



Phone: 212 · 395 · 9555
Fax: 212 · 869 · 2233
E-mail: factinfo@factuarial.com

August 2, 2023

Pension Benefit Guaranty Corporation
Multiemployer Program Division
1200 K Street, N.W.
Washington DC 20005

**Re: Local 917 Pension Fund –
Application for Special Financial Assistance under ERISA Section 4262**

Dear sir/madam:

This letter is to formally request Special Financial Assistance (SFA) in accordance with section 4262 of the Employee Retirement Income Security Act of 1974 (ERISA) and § 4262 of PBGC's SFA regulation.

This application is an amendment to that previously submitted on April 24, 2023. The following changes were made:

- (1) The census data used for the application now reflects the results of a death audit conducted by the PBGC. The benefits for the terminated vested members that were found to be deceased prior to the SFA census date, November 1, 2021 are now excluded from the cashflow projection. In addition, the benefits due to the terminated vested members over normal retirement age that deceased between the census date and the measurement date, September 30, 2022, are excluded from the cashflow projection. If it is known that a deceased member had a surviving spouse, the benefits due to the surviving spouse are included. If it is unknown whether a deceased member had a surviving spouse, the marital assumption is applied to the surviving spouse benefits. If it is known that the deceased member was not married, no benefits are included in the cashflow.

All known deaths that occurred before the date of the census data used for SFA purposes are reflected for SFA calculation purposes.

- (2) The assumption for collectability of future withdrawal liability payments was changed to 70%, the same assumption used for already withdrawn employers, based on analysis of withdrawal liability payments since 2010.

Pension Benefit Guaranty Corporation
August 2, 2023

- (3) The fair market value of assets as of the measurement date changed by \$479, from \$8,307,516 to \$8,307,995, as a result of further examination and reconciliation of the financial statements.

There were no other changes to either data or assumptions from the application submitted April 24, 2023.

Please contact the Plan Sponsor's Authorized Representative if you have any questions or if you require any additional information.

Sincerely,



Dewey Dennis, EA, MAAA
Consulting Actuary, Authorized Representative of the Plan

SFA APPLICATION AMENDMENT COVER LETTER

Local 917 Pension Fund

Plan name

The following statements must be signed by an authorized trustee who is a current member of the board of trustees.

- (1) By submitting this form, I am seeking expedited review by PBGC of the revised SFA application of the above-named plan.
- (2) I acknowledge that if PBGC, in its discretion, determines that it cannot complete review on an expedited schedule, PBGC’s review of the plan’s revised application under 29 CFR 4262.11(a) may take up to 120 days after the plan’s revised application for SFA is properly and timely filed.
- (3) The plan meets the following requirements:
 - Less than 100 days have elapsed since the plan filed its previous application; and
 - The plan’s application filed on April 24, 2023 [filing date] is withdrawn and the plan’s revised application is submitted.
- (4) List below the specific corrections that the plan is making in its revised application (if needed, use a separate sheet).

1. The benefits for 26 inactive members that deceased prior to the census date are excluded from the projected cashflow.
 2. The assumption for collectability of future withdrawal liability payments is set to 70%. This changed from 35% in the prior application.
 3. The Fair Market Value of Assets changed by \$479 to \$8,307,995.

(5) Under penalty of perjury under the laws of the United States of America, I declare that I am an authorized trustee who is a current member of the board of trustees of the above named plan and that I have examined this application, including accompanying documents, and, to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, all statements of fact contained in the application are true, correct, and not misleading because of omission of any material fact; and all accompanying documents are what they purport to be.


Trustee’s signature

08/01/2023
Date

Ralph Natale
Trustee’s printed name and title

SFA AMOUNT CERTIFICATION BY ENROLLED ACTUARY

The Trustees of the Local 917 Pension Fund are applying to the Pension Benefit Guaranty Corporation (PBGC) for Special Financial Assistance (SFA) under section 4262 of ERISA. This is to certify that the requested amount of SFA, in the amount of **\$21,433,078** and calculated as of the **SFA measurement date September 30, 2022**, is the amount to which the plan is entitled under section 4262(j)(1) of ERISA and § 4262.4 of PBGC's SFA regulation, and to document the assumptions and methods used in the calculation of the SFA amount and the source of the data.

The census data used in determining the SFA amount is as of November 1, 2021, and was provided by the Fund Office for the purpose of the actuarial valuation as of that date.

The assumptions used in determining the SFA amount are attached to this Certification.

The undersigned actuaries of First Actuarial Consulting, Inc. meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained in this certification. All the calculations were performed in accordance with our understanding of generally accepted actuarial principles and practices and this report, to our knowledge, is complete and accurate and complies with the reasonable actuarial-assumption rules.

