

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

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 multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
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: TRANSPORT WORKERS UNION OF AMERICA AFL-CIO LOCAL 100 STAFF PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSPORT WORKERS UNION OF AMER AFL-CIO LOCAL 100 STAFF PENSION PLAN
2b Employer Identification Number (EIN): 13-1395076
2c Plan Sponsor's telephone number: 212-873-6000
2d Business code (see instructions): 485110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	409
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	107
	<b>6a(2)</b>	96
	<b>6b</b>	117
	<b>6c</b>	182
	<b>6d</b>	395
	<b>6e</b>	21
	<b>6f</b>	416
	<b>6g(1)</b>	
	<b>6g(2)</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

---

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

---

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

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

---

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

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.

<b>A</b> Name of plan <u>TRANSPORT WORKERS UNION OF AMERICA AFL-CIO LOCAL 100 STAFF PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRANSPORT WORKERS UNION OF AMER AFL-CIO LOCAL 100 STAFF PENSION PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>13-1395076</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>35917906</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>37151453</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>130</u>	<u>11940581</u>
	<b>b</b> For terminated vested participants .....	<u>172</u>	<u>8150451</u>
	<b>c</b> For active participants .....	<u>107</u>	<u>17136542</u>
	<b>d</b> Total .....	<u>409</u>	<u>37227574</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.19 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>2013189</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>350000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>2363189</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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>10/10/2025</u>
	<u>RICHARD HUDSON</u>	Date
	Type or print name of actuary	<u>23-05610</u>
	<u>FIRST ACTUARIAL CONSULTING, INC.</u>	Most recent enrollment number
	Firm name	<u>212-395-9555</u>
	<u>1501 BROADWAY, SUITE 1728</u>	Telephone number (including area code)
	<u>NEW YORK, NY 10036-5601</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	5416	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	5416	
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.63</u> % .....	576	
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		2019048
<b>b(1)</b>	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>5.32</u> % .....		107413
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		2126461
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	5992	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	99.57 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	99.57 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	105.55 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>			
(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
04/15/2024	500000	0			
06/30/2024	0	64890			
07/11/2024	500000	0			
10/15/2024	500000	0			
01/14/2025	970000	0			
			<b>Totals ▶</b>	<b>18(b)</b>	2470000
				<b>18(c)</b>	64890

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	2380662

**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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b>
<b>22</b> Weighted average retirement age .....			<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> 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			
<b>25</b> 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			
<b>26</b> Demographic and benefit information			
<b>a</b> 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>b</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
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b>
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b>
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	2363189	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>		
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....			
<b>b</b> Waiver amortization installment.....			
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	2363189	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	2363189	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	2380662	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>		
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>		
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>		

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> 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			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

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

<b>A</b> Name of plan TRANSPORT WORKERS UNION OF AMERICA AFL-CIO LOCAL 100 STAFF PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 TRANSPORT WORKERS UNION OF AMER AFL-CIO LOCAL 100 STAFF PENSION PLAN	<b>D</b> Employer Identification Number (EIN) 13-1395076	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

STATE STREET GLOBAL ADVISORS

04-1867445

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

NEW TOWER TRUST COMPANY

20-1641876

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

PIMCO LLC

33-0629048

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

VANGUARD GROUP, INC.

23-1945930

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

PITTA LLP

120 BROADWAY, STE 2800  
NEW YORK, NY 10271

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	104301	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIRST ACTUARIAL CONSULTING

1501 BROADWAY STE 1728  
NEW YORK, NY 10036

26-3842522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	ACTUARY	93250	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL MARCO ADVISORS

333 WEST 34TH STREET 5TH FL  
NEW YORK, NY 10001

13-2466110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT MANAGER	30000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET GLOBAL ADVISORS

1600 SUMMER ST. STE 3  
STAMFORD, CT 06905

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 18 19 99 52	INVESTMENT MANAGER	15717	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

ROGOFF & COMPANY PC

355 LEXINGTON AVE, 6TH FL  
NEW YORK, NY 10017

13-2688836

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	9000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	---

