	19	2025	08/19/2025		\$24,000.00	1.08497	\$22,120	1.05120	\$23,253	230		
35	9	5	2025	09/05/2025		\$0.00	1.08738	\$0	1.05120	\$0			
36	9	10	2025	09/10/2025		\$0.00	1.08814	\$0	1.05120	\$0			
37	9	15	2025	09/15/2025		\$0.00	1.08889	\$0	1.05120	\$0			
38						163,000.00	153,465		161,324				
39	Interest Discount from Dates Paid to Beginning of Year							(9,535)					
40	Interest Discount on Late Quarterly Contributions to Due Dates							(3,291)					
41	Interest Discount, Including Late Quarterly Contributions							(12,826)					
42	Contributions, Reflecting All Interest Adjustments							150,174					
43													
44	Contributions after Valuation Date					107,000	99,832		104,945				

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October 06, 2025

**Local Union 101 Transport Workers Union of America
Staff Pension Trust**

ATTACHMENTS TO SCHEDULE SB (FORM 5500)
PLAN YEAR ENDED DECEMBER 31, 2024

Employer Identification Number: 11-2580202
Plan Number: 001

Item V (First Part)

This attachment is a part of the Actuarial Information for the above retirement plan for the plan year ended December 31, 2024.

Table 8
August 28, 2025

LOCAL UNION 101 STAFF PENSION TRUST

OUTLINE OF ACTUARIAL ASSUMPTIONS AND METHODS

A. ACTUARIAL COST METHOD

The traditional unit credit method is used for Funding purposes (minimum required contribution and maximum deductible contribution).

B. ACTUARIAL ASSUMPTIONS

1. Interest (discount) rate

For Funding and FAS-35

Funding: January 2024 Rates, per Code Section 430(h)(2)(G)(iv):

0 to 5 years: 4.75%
5 to 20 years: 4.96%
Over 20 years 5.59%
<Effective Rate: 5.12%>
(Previously 4.75%, 5.00%,
5.74% and 5.21%)

Maximum Deductible Contributions: January 2024 Rates, Per Code Section 404:

0 to 5 years: 4.37%
5 to 20 years: 4.96%
Over 20 years 4.95%
<Effective Rate: 4.91%>
(Previously 2.13%, 3.62%,
3.93% and 3.64%)

FAS-35: 5.00% (previously 5.00%)

2. Salary Increases: 4.50% per year

3. Termination Rates: None

4. Retirement Age Retirement is assumed to occur at age 65

5. Statutory Maximums:

a. Maximum Pension

\$275,000 per year (previously \$265,000 per year), on normal form, payable from Age 65 with actuarial reductions below age 62.

a. Maximum Pensionable Compensation

\$345,000 per year. (Previously \$330,000)

6. Mortality tables.

The Rp-2006 Combined Mortality Table, projected to 2024 using Projection Scale MP-2016. (Previously projected to 2023.)

C. ASSET VALUATION METHOD

Market Value

Table 8
Page 2

D. MODELING

The results in this report are based on an actuarial valuation model with three components, as outlined in Actuarial Standard of Practice No. 56 - Modeling (“ASOP 56”). Specifically, the three components are (1) information inputs, (2) external valuation processing service, and (3) our report template.

1. The information inputs used in the valuation model include census and financial data provided by the Company. The assumptions and methods used in the valuation model comprise the first three sections of this Table 8. The plan provisions reflected in the valuation model are enumerated in Table 9.
2. The external valuation processing is provided by Lynchval Systems Worldwide Inc., a reputable and long-standing valuation service company. This service is routinely used to develop projections of benefits and determinations of values thereof. Sample life and total results provided by Lynchval are reviewed and checked rigorously for accuracy, reasonableness, completeness and consistency in all appropriate instances.
3. Our proprietary report template makes extensive use of Microsoft Excel and Corel WordPerfect. The Excel component is used to translate the Lynchval output into usable valuation results. The WordPerfect component is used to summarize and explain those results.

The actuarial valuation model is operated pursuant to its intended purpose, in accordance with generally accepted actuarial principals and practices.

October 06, 2025

**Local Union 101 Transport Workers Union of America
Staff Pension Trust**

ATTACHMENTS TO SCHEDULE SB (FORM 5500-SF)
PLAN YEAR ENDED DECEMBER 31, 2024

Employer Identification Number: 11-2580202

Plan Number: 001

Item V (Second Part)

This attachment is a part of the Actuarial Information for the above retirement plan for the plan year ended December 31, 2024.