The undersigned actuaries certify that the requested amount of SFA amount of \$21,433,078 as of the SFA measurement date September 30, 2022, as indicated on Template 4A attached to this application, is the amount to which the plan is entitled under section 4262(j)(1) of ERISA and § 4262.4 of PBGC's SFA regulation.



Dewey A. Dennis, F.C.A., M.A.A.A.
Enrolled Actuary No. 23-05712



Nadine Solntseva, F.C.A., M.A.A.A.
Enrolled Actuary No. 23-07546

ASSUMPTIONS TO DETERMINE SFA AMOUNT

The following assumptions were used to determine the SFA amount:

Interest Rates 5.58% per annum for non-SFA assets; 3.36% for SFA assets

Mortality Healthy: Pri-2012 amount-weighted Blue Collar (Pri-2012(BC)) table projected on a fully generational basis with scale MP-2021.

Disabled: Pri-2012 amount-weighted Disabled Mortality (Pri-2012(Dis)) table projected on a fully generational basis with scale MP-2021.

Retirement For actives eligible to retire, retirement rates are as follows:

Age

Age	Rate	Age	Rate
50-61	3%	65-69	30
62-64	15	70+	100%

Inactive vested participants are assumed to retire on a Regular Pension. Retirees with suspended benefits are assumed to begin receiving their retirement benefits again in one year from the valuation date.

Termination Rates Sample termination rates are as follows (rates cut out at early retirement eligibility):

Age	Rate	Age	Rate
20	17.94%	45	8.43%
25	17.22%	50	5.06%
30	15.83%	55	1.73%
35	13.70%	60	0.16%
40	11.25%		

Disability Rates Sample rates are as follows:

Rates

Age	Rate	Age	Rate
20	0.05%	45	0.18%
25	0.05	50	0.40
30	0.05	55	0.85
35	0.06	60	1.74
40	0.09		

Administrative Expenses \$330,000 per annum payable at the end of each month throughout the year. For the plan year ending October 31, 2022, the annual payment is prorated for the number of months in the plan year from the SFA measurement date to the end of the plan year. The increase in PBGC premium to \$52 per participant is reflected beginning with the 2031 plan year.

ASSUMPTIONS TO DETERMINE SFA AMOUNT (cont'd)

Total annual administrative expenses are limited to 15% of expected benefit payments for each projection year.

Marriage 75% of participants are assumed to be married. Husbands are assumed to be three years older than wives.

Form of Payment Participants are assumed to elect the normal form for married and single participants.

<i>New Entrants Profile</i>	<u>Age</u>	<u>Weighting</u>
	25	35%
	35	15
	45	20
	55	30

10% of new entrants are assumed to be females. The active population will decrease 3% each year through the plan year ending October 31, 2029, and 1% per year thereafter.

Contribution Base Units (CBUs) Contribution base units (CBUs) are based on the actual CBUs for each employer in the plan year ending October 31, 2019, the last plan year before the measurement date that did not contain the COVID Period, as defined in the PBGC guidance SFA 22-07. The actual total CBUs in the plan year ending October 31, 2019, for the employers currently contributing to the Fund are in the table below:

Employer	Unit	CBUs in the Plan Year Ending 10/31/2019
AF Group	Hour	109,931.71
Ambro Operating Corp	Month	28.00
Barney's Service Station	Month	12.00
Carmel Garage	Month	24.00
Central Parking	Hour	11,544.04
Health Fund 917	Month	36.00
Local 917 IBT	Month	36.00
Personnel Coordinators	Month	296.00
Rstr Motors	Month	60.00
Spca Of Westchester	Month	36.00
Standard Parking - 51388/89	Hour	24,398.89
Standard Parking - 61584/85	Hour	8,762.81
Standard Parking - 61602/03	Hour	21,752.56
Standard Parking - 61695	Hour	5,887.51
Standard Parking - Beth Israel	Month	42.00
Welcome Parking - Jamaica	Hour	9,531.50

ASSUMPTIONS TO DETERMINE SFA AMOUNT (cont'd)

CBUs for each employer decrease by 3% each year through the plan year ending October 31, 2029, and 1% thereafter. One-third of the decline in CBU is assumed to be the result of employer withdrawals.

To show the projected CBU in 'Template 8 Local 917 PF.xlsx' as required, CBU for employers contributing on a monthly basis were converted to hours by assuming 2,080 hours are worked in a 12-month period.