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

<b>A</b> Name of plan <u>TRANSPORT WORKERS UNION OF AMERICA AFL-CIO LOCAL 100 STAFF PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSPORT WORKERS UNION OF AMER AFL-CIO LOCAL 100 STAFF PENSION PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>13-1395076</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI EMPLOYER PROPERTY TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NEWTOWER TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>52-6218800-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5959861</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>US AGGREGATE BOND INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
<b>c</b> EIN-PN <u>04-0025081-069</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18005628</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 3000 INDEX</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
<b>c</b> EIN-PN <u>04-0025081-041</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3005570</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TRANSPORT WORKERS UNION OF AMERICA AFL-CIO LOCAL 100 STAFF PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSPORT WORKERS UNION OF AMER AFL-CIO LOCAL 100 STAFF PENSION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>13-1395076</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	3415333	3782328
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	500000	970000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	2049	
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	23546126	26971059
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	8468691	8755379
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	35932199	40478766
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	13585	31966
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	13585	31966
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	35918614	40446800

**Part II Income and Expense Statement**

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2470000	
(B) Participants.....	2a(1)(B)	60887	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		2530887
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	360556	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		3424934
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-73868
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		6242509

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1126847	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1126847
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	9000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	45717	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	93250	
(8) Legal fees .....	<b>2i(8)</b>	104301	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	335208	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		587476
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1714323

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4528186
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **ROGOFF & COMPANY PC**

(2) EIN: **13-2688836**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562013.

## Independent Auditor's Report

Board of Trustees  
Transport Workers Union of America  
Local 100 Staff Pension Plan  
Brooklyn, NY

### ***Opinion***

We have audited the financial statements of the Transport Workers Union of America Local 100 Staff Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the plan's net assets available for benefits as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Transport Workers Union of America Local 100 Staff Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Transport Workers Union of America Local 100 Staff Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that,

individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Transport Workers Union of America Local 100 Staff Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Transport Workers Union of America Local 100 Staff Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

#### ***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Rogoff & Company, P.C.  
Certified Public Accountants  
New York, NY  
October 10, 2025

## ***Schedule SB, Part V – Summary of Plan Provisions***

---

<b><i>Effective Date</i></b>	July 1, 1962; reflecting approved plan amendments and changes through January 1, 2023.
<b><i>Plan Year</i></b>	12-month period beginning on January 1 <sup>st</sup> .
<b><i>Eligibility</i></b>	Any officer of the Union (TWU Local 100) and any other employee of the Union or any Union Trust who is excluded from the coverage of any collective bargaining agreement between the Union and any other union, becomes a participant as of his employment commencement date, provided he completes 1,000 hours of service during the 12-month period beginning on his employment commencement date.
<b><i>Accrual Service</i></b>	For each calendar year after 1981, the Benefit Service of a Participant shall include the number of years stated in the following table across from their number of Hours of Service completed in such calendar year while they were a Participant:

<u>Hours of Service in a Calendar Year</u>	<u>Benefit Service</u>
0 – 999	0.0
1,000 – 1,200	0.6
1,201 – 1,400	0.7
1,401 – 1,600	0.8
1,601 – 1,800	0.9
1,801 or more	1.0

***Average Compensation*** The average of a Participant’s monthly earnings for those thirty-six consecutive months during the last eighty-four months (all months if less than thirty-six) which give the highest average.

***Vested Percentage*** For participants hired prior to January 1, 2013: Upon the completion of 7 years of service or the attainment of the earlier of age 55 or his normal retirement age, a participant is fully vested in his accrued normal retirement benefit. At any earlier time, a participant is 85% vested in his accrued normal retirement benefits.

For participants hired on or after January 1, 2013: Participants who are participating in another pension plan are vested 85% after 18 months of continuous service, with 0% before 18 months and 100% after 5 years. Participants who are not part of the Union are vested 100% after 5 years and 0% before. A participant is fully vested in his accrued normal retirement benefit upon attainment of his normal retirement age prior to termination.

***Accrued Benefit*** For service pre-October 1, 2001:  
2-1/2% of compensation paid to a participant by the Union in the last 12 months of service for each year of Benefit Service up to 20 years, plus 1-1/2% of such compensation for each year of Benefit Service in excess of 20 years.

For service post October 1, 2001 (effective January 1, 2023):

---

***Plan Name:*** Transport Workers Union of America AFL-CIO Local 100 Staff Pension Plan  
***EIN/PN:*** 13-1395076/001  
***Plan Sponsor:*** Transport Workers Union of Amer AFL-CIO Local 100 Staff Pension Plan

***Schedule SB, Part V – Summary of Plan Provisions (cont'd)***

---

For Industry and Non-Industry participants:

2% of Average Compensation paid to a participant by the Union for each year of Benefit Service up to 30 years, plus 1-1/2% of such Average Compensation for each year of Benefit Service in excess of 30 years.

For Trust Fund participants:

1% of Average Compensation paid to a participant by the Union for each year of Benefit Service.