Table 9
August 28, 2025

LOCAL UNION 101 STAFF PENSION TRUST
SUMMARY OF PRINCIPAL PLAN PROVISIONS

1. a. Effective Date: January 1, 1981
b. Effective Date of Latest Amendments: **January 1, 2013**
(Executed April 16, 2014.)
2. Eligibility for Participation: Any person serving in a capacity specified in clause (a) or (b) shall participate in the Plan on the January 1 or July 1 next succeeding the completion of one year of service
(a) each paid officer of Local Union 101 of the Transport Workers Union of America, AFL-CIO.
(b) each employee of the above union excluded from the coverage of any collective bargaining agreement between said union and any labor organization.
3. Eligibility for Retirement Benefits:
 - a. Normal Retirement: Age 65.
 - b. Early Retirement: After attainment of age 55
 - c. Late Retirement: Anytime after Normal Retirement Date.
 - d. Disability Retirement: After 10 years of service upon total and permanent disability.
 - e. Vesting upon Termination of Employment Prior to Retirement:
 - (a) 100% at or after age 65
 - (b) 100% at Early Retirement Date
 - (c) 100% at or after the completion of three years of service

Table 9
Page 2

4. Amount of Benefits:
 - a. Normal Retirement: A participant's normal retirement benefit under this Plan shall be a monthly retirement income for life in the amount determined by the following formula:
The sum of (I) and (II) reduced by (III)
(I) two and one-half percent (2-1/2%) of participant's Average Monthly Compensation multiplied by his years of Credited Service not in excess of twenty years; and
(II) one percent (1%) of participant's Average Monthly Compensation multiplied by his years of Credited service in excess of twenty years, if any.
(III) the amount payable from the Brooklyn Union Gas Union Pension Plan which is attributed to service during the time that service was also credited under this plan.
 - b. Early Retirement: Normal retirement benefit reduced 1/15th for each of the first five years and 1/30th for each of the second five years that the benefit commencement date precedes normal retirement date.
 - c. Late Retirement: Accrued benefit, or if greater, normal retirement benefit actuarially increased.
5. Pre-Retirement Death Benefits: Joint and 50% Survivor benefit.
6. Normal Form of Benefit Ten Year Certain and Life Annuity
7. Employee Contributions: None.
8. Average Monthly Compensation: Average Compensation over the last 12 months of Credited Service
9. Credited Service: All periods of service with the employer during which the employee was an active participant
10. Plan Year: Calendar year.

October 11, 2025

**Local Union 101 Transport Workers Union of America
 Staff Pension Trust**

ATTACHMENTS TO SCHEDULE SB (FORM 5500-SF)
PLAN YEAR ENDED DECEMBER 31, 2024

Employer Identification Number: 11-2580202
 Plan Number: 001

Items 32

This attachment is a part of the Actuarial Information for the above retirement plan for the plan year ended December 31, 2024.

Shortfall Amortization and Waiver Bases

	<u>Date Established</u>	<u>Outstanding Balance at 1/1/2024</u>	<u>Period Remaining at 1/1/2024</u>	<u>Annual Amortization Amount</u>
1. <u>Shortfall Amortization Bases</u>	Jan. 1, 2023	\$447,908	14	\$42,929
	Jan. 1, 2024	(\$215,698)	15	(\$19,714)
	Total	\$232,210		\$23,215
2. <u>Waiver Amortization Bases</u>				
(NONE)	N/A	\$0	N/A	\$0

Local Union 101 Staff Pension Trust 2024 Valuations - Page 23

EIN: 11-2580202 PN: 001 Attachment to Item 26-a - Schedule SB (Form 5500)

LOCAL 101 TRANSPORT WORKERS UNION OF AMERICA PENSION TRUST

ACTIVE LIVES AND AVERAGE PRIOR YEAR EARNINGS

**Table 6
14-Oct-24**

AND COMPLETED YEARS OF SERVICE AS OF JANUARY 1, 2024 DISTRIBUTED BY ATTAINED AGE

Attained Age	<u>Service --</u>		<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35 & Over</u>
	<u>Under 1</u>									
Under 25	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A
25-29	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A
30-34	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A
35-39	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A
40-44	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A
45-49	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A
50-54	0 N/A	0 N/A	1 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A
55-59	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A
60-64	0 N/A	1 N/A	0 N/A	0 N/A	0 N/A	0 N/A	1 N/A	0 N/A	0 N/A	0 N/A
65 & Over	0 N/A	0 N/A	1 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A	0 N/A