Contribution Rates As negotiated by July 9, 2021. Contribution rates in effect after September 30, 2022, are as follows:

<u>Employer</u>	<u>Contribution Rate</u>
AF Group	\$1.42 per hour
Ambro Operating Corp	\$75.27 per month
Barney's Service Station	\$180.38 per month
Carmel Garage	\$75.27 per month
Central Parking	\$1.45 per hour
Health Fund 917	\$578.70 per month
Local 917 IBT	\$578.70 per month
Personnel Coordinators	\$578.70 per month
Rstr Motors	\$101.28 per month
Spca Of Westchester	\$524.80 per month
Standard Parking - 51388/89	\$2.05 per hour
Standard Parking - 61584/85	\$1.69 per hour
Standard Parking - 61602/03	\$1.25 per hour
Standard Parking - 61695(F)	\$1.61 per hour
Standard Parking - Beth Israel	\$180.00 per month
Welcome Parking - Jamaica	\$1.40 per hour; \$1.47 per hour starting 1/1/2023

Contributions are deposited in equal monthly installments throughout the plan year and are assumed to be paid at the end of the month.

Withdrawal Liability Payments As of September 30, 2022 (the SFA Measurement Date), three withdrawn employers – A&A Brake, Propark America and Quik/Icon Parking - were making withdrawal liability payments. A&A Brake paid a lump sum of \$70,000 during December 2022 to settle its withdrawal liability obligation. Propark America is scheduled to make quarterly payments of \$9,875 each November, February, May and August at the beginning of the month through November 2031, and its final payment of \$2,871 is due February 2032. Quik/Icon Parking is scheduled to make its quarterly payment of \$29,485 each November, February, May and August at the beginning of the month

ASSUMPTIONS TO DETERMINE SFA AMOUNT (cont'd)

through August 2034, and its final payment of \$9,495 is due November 2034. The probability that all future withdrawal liability payments will be collected is 70%.

Future employer withdrawals from the plan are assumed to account for one-third of the decline in CBUs each year. All future withdrawals are assumed to happen at the end of the plan year, with the first withdrawal liability payment due November of the plan year following the withdrawal. Future withdrawal liability payments are estimated by employer, based upon highest average CBUs for the three consecutive years out of the ten years preceding the assumed year of withdrawal. For this purpose, actual CBUs in the plan years through the plan year ending October 31, 2022, were used. The highest average CBUs are then multiplied by the contribution rate in effect October 31, 2015, as required by PBGC's final rule "Methods for Computing Withdrawal Liability, Multiemployer Pension Reform Act of 2014," to determine the annual withdrawal liability payments. Withdrawal liability payments are assumed to be made quarterly each November, February, May and August. All future withdrawal liability payments are assumed to continue for 20 years. The probability that withdrawal liability payments will be collected from future employer withdrawals is 70%.

Terminated Vested Over Normal Retirement Age

Terminated vested members over normal retirement age that have not yet died on the SFA measurement date are assumed to collect their benefits, adjusted for the delayed commencement, on the valuation date, November 1, 2021. Terminated members who have passed their required beginning date for a minimum required distribution on November 1, 2021, are assumed to collect their benefit with a delayed retirement increase to their required beginning date and are assumed to collect a lump sum on the SFA measurement date equal to the missed payments through November 1, 2021. The Fund pays 4% interest per annum on missed payments. Terminated vested members over age 85 on the SFA measurement date, September 30, 2022 are assumed to never collect their benefit. The lump sums for the members that started their benefits or died prior to the SFA measurement date are not included in the cashflow.

Benefit Payments

Benefit payments are paid in equal monthly installments throughout the plan year and are paid at the beginning of the month.

FAIR MARKET VALUE CERTIFICATION BY PLAN SPONSOR

The Trustees of the Local 917 Pension Fund are applying to the Pension Benefit Guaranty Corporation (PBGC) for Special Financial Assistance (SFA) under section 4262 of ERISA. This is to certify that the fair market value of plan assets ("FMV") as of the **SFA measurement date, September 30, 2022, is \$8,307,995.**

The plan auditor provided financial statements as of October 31, 2021. The income statement from November 1, 2021 through September 30, 2022, as well as the balance sheet as of September 30, 2022, are attached to this certification.