<b><i>Normal Retirement Age</i></b>	Age 60, or for a participant with 25 years of vesting service, the age at which the sum of the age and vesting service of the participant equals 80. Age 55 for participants who participate in the Contributory Pension Program.
<b><i>Normal Retirement Benefit</i></b>	Eligibility: Normal Retirement Age. Amount: Accrued Benefit.
<b><i>Early Retirement Benefit</i></b>	Eligibility: Age 55 but prior to normal retirement age. Amount: Actuarial equivalent of the amount determined as for normal retirement above, based on Benefit Service and compensation at early retirement date.
<b><i>Late Retirement Benefit</i></b>	Eligibility: Commencement after Normal Retirement Age and retirement from active status. Amount: Determined as for normal retirement above, based on Benefit Service and compensation as of actual retirement or, if greater, the Accrued Benefit determined as of Normal Retirement Date actuarially increased for late retirement.
<b><i>Disability Retirement Benefit</i></b>	Eligibility: After 10 years of service, or for a participant with 5 years of vesting service, the age at which the sum of the age and benefit service equals 50, upon total and permanent disability which has lasted at least 4 months. Amount: Determined as for normal retirement above, as if the participant had attained his normal retirement age on his disability retirement date.
<b><i>Deferred Vested Benefit</i></b>	Eligibility: Vesting percentage greater than zero. Amount: Vesting percentage times the Accrued Benefit payable at Normal Retirement Age or the Early Retirement Benefit payable at Early Retirement Date, if eligible.

---

**Plan Name:** Transport Workers Union of America AFL-CIO Local 100 Staff Pension Plan  
**EIN/PN:** 13-1395076/001  
**Plan Sponsor:** Transport Workers Union of Amer AFL-CIO Local 100 Staff Pension Plan

***Schedule SB, Part V – Summary of Plan Provisions (cont'd)***

---

<b><i>Pre-Retirement Death Benefit</i></b>	Eligibility: Immediate. Amount: An actuarially equivalent life annuity (with 120 monthly payments guaranteed) is available to a surviving spouse. Alternatively, upon the death of an active participant, the participant's spouse (or other qualified beneficiary) is entitled to a lump sum payment of equivalent actuarial value to the portion of the participant's Accrued Benefit earned prior to October 1, 2001.
<b><i>Cost of Living Adjustment</i></b>	None.
<b><i>Normal Form of Benefit</i></b>	Single Life Annuity with 10 years certain for non-married Participants. 50% Joint and Survivor Annuity with 10 years certain for married Participants actuarially reduced.
<b><i>Contributions</i></b>	Effective January 1, 2009 or, for participants not participating in the Plan on that date, effective upon their 90th day of employment, participants who elect to participate in the Contributory Pension Program shall pay to the Plan a percentage of their gross pay. As of January 1, 2013, participants who are not part of the Union are now required to contribute to the plan.
<b><i>Local 153 Prior Service</i></b>	<u>Service</u> Service for Local 100 accrued under the Local 153 Plan prior to Local 100 Plan entry is included for benefit calculation purposes. However, the benefit payable from the Local 153 Plan is an offset to benefits accrued in the Local 100 Plan.  <u>Form of Benefit</u> The Local 153 pays a life annuity payable 13 times per year with the first 130 payments guaranteed. The benefit is reduced 6% per year from age 65 if the participant terminates prior to age 59 or is reduced 3% per year from age 65 if the participant terminates after age 59 and prior to age 65.

***Changes in Plan Provisions since Last Valuation***

No changes to the plan provisions were made since the last valuation.

---

***Plan Name:*** Transport Workers Union of America AFL-CIO Local 100 Staff Pension Plan  
***EIN/PN:*** 13-1395076/001  
***Plan Sponsor:*** Transport Workers Union of Amer AFL-CIO Local 100 Staff Pension Plan

**Transport Workers Union of America Local 100 Staff Pension Plan**  
**Supplemental Schedule of Assets (Held at End of Year)**  
as of December 31, 2024  
EIN: 13-1395076  
Plan Number: 001  
(Form 5500, Schedule H, Part IV, Line 4i)

---

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
	<u>Mutual funds</u>			
PIMCO	PIMCO Total Return Inst	\$ 7,249,274	\$ 6,055,077	
The Vanguard Group	Vanguard Total Intl Stock Index Fund	<u>2,335,778</u>	<u>2,700,302</u>	
		<u>9,585,052</u>	<u>8,755,379</u>	
	<u>Common collective trusts</u>			
State Street Global Advisors	US Aggregate Bond Index SL Fund	4,920,720	5,959,861	
State Street Global Advisors	Russell 3000 Index SL Fund	3,009,570	18,005,628	
Newtower Trust Company	Multi-Employer Property Trust	<u>2,242,362</u>	<u>3,005,570</u>	
		<u>10,172,652</u>	<u>26,971,059</u>	
		<u>\$ 19,757,704</u>	<u>\$ 35,726,438</u>	