Ralph Natale
Authorized Trustee

LOCAL 917 PENSION FUND

Balance Sheet

As of September 30, 2022

	<u>Sep 30, 22</u>
ASSETS	
Current Assets	
Checking/Savings	
104 · General Account	8,057.77
105 · Pensioners Account	216,692.81
106 · Money Market Account	122,398.16
Total Checking/Savings	<u>347,148.74</u>
Other Current Assets	
110 · Investments	-703,973.85
112 · Reserve for Appr/Depr of MV	-3,514,345.51
114 · Unrealized Apprec/Depr - Mutual	227,571.81
115 · Investments - Mutual Funds	7,519,553.07
116 · Investments - CCT	1,894,981.78
117 · Unrealized Apprec/Depr - CCT	2,522,021.58
200 · Security Deposit	585.00
206 · Contributions Receivable	27,006.40
207 · Withdrawal Liability Receivable	2,085,169.00
208 · Allowance for Uncollect WD Liab	-2,008,400.00
209 · Due to/from Health Fund 917	-3,748.58
280 · Prepaid Insurance	6,263.03
281 · Prepaid Expenses	10,000.00
Total Other Current Assets	<u>8,062,683.73</u>
Total Current Assets	<u>8,409,832.47</u>
Fixed Assets	
408 · Office & Computer Equipment	6,921.91
428 · Accumulated Depr - Equipment	-4,513.91
Total Fixed Assets	<u>2,408.00</u>
TOTAL ASSETS	<u>8,412,240.47</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
510 · Accrued Expenses	28,000.00
530 · Federal Withholding Tax	-523.19
Total Other Current Liabilities	<u>27,476.81</u>
Total Current Liabilities	<u>27,476.81</u>
Total Liabilities	27,476.81
Equity	
32000 · Unrestricted Net Assets	-17,380,662.19
690 · Fund Balance	29,917,407.79
Net Income	-4,151,981.94
Total Equity	<u>8,384,763.66</u>
TOTAL LIABILITIES & EQUITY	<u>8,412,240.47</u>

LOCAL 917 PENSION FUND
Cash Flow
For 11 Periods Ending September 30, 2022

	TOTAL	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22
873 - Insurance-Other	2,475.99	0.00	0.00	0.00	0.00	2,175.89	276.30	0.00	0.00
880 - Maintenance & Cleaning	204.36	185.30	0.00	9.06	0.00	0.00	0.00	0.00	0.00
882 - Penalties & Interest	9,186.91	(25.66)	0.00	5,103.83	0.00	710.99	33.24	413.08	2,951.43
891 - SSA Fees	368.00	0.00	0.00	0.00	184.00	92.00	92.00	0.00	0.00
911 - Professional Fees-Inv Advisors	19,027.28	0.00	0.00	6,000.00	374.38	0.00	6,364.67	0.00	0.00
912 - Professional Fees-Accounting	28,351.00	0.00	0.00	0.00	0.00	14,000.00	0.00	0.00	0.00
913 - Professional Fees-Legal	27,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00
915 - Professional Fees-Actuarial	28,200.00	0.00	0.00	9,000.00	1,200.00	0.00	9,000.00	0.00	0.00
916 - Professional Fees-Payroll Audit	13,267.50	0.00	0.00	0.00	13,267.50	0.00	0.00	0.00	0.00
990 - Pension Benefits	2,631,879.41	240,275.70	234,712.55	266,009.04	231,717.70	240,926.95	271,313.45	226,535.09	230,577.39
Total Expense	2,874,291.33	248,091.00	242,312.21	295,652.08	253,978.50	266,088.10	294,465.26	233,594.98	249,112.80
Net Income	(4,151,956.28)	(328,652.17)	187,896.74	(610,001.01)	(447,312.48)	(65,143.50)	(798,187.29)	(159,880.87)	(830,571.56)

Cash Flow

For 11 Periods Ending September 30, 2022

	Jul 22	Aug 22	Sep 22
Income			
730 · Employer Contributions	34,052.11	26,522.76	34,432.68
733 · Interest Income - MM	6.39	12.31	12.60
734 · Interest Income - Investments	0.00	0.00	0.00
735 · Dividend Income	2,942.35	3,198.53	43,312.98
736 · Other Income	0.62	0.96	0.98
737 · Interest on Unpaid Contribution	0.00	0.00	0.00
739 · Commission Recap	0.00	0.00	0.00
740 · Realized Appr/Depr	111,622.12	107,063.25	127,622.64
741 · Unrealized Appr/Depr	327,754.11	(347,123.06)	(826,364.07)
745 · W/D Liability Receipts	0.00	43,322.00	0.00
746 · W/D Liability Fee	0.00	2,500.00	0.00
Total Income	476,377.70	(164,503.25)	(620,982.19)
Expense			
800 · Bank Service Charges	447.93	415.15	454.85
801 · Postage	48.96	124.79	44.32
802 · Rent	787.03	787.03	787.03
803 · Office Expenses	32.26	205.78	56.35
804 · Copier	39.31	32.99	34.89
806 · Salaries	1,430.61	1,790.82	1,401.48
807 · Taxes - Payroll	114.32	143.09	111.98
809 · Benefit - Health	371.98	371.98	371.98
810 · Benefit - Pension	332.89	353.03	342.96
811 · Disability Premium	4.75	0.00	0.00
815 · Telephone Expenses	51.33	52.27	56.70
817 · Stationary & Printing	0.00	0.00	0.00
818 · Payroll Fees	25.09	21.03	26.28
830 · Equipment Leasing	0.00	0.00	271.53
831 · Security Services	0.00	21.40	21.19
832 · Computer Expenses	89.17	290.57	120.52
850 · Heat & Electricity	80.36	99.48	101.37
871 · Insurance-PBGC	0.00	51,243.00	0.00
872 · Insurance-Fiduciary Resp	0.00	0.00	0.00

LOCAL 917 PENSION FUND
Cash Flow
For 11 Periods Ending September 30, 2022

	Jul 22	Aug 22	Sep 22
873 - Insurance-Other	0.00	23.80	0.00
880 - Maintenance & Cleaning	0.00	10.00	0.00
882 - Penalties & Interest	0.00	0.00	0.00
891 - SSA Fees	0.00	0.00	0.00
911 - Professional Fees-Inv Advisors	6,288.23	0.00	0.00
912 - Professional Fees-Accounting	0.00	14,351.00	0.00
913 - Professional Fees-Legal	2,500.00	2,500.00	2,500.00
915 - Professional Fees-Actuarial	9,000.00	0.00	0.00
916 - Professional Fees-Payroll Audit	0.00	0.00	0.00
990 - Pension Benefits	233,901.01	224,244.70	231,665.83
Total Expense	255,545.23	297,081.91	238,369.26
Net Income	220,832.47	(461,585.16)	(859,351.45)

LOCAL 917 PENSION FUND

22 N. TYSON AVENUE, 1ST FLOOR
FLORAL PARK, NY 11001
(516) 326-3371
(516) 326-3375 FAX

I, Ralph Natale, hereby attest to the following:

I am a Union Trustee currently presiding on the Local 917 Pension Fund Board of Trustees, of which the Agreement and Declaration of Trust of the Local 917 Pension Fund states in its original form that six (6) Trustees may be designated as Trustees, consisting of three (3) Union Trustees and three (3) Management Trustees. A quorum of the Board of Trustees shall consist of at least two (2) Employer Trustees and two (2) Union Trustees for the purpose of decision-making.

Presently, the Local 917 Pension Fund Board of Trustees include two (2) Union Trustees and two (2) Management Trustees, whose signatures are included in the Pension Benefit Guaranty Application for Special Financial Assistance, constituting the membership of the Board of Trustees in its entirety. The full Board of Trustees consist of the following:

Union Trustees


Ralph Natale

David Perez

Management Trustees

Roy Kohn

Kirk Conaway

Signed: 
Ralph Natale
Trustee

Date: 8/1/23

LOCAL 917 PENSION FUND


22 N. TYSON AVENUE, 1ST FLOOR

FLORAL PARK, NY 11001

(516) 326-3371

(516) 326-3375 FAX

Under penalty of perjury under the laws of the United States of America, I declare that I am an authorized Trustee who is a current member of the Board of Trustees of the Local 917 Pension Fund and that I have examined the Special Financial Assistance application, including accompanying documents, and, to the best of my knowledge and belief, the application contains all the relevant facts relating to the application; all statements of fact contained in the application are true, correct, and not misleading because of omission of any material fact; and all accompanying documents are what they purport to be.

Signed: 
Ralph Natale
Trustee

Date: 8 / 1 / 23

Application Checklist

v20230727

Instructions for Section E, Item 1 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance (SFA):


The Application to PBGC for Approval of Special Financial Assistance Checklist ("Application Checklist" or "Checklist") identifies all information required to be filed with an initial or revised application. For a supplemented application, instead use "Application Checklist - Supplemented." The Application Checklist is not required for a lock-in application.

For a plan required to submit additional information described in Addendum A of the SFA Filing Instructions, also complete Checklist Items #40.a. to #49.b., and if there is a merger as described in Addendum A, also complete Checklist Items #50 through #63.

Applications (including this Application Checklist), with the exception of lock-in applications, must be submitted to PBGC electronically through PBGC's e-Filing Portal, (<https://efilingportal.pbgc.gov/site/>). After logging into the e-Filing Portal, go to the Multiemployer Events section and click "Create New ME Filing." Under "Select a filing type," select "Application for Financial Assistance – Special." Note: revised and supplemented applications must be submitted by selecting "Create New ME Filing."

Note: If you go to the e-Filing Portal and do not see "Application for Financial Assistance – Special" under the "Select a Filing Type," then the e-Filing Portal is temporarily closed and PBGC is not accepting applications (other than lock-in applications) at the time, unless the plan is eligible to make an emergency filing under § 4262.10(f). PBGC's website, www.pbgc.gov, will be updated when the e-Filing Portal reopens for applications. PBGC maintains information on its website at www.pbgc.gov to inform prospective applicants about the current status of the e-Filing portal, as well as to provide advance notice of when PBGC expects to open or temporarily close the e-Filing Portal.