See independent auditor's report on supplemental information

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

Age	Years of Credited Service										Total
	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	
Under 25											0
25 to 29	1	1	1								3
30 to 34		3									3
35 to 39		2	2	1							5
40 to 44		6	5	1	2						14
45 to 49		3	4	3		3					13
50 to 54		6	8	4	3		1	1			23
55 to 59		4	6	7	1	1					19
60 to 64	1	2	7	1	3						14
65 to 69		1	1	7	1					1	11
70 and up			1	1							2
Total	2	28	35	25	10	4	1	1	0	1	107

---

**Plan Name:** Transport Workers Union of America AFL-CIO Local 100 Staff Pension Plan  
**EIN/PN:** 13-1395076/001  
**Plan Sponsor:** Transport Workers Union of Amer AFL-CIO Local 100 Staff Pension Plan

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

---

***Actuarial Assumptions***

**Interest Rates** September 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.

	<u>Minimum Funding</u>	<u>PBGC Liability</u>
1 <sup>st</sup> Segment Rate	4.75%	3.62%
2 <sup>nd</sup> Segment Rate	4.87	4.46
3 <sup>rd</sup> Segment Rate	5.59	4.52
Effective Rate	5.19	

**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.

<b>Optional Payment Forms</b>	<u>Optional Form</u>	<u>Probability</u>
	10 Year Certain & Life	55%
	100% J&S with 10 Year Certain	30
	50% J&S with 10 Year Certain	15

**Marriage** 100% of participants are assumed to be married. Husbands are assumed to be three years older than wives.

**Administrative Expenses** \$350,000 per year payable as of the beginning of the year.

<b>Retirement Rates</b>	<u>Age</u>	<u>Not Contributing</u>	<u>Contributing</u>
	<= 54	0%	0%
	55	5	20
	56	5	10
	57	5	10
	58	10	10
	59	10	10
	60	20	10
	61	15	15
	62	15	15
	63	15	15
	64	25	25
	65	25	25
	66	25	25
	67	50	50
	68	50	50
	69	50	50
	>=70	100	100

---

**Plan Name:** Transport Workers Union of America AFL-CIO Local 100 Staff Pension Plan  
**EIN/PN:** 13-1395076/001  
**Plan Sponsor:** Transport Workers Union of Amer AFL-CIO Local 100 Staff Pension Plan

***Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont'd)***

---

<b><i>Termination Rates</i></b>	<b><i>Age</i></b>	<b><i>&lt; 3 Years</i></b>	<b><i>&gt;= 3 Years</i></b>
	15	47.13%	23.00
	20	40.35	19.50
	25	33.58	16.00
	30	27.00	12.60
	35	23.33	10.70
	40	20.42	9.20
	45	24.29	11.20
	50	20.04	9.00
	51	22.94	10.50
	52	21.97	10.00
	53	21.97	10.00
	54	21.00	9.50

***Salary Scale*** Future compensation is assumed to increase at a rate of 3.00% per year, compounded annually.

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

***Disability Rates*** None.

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

***Future Work Hours*** Active participants are assumed to work the same hours in the upcoming years as they did in the prior year.

***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 and compensation as of the valuation date in accordance with Section 430 of the Internal Revenue Code.

The Target Normal Cost is equal to the present value of all benefits at the beginning of the plan year which are expected to accrue during the plan year, reflecting the effect of

---

***Plan Name:*** Transport Workers Union of America AFL-CIO Local 100 Staff Pension Plan  
***EIN/PN:*** 13-1395076/001  
***Plan Sponsor:*** Transport Workers Union of Amer AFL-CIO Local 100 Staff Pension Plan

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (cont'd)**

---

expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

***Asset Method*** The Actuarial Value of Assets is the market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed investment rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

**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.

---

**Plan Name:** Transport Workers Union of America AFL-CIO Local 100 Staff Pension Plan  
**EIN/PN:** 13-1395076/001  
**Plan Sponsor:** Transport Workers Union of Amer AFL-CIO Local 100 Staff Pension Plan