General instructions for completing the Application Checklist:

Complete all items that are shaded: 

If required information was already filed: (1) through PBGC's e-Filing Portal; or (2) through any means for an insolvent plan, a plan that has received a partition, or a plan that submitted an emergency filing, the filer may either upload the information with the application or include a statement in the Plan Comments section of the Application Checklist indicating the date on which and the submission with which the information was previously filed. For any such items previously provided, enter N/A as the **Plan Response**.

For a revised application, the filer may, but is not required to, submit an entire application. For all Application Checklist Items that were previously filed that are not being changed, the filer may include a statement in the Plan Comments section of the Application Checklist to indicate that the other information was previously provided as part of the initial application. For each, enter N/A as the **Plan Response**.

Instructions for specific columns:

Plan Response: Provide a response to each item on the Application Checklist, using only the **Response Options** shown for each Checklist Item.

Name(s) of Files Uploaded: Identify the full name of the file or files uploaded that are responsive to the Checklist Item. The column **Upload as Document Type** provides guidance on the "document type" to select when submitting documents on PBGC's e-Filing Portal.

Page Number Reference(s): For Checklist Items #22 to #29c, submit all information in a single document and identify here the relevant page numbers for each such Checklist Item.

Plan Comments: Use this column to provide explanations for any **Plan Response** that is N/A, to respond as may be specifically identified for Checklist Items, and to provide any optional explanatory comments.

Additional guidance is provided in the following columns:

Upload as Document Type: When uploading documents in PBGC's e-Filing Portal, select the appropriate Document Type for each document that is uploaded. This column provides guidance on the Document Type to select for each Checklist Item. You may upload more than one document using the same Document Type, and there may be Document Types on the e-Filing Portal for which you have no documents to upload.

Required Filenaming (if applicable): For certain Checklist Items, a specified format for naming the file is required.

SFA Instructions Reference: Identifies the applicable section and item number in PBGC's Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance.

You must select N/A if a Checklist Item # is not applicable to your application. **Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39 on the Application Checklist. If there has been an event as described in § 4262.4(f), complete Checklist Items #40.a. through #49.b., and if there has been a merger described in Addendum A, also complete Checklist Items #50 through #63. Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #40.a. through #49.b. if you are required to complete Checklist Items # 40.a. through #49.b. Your application will also be considered incomplete if No is entered as a Plan Response for any of Checklist Items #50 through #63 if you are required to complete Checklist Items #50 through #63.**

If a Checklist Item # asks multiple questions or requests multiple items, the Plan Response should only be Yes if the plan is providing all information requested for that Checklist Item.

Note, a Yes or No response is also required for Checklist Items #a through #f.

Note, in the case of a plan applying for priority consideration, the plan's application must also be submitted to the Treasury Department. If that requirement applies to an application, PBGC will transmit the application to the Treasury Department on behalf of the plan. See IRS Notice [NOTICE] for further information.

All information and documentation, unless covered by the Privacy Act, that is included in an SFA application may be posted on PBGC's website at www.pbgc.gov or otherwise publicly disclosed, without additional notification. Except to the extent required by the Privacy Act, PBGC provides no assurance of confidentiality in any information included in an SFA application.

Version Updates (newest version at top)

Version	Date updated
---------	--------------

v07272023p	07/27/2023	Updated checklist to include new Template 10 requirement and reflect changes to eligibility and death audit instructions
v20221129p	11/29/2022	Updated checklist item 11. for new death audit requirements
v20220802p	08/02/2022	Fixed some of the shading in the checklist
v20220706p	07/06/2022	