**Transport Workers Union of America Local 100  
Staff Pension Plan**

Financial Statements

With Supplementary Information

December 31, 2024 and 2023

# Transport Workers Union of America Local 100 Staff Pension Plan

## Table of Contents

	<u>Page(s)</u>
Independent auditor's report	1 - 2
Statements of net assets available for benefits December 31, 2024 and 2023	3
Statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023	4
Notes to financial statements	5 - 14
Supplementary information:	
Schedule of assets (held at end of year) as of December 31, 2024 (Form 5500, Schedule H, Part IV, Line 4i)	15

## Independent Auditor's Report

Board of Trustees  
Transport Workers Union of America  
Local 100 Staff Pension Plan  
Brooklyn, NY

### ***Opinion***

We have audited the financial statements of the Transport Workers Union of America Local 100 Staff Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the plan's net assets available for benefits as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Transport Workers Union of America Local 100 Staff Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Transport Workers Union of America Local 100 Staff Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that,

individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Transport Workers Union of America Local 100 Staff Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Transport Workers Union of America Local 100 Staff Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

#### ***Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Rogoff & Company, P.C.  
Certified Public Accountants  
New York, NY  
October 10, 2025

**Transport Workers Union of America Local 100 Staff Pension Plan**  
**Statements of Net Assets Available for Benefits**

---

	December 31,	
	2024	2023
<b><u>Assets</u></b>		
Investments, at fair value	\$ 35,726,438	\$ 32,014,817
Receivables:		
Employer contributions receivable	970,000	500,000
Participant contributions receivable	-	2,049
Cash - noninterest bearing	3,782,328	3,415,333
	40,478,766	35,932,199
<b><u>Liabilities</u></b>		
Accrued expenses	31,966	13,585
	31,966	13,585
Net assets available for benefits	\$ 40,446,800	\$ 35,918,614

The accompanying notes are an integral part of these financial statements

**Transport Workers Union of America Local 100 Staff Pension Plan**  
**Statements of Changes in Net Assets Available for Benefits**

	Years Ended December 31,	
	2024	2023
<b><u>Additions</u></b>		
Investment income:		
Net appreciation		
in fair value of investments	\$ 3,351,066	\$ 3,138,433
Interest and dividends	360,556	300,657
	3,711,622	3,439,090
Less: Investment expenses	45,717	41,308
Net investment income	3,665,905	3,397,782
Contributions:		
Employer contributions	2,470,000	2,500,000
Participant contributions	60,887	56,508
Total contributions	2,530,887	2,556,508
Total additions	6,196,792	5,954,290
<b><u>Deductions</u></b>		
Benefits paid directly to participants	1,126,847	1,002,866
Administrative expenses:		
Actuarial fees	93,250	106,025
Accounting fees	9,000	8,250
Legal fees	104,301	122,613
Pension Benefit Guarantee Corp	322,670	302,940
Check processing & bank charges	12,538	11,405
Total administrative expenses	541,759	551,233
Total deductions	1,668,606	1,554,099
Net increase in net assets available for benefits	4,528,186	4,400,191
<b><u>Net assets available for benefits</u></b>		
Beginning of year	35,918,614	31,518,423
End of year	\$ 40,446,800	\$ 35,918,614

The accompanying notes are an integral part of these financial statements

## Transport Workers Union of America Local 100 Staff Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

---

### A. Description of Plan

The following brief description of the Transport Workers Union of America Local 100 (the Local) Staff Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

#### 1. General

The Plan is a single-employer, defined benefit pension plan providing retirement, disability, and death benefits to all eligible employees. The Plan sponsor is the Transport Workers Union of America Local 100 and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by the Board of Trustees, which is a committee of the board of directors of the Local. The Board of Trustees has overall responsibility for the operation and administration of the Plan. The Board of Trustees determines the appropriateness of the Plan's investment offerings, monitors investment performance.

#### 2. Funding Policy

The Plan's funding policy is for the Local to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024 and 2023 respectively, the Local made contributions of \$2,470,000 and \$2,500,000. The Local's contributions exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Local has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

#### 3. Pension Benefits

Participants become eligible to receive pension benefits when they achieve the age of 60 or, if earlier, for a participant with more than 25 years of service, the age at which the sum of the age and service of the participant equals 80. For participants who participate in the "Contributory Pension Program" normal retirement age is 55. With respect to benefits earned prior to October 1, 2001, the monthly amount of the normal benefit is determined by multiplying the compensation paid to the participant by the Union, during the last 12 months of service, by 2½% times the number of years of benefit service up to 20 such years, plus 1½% of such compensation for each year in excess of 20 years.

With respect to benefits earned after October 1, 2001:

For Industry and Non-Industry participants: 2% of Average Compensation paid to a participant by the Union, for each year of Benefit Service up to 30 years, plus 1-1/2% of such Average Compensation for each year of Benefit Service in excess of 30 years.

For Trust Fund participants: 1% of Average Compensation paid to a participant by the Union, for each year of Benefit Service.

## Transport Workers Union of America Local 100 Staff Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

---

### **A. Description of Plan (continued)**

#### **3. Pension Benefits (continued)**

Early retirement is a plan option. A participant who has attained the age of 55 may receive an amount equal to the actuarial equivalent of the normal retirement amount. Late retirement also is an option, wherein a participant may receive benefits determined based on benefit service and compensation as of actual retirement date.

The form of the pension may vary. For non-married participants, the normal pension is a life annuity with the first 120 monthly payments guaranteed. For married participants, a 50% joint and survivor annuity of reduced amount is available.

In lieu of the monthly pension under the Plan, a participant may elect to receive a distribution in the form of a commercial annuity contract or a lump sum settlement, with spousal consent, applicable only to the benefits earned prior to October 1, 2001.

#### **4. Death and Disability Benefits**

Disability pensions are available after ten years of service and upon total and permanent disability.

On pre-retirement death benefits, upon the death of an active participant, the participant's spouse or other qualified beneficiary is entitled to a lump sum payment of equivalent actuarial value to the participants accrued normal retirement benefit at date of death. An actuarially equivalent life annuity, with 120 monthly payments guaranteed, is alternatively available to a surviving spouse. Regarding post-retirement benefits, upon death of a retired participant, no death benefits are paid other than those included in the form of retirement benefit.

### **B. Summary of Accounting Policies**

The following are the significant policies followed by the Plan:

#### **1. Basis of Accounting**

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

#### **2. Use of Estimates**

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

## Transport Workers Union of America Local 100 Staff Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

---

### **B. Summary of Accounting Policies (continued)**

#### **3. Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines the valuation policies utilizing information provided by its investment advisers and custodians. See Note F for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### **4. Employer Contributions Receivable**

The amount of employer contributions receivable represents contributions due from the Local and participants.

#### **5. Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

#### **6. Administrative Expenses**

The Plan's expenses are paid either by the Plan or the Local, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

#### **7. Subsequent Events**

The Plan has evaluated subsequent events through October 10, 2025, the date which the financial statements were available to be issued.

### **C. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries.

## Transport Workers Union of America Local 100 Staff Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

---

### **C. Actuarial Present Value of Accumulated Plan Benefits (continued)**

Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated Plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of the accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 were as follows:

Life Expectancy of Participants – For 2024, mortality for is based on the Pri-2012 Blue Collar Employee and Retiree Mortality Tables (base year 2012) projected generationally with Mortality Improvement Scale MP-2021, except for beneficiaries of deceased participants. For beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor Mortality Tables (base year 2012) projected generationally with Mortality Improvement Scale MP-2021.

For 2023, mortality for is based on the Pri-2012 Blue Collar Employee and Retiree Mortality Tables (base year 2012) projected generationally with Mortality Improvement Scale MP-2021, except for beneficiaries of deceased participants. For beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor Mortality Tables (base year 2012) projected generationally with Mortality Improvement Scale MP-2021.

Retirement Age Assumptions – Range of retirement ages from 55 to 70 with various probabilities of retirement as specific ages.

Investment Return – Expected long-term rate of return is 7.0% for the January 1, 2024 valuation; 7.0% for the January 1 2023 valuation.

Discount Rate – For the valuation as of January 1, 2024 a discount rate of 5% was used; for the valuation as of January 1, 2023 a discount rate of 5% was used.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31<sup>st</sup>, 2023 and 2022 there would be no material differences.

## Transport Workers Union of America Local 100 Staff Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

### C. Actuarial Present Value of Accumulated Plan Benefits (continued)

These benefits, as determined by the Plan's actuary, are as follows:

	<u>January 01, 2024</u>
Actuarial present value of accumulated plan benefits	
Vested benefits	
Retired participants and beneficiaries	
currently receiving benefits	\$ 11,791,929
Terminated vested participants	8,274,599
Active participants	<u>17,787,820</u>
	37,854,348
Nonvested benefits	<u>59,554</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 37,913,902</u>

Changes in the actuarial present value of the accumulated plan benefits during the year ended December 31, 2023 are as follows:

	<u>December 31, 2023</u>
Actuarial present value of accumulated plan benefits as of beginning of year	<u>\$ 33,567,794</u>
Changes during the year attributable to:	
Benefits paid	(1,002,866)
Decrease in discount period	1,653,624
Additional benefits earned, including experience gains and losses	<u>3,695,350</u>
	<u>4,346,108</u>
Actuarial present value of accumulated plan benefits as of end of year	<u>\$ 37,913,902</u>

### D. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

## Transport Workers Union of America Local 100 Staff Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

---

### **D. Plan Termination (continued)**

3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

### **E. Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The assets or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

## Transport Workers Union of America Local 100 Staff Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

### E. Fair Value Measurements (continued)

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

*Cash and cash equivalents:* As government money market fund securities, they are valued using pricing models maximizing the use of observable inputs for similar securities.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common collective trust:* Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidation will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

<u>Asset Description</u>	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 8,755,379	\$ 8,755,379	\$ -	\$ -
Total assets in the fair value hierarchy	8,755,379	\$ 8,755,379	\$ -	\$ -
Investments measured at NAV	26,971,059			
Total investments	\$ 35,726,438			

## Transport Workers Union of America Local 100 Staff Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

### E. Fair Value Measurements (continued)

December 31, 2023				
Asset Description	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 8,468,691	\$ 8,468,691	\$ -	\$ -
Total assets in the fair value hierarchy	8,468,691	\$ 8,468,691	\$ -	\$ -
Investments measured at NAV	23,546,126			
Total investments	\$ 32,014,817			

### Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2024 and 2023, respectively.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
US Aggregate Bond Index Fund	\$ 5,959,861	\$ -	Daily	1 day
Russell 3000 Index Fund	\$ 18,005,628	\$ -	Daily	1 day
Multi-Employer Property Trust	\$ 3,005,570	\$ -	Quarterly	45 days
<u>December 31, 2023</u>				
US Aggregate Bond Index Fund	\$ 5,876,346	\$ -	Daily	1 day
Russell 3000 Index Fund	\$ 14,547,992	\$ -	Daily	1 day
Multi-Employer Property Trust	\$ 3,121,788	\$ -	Quarterly	45 days

**Bond Index Fund** - The fund's objective is to provide investment results that correspond generally to the price and yield performance of the Bloomberg US Aggregate Bond Index that tracks the US dollar denominated investment grade bond market over the long term.

**Russell 3000 Index Fund** - The fund seeks to track the performance of the Russell 3000 Index. This Index is an unmanaged index considered indicative of the broad domestic stock market in general and is comprised of the 3000 largest stocks in the US market and accounts for approximately 98% of the investable US stock market.

**Multi-Employer Property Trust** - the fund's investment strategy focuses on industrial, multifamily, office, and other assets, including self-storage and life science, located in US primary markets and seeks to produce stable income and competitive risk-adjusted total returns.

## Transport Workers Union of America Local 100 Staff Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

---

### **F. Risks and Uncertainties**

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

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

### **G. Plan Amendments**

There were no amendments in the 2024 plan year

Effective January 1, 2023, the Plan was amended as follows:

Benefit payments shall not commence before the later of the participant's Normal Retirement Age or age 62, unless the participant consents in writing no more than 90 days before payments commence.

Benefit accruals to employees and are covered by covered by other collective bargaining agreements will increase from 1% to 2% of Average Basic Earnings per year of Benefit Service.

The effect of these amendments was an increase in the actuarial present value of accumulated plan benefits of \$4,486,027 for the year ended December 31, 2023.

### **H. Tax Status**

The Plan obtained its latest determination letter on April 3, 2018, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **I. Concentrations**

The Plan receives the majority of its employer contribution income from the Local.

## Transport Workers Union of America Local 100 Staff Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

---

### J. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of total additions per the financial statements to the total income per Form 5500:

	December 31, 2024
Total additions per the financial statements	\$ 6,196,792
Add: Investment expenses	45,717
Total income per Form 5500	<u>\$ 6,242,509</u>

The following is a reconciliation of total deductions per the financial statements to the total expenses per Form 5500:

	December 31, 2024
Total deductions per the financial statements	\$ 1,668,606
Add: Investment expenses	45,717
Total expenses per Form 5500	<u>\$ 1,714,323</u>

The following is a reconciliation of total administrative expenses per the financial statements to the total administrative expenses per Form 5500:

	December 31, 2024
Total administrative per the financial statements	\$ 541,759
Add: Investment expenses	45,717
Total administrative expenses per Form 5500	<u>\$ 587,476</u>