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
Plan Information, Checklist, and Certifications									
a.		Is this application a revised application submitted after the denial of a previously filed application for SFA?	Yes No	No	N/A	N/A		N/A	N/A
b.		Is this application a revised application submitted after a plan has withdrawn its application for SFA that was initially submitted under the interim final rule?	Yes No	No	N/A	N/A		N/A	N/A
c.		Is this application a revised application submitted after a plan has withdrawn its application for SFA that was submitted under the final rule?	Yes No	Yes	N/A	N/A		N/A	N/A
d.		Did the plan previously file a lock-in application?	Yes No	No	N/A	N/A	If a "lock-in" application was filed, provide the filing date.	N/A	N/A
e.		Has this plan been terminated?	Yes No	No	N/A	N/A	If terminated, provide date of plan termination.	N/A	N/A
f.		Is this plan a MPRA plan as defined under § 4262.4(a)(3) of PBGC's SFA regulation?	Yes No	No	N/A	N/A		N/A	N/A
1.	Section B, Item (1)a.	Does the application include the most recent plan document or restatement of the plan document and all amendments adopted since the last restatement (if any)?	Yes No	Yes	PlanDoc Amendments Local 917 PF.pdf	N/A	previously filed	Pension plan documents, all versions available, and all amendments signed and dated	N/A
2.	Section B, Item (1)b.	Does the application include the most recent trust agreement or restatement of the trust agreement, and all amendments adopted since the last restatement (if any)?	Yes No	Yes	TrustAgreement Amendments Local 917 PF.pdf	N/A	previously filed	Pension plan documents, all versions available, and all amendments signed and dated	N/A
3.	Section B, Item (1)c.	Does the application include the most recent IRS determination letter? Enter N/A if the plan does not have a determination letter.	Yes No N/A	Yes	DetLetter Local 917 PF.pdf	N/A	previously filed	Pension plan documents, all versions available, and all amendments signed and dated	N/A
4.	Section B, Item (2)	Does the application include the actuarial valuation report for the 2018 plan year and each subsequent actuarial valuation report completed before the filing date of the initial application? Enter N/A if no actuarial valuation report was prepared because it was not required for any requested year. Is each report provided as a separate document using the required filename convention?	Yes No N/A	Yes	2018AVR Local 917 PF.pdf; 2019AVR Local 917 PF.pdf; 2020AVR Local 917 PF.pdf; 2021AVR Local 917 PF.pdf	N/A	previously filed	Most recent actuarial valuation for the plan	YYYYAVR Plan Name
5.a.		Does the application include the most recent rehabilitation plan (or funding improvement plan, if applicable), including all subsequent amendments and updates, and the percentage of total contributions received under each schedule of the rehabilitation plan or funding improvement plan for the most recent plan year available?	Yes No	Yes	RehabPlan 2019 Local 917 PF.pdf; RehabPlan 2020 Local 917 PF.pdf	N/A	previously filed	Rehabilitation plan (or funding improvement plan, if applicable)	N/A

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
5.b.	Section B, Item (3)	If the most recent rehabilitation plan does not include historical documentation of rehabilitation plan changes (if any) that occurred in calendar year 2020 and later, does the application include an additional document with these details? Enter N/A if the historical document is contained in the rehabilitation plans.	Yes No N/A	N/A		N/A		Rehabilitation plan (or funding improvement plan, if applicable)	N/A
6.	Section B, Item (4)	Does the application include the plan's most recently filed (as of the filing date of the initial application) Form 5500 (Annual Return/Report of Employee Benefit Plan) and all schedules and attachments (including the audited financial statement)? Is the 5500 filing provided as a single document using the required filename convention?	Yes No	Yes	2020Form5500 Local 917 PF.pdf	N/A	previously filed	Latest annual return/report of employee benefit plan (Form 5500)	YYYYForm5500 Plan Name
7.a.		Does the application include the plan actuary's certification of plan status ("zone certification") for the 2018 plan year and each subsequent annual certification completed before the filing date of the initial application? Enter N/A if the plan does not have to provide certifications for any requested plan year. Is each zone certification (including the additional information identified in Checklist Items #7.b. and #7.c. below, if applicable) provided as a single document, separately for each plan year, using the required filename convention?	Yes No N/A	Yes	2018Zone20190129 Local 917 PF.pdf; 2019Zone20200129 Local 917 PF.pdf; 2020Zone20210129 Local 917 PF.pdf; 2021Zone20220129 Local 917 PF.pdf	N/A	previously filed	Zone certification	YYYYZoneYYYYMMDD Plan Name, where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared.
7.b.	Section B, Item (5)	Does the application include documentation for all zone certifications that clearly identifies all assumptions used including the interest rate used for funding standard account purposes? If such information is provided in an addendum, addendums are only required for the most recent actuarial certification of plan status completed before January 1, 2021 and each subsequent annual certification. Is this information included in the single document in Checklist Item #7.a. for the applicable plan year?	Yes No N/A	Yes	N/A - include as part of documents in Checklist Item #7.a.	N/A	previously filed	N/A - include as part of documents in Checklist Item #7.a.	N/A - included in a single document for each plan year - See Checklist Item #7.a.
7.c.		For a certification of critical and declining status, does the application include the required plan-year-by-plan-year projection (showing the items identified in Section B, Item (5)a. through (5)f. of the SFA Instructions) demonstrating the plan year that the plan is projected to become insolvent? If required, is this information included in the single document in Checklist Item #7.a. for the applicable plan year? Enter N/A if the plan entered N/A for Checklist Item #7.a. or if the application does not include a certification of critical and declining status.	Yes No N/A	No	N/A - include as part of documents in Checklist Item #7.a.	N/A	previously filed	N/A - include as part of documents in Checklist Item #7.a.	N/A - included in a single document for each plan year - See Checklist Item #7.a.