**Transport Workers Union of America Local 100 Staff Pension Plan**  
**Supplemental Schedule of Assets (Held at End of Year)**  
as of December 31, 2024  
EIN: 13-1395076  
Plan Number: 001  
(Form 5500, Schedule H, Part IV, Line 4i)

---

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
	<u>Mutual funds</u>			
PIMCO	PIMCO Total Return Inst	\$ 7,249,274	\$ 6,055,077	
The Vanguard Group	Vanguard Total Intl Stock Index Fund	<u>2,335,778</u>	<u>2,700,302</u>	
		<u>9,585,052</u>	<u>8,755,379</u>	
	<u>Common collective trusts</u>			
State Street Global Advisors	US Aggregate Bond Index SL Fund	4,920,720	5,959,861	
State Street Global Advisors	Russell 3000 Index SL Fund	3,009,570	18,005,628	
Newtower Trust Company	Multi-Employer Property Trust	<u>2,242,362</u>	<u>3,005,570</u>	
		<u>10,172,652</u>	<u>26,971,059</u>	
		<u>\$ 19,757,704</u>	<u>\$ 35,726,438</u>	

See independent auditor's report on supplemental information

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	---	---

**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 multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)

**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

<p><b>1a</b> Name of plan  <b>TRANSPORT WORKERS UNION OF AMERICA AFL-CIO          LOCAL 100 STAFF PENSION PLAN</b></p>	<p><b>1b</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>2a</b> 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)  <b>TRANSPORT WORKERS UNION OF AMER AFL-CIO LOCAL 100 S</b></p> <p><b>195 MONTAGUE STREET          9TH FLOOR          BROOKLYN NY 11201-3631</b></p>	<p><b>1c</b> Effective date of plan  <b>07/01/1962</b></p> <p><b>2b</b> Employer Identification Number (EIN)  <b>13-1395076</b></p> <p><b>2c</b> Plan Sponsor's telephone number  <b>212-873-6000</b></p> <p><b>2d</b> Business code (see instructions)  <b>485110</b></p>	

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

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

<b>SIGN HERE</b>	<u>Natasha Kerr</u> <small>Natasha Kerr (Oct 9, 2025 16:37:04 EDT)</small>	Oct 9, 2025	NATASHA KERR
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

**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.

<b>A</b> Name of plan Transport Workers Union of America AFL-CIO Local 100 Staff Pension Plan		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Transport Workers Union of Amer AFL -CIO Local 100 Staff Pension Plan		<b>D</b> Employer Identification Number (EIN) 13-1395076	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I		Basic Information		
<b>1</b>	Enter the valuation date:	Month <u>1</u>	Day <u>1</u>	Year <u>2024</u>
<b>2</b>	Assets:			
	<b>a</b> Market value .....	<b>2a</b>	35,917,906	
	<b>b</b> Actuarial value .....	<b>2b</b>	37,151,453	
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	130	11,940,581	11,940,581
	<b>b</b> For terminated vested participants .....	172	8,150,451	8,150,451
	<b>c</b> For active participants .....	107	17,136,542	17,212,727
	<b>d</b> Total .....	409	37,227,574	37,303,759
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
	<b>b</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 .....	<b>4b</b>		
<b>5</b>	Effective interest rate .....	<b>5</b>	5.19 %	
<b>6</b>	Target normal cost .....			
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	2,013,189	
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	350,000	
	<b>c</b> Target normal cost .....	<b>6c</b>	2,363,189	

**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.

<b>SIGN HERE</b>		<u>10/10/2025</u>
	Signature of actuary	Date
	Richard Hudson	23-05610
	Type or print name of actuary	Most recent enrollment number
	First Actuarial Consulting, Inc.	(212) 395-9555
	Firm name	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

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

Schedule SB (Form 5500) 2024  
v. 240311

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	5,416	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	5,416	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.63%</u> .....	576	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		2,019,048
<b>b(1)</b>	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>5.32%</u> .....		107,413
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		2,126,461
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	5,992	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	99.57%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	99.57%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	105.55%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
04/15/2024	500,000						
06/30/2024		64,870					
07/11/2024	500,000						
10/15/2024	500,000						
01/14/2025	970,000						
			<b>Totals ▶</b>	<b>18(b)</b>	2,470,000	<b>18(c)</b>	64,870

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	2,380,662

**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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> 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			
<b>25</b> 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			
<b>26</b> Demographic and benefit information				
<b>a</b> 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>b</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			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 2,363,189
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	158,298		14,402	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 2,377,591
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 2,377,591
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 2,380,662
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 3,071
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				