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
8.	Section B, Item (6)	Does the application include the most recent account statements for each of the plan's cash and investment accounts? Insolvent plans may enter N/A, and identify in the Plan Comments that this information was previously submitted to PBGC and the date submitted.	Yes No N/A	Yes	AccountStmt Cash Local 917 PF.pdf; AccountStmt Invest Local 917 PF.pdf	N/A	previously filed	Bank/Asset statements for all cash and investment accounts	N/A
9.	Section B, Item (7)	Does the application include the most recent plan financial statement (audited, or unaudited if audited is not available)? Insolvent plans may enter N/A, and identify in the Plan Comments that this information was previously submitted to PBGC and the date submitted.	Yes No N/A	Yes	FinancialStmtsPYE10312021 Local 917 PF.pdf	N/A	previously filed	Plan's most recent financial statement (audited, or unaudited if audited not available)	N/A
10.	Section B, Item (8)	Does the application include all of the plan's written policies and procedures governing the plan's determination, assessment, collection, settlement, and payment of withdrawal liability? Are all such items included as a single document using the required filenaming convention?	Yes No N/A	Yes	WDL Local 917 PF.pdf	N/A	previously filed	Pension plan documents, all versions available, and all amendments signed and dated	WDL Plan Name
11.a.	Section B, Item (9)a.	Does the application include documentation of a death audit to identify deceased participants that was completed on the census data used for SFA purposes, including identification of the service provider conducting the audit, date performed, the participant counts (provided separately for current retirees and beneficiaries, current terminated vested participants not yet in pay status, and current active participants) run through the death audit, and a copy of the results of the audit provided to the plan administrator by the service provider? If applicable, has personally identifiable information in this report been redacted prior to submission to PBGC? Is this information included as a single document using the required filenaming convention?	Yes No	Yes	Death Audit Local 917 PF.pdf; SFA App Amend Cover Local 917 PF.pdf	N/A	previously filed and in the cover letter of this filing	Pension plan documents, all versions available, and all amendments signed and dated	Death Audit Plan Name
11.b.		If any known deaths occurred before the date of the census data used for SFA purposes, is a statement certifying these deaths were reflected for SFA calculation purposes provided?	Yes No N/A	Yes	N/A - include as part of documents in Checklist Item #11.a.	N/A	SFA App Amend Cover Local 917 PF.pdf	N/A	N/A - include as part of documents in Checklist Item #11.a.
11.c.	Section B, Item (9)b.	Does the application include full census data (Social Security Number and name) of all terminated vested participants that were included in the SFA projections? Is this information provided in Excel, or in an Excel-compatible format?	Yes No N/A	Yes		N/A	previously filed	Submit the data file and the date of the census data through PBGC's secure file transfer system, Leapfile. Go to http://pbgc.leapfile.com , click on "Secure Upload" and then enter sfa@pbgc.gov as the recipient email address and upload the file(s) for secure transmission.	Include as the subject "Submission of Terminated Vested Census Data for (Plan Name)," and as the memo "(Plan Name) terminated vested census data dated (date of census data) through Leapfile for independent audit by PBGC."

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
12.	Section B, Item (10)	Does the application include information required to enable the plan to receive electronic transfer of funds if the SFA application is approved, including (if applicable) a notarized payment form? See SFA Instructions, Section B, Item (10).	Yes No	Yes	ACHVendorPmtForm Local 917 PF.pdf; BankLetter Local 917 PF.pdf	N/A	previously filed	Other	N/A
13.	Section C, Item (1)	Does the application include the plan's projection of expected benefit payments that should have been attached to the Form 5500 Schedule MB in response to line 8b(1) on the Form 5500 Schedule MB for plan years 2018 through the last year the Form 5500 was filed by the filing date of the initial application? Enter N/A if the plan is not required to respond Yes to line 8b(1) on the Form 5500 Schedule MB. See Template 1. Does the uploaded file use the required filenaming convention?	Yes No N/A	Yes	Template 1 Local 917 PF.xlsx	N/A	previously filed	Financial assistance spreadsheet (template)	Template 1 Plan Name
14.	Section C, Item (2)	If the plan was required to enter 10,000 or more participants on line 6f of the most recently filed Form 5500 (by the filing date of the initial application), does the application include a current listing of the 15 largest contributing employers (the employers with the largest contribution amounts) and the amount of contributions paid by each employer during the most recently completed plan year before the filing date of the initial application (without regard to whether a contribution was made on account of a year other than the most recently completed plan year)? If this information is required, it is required for the 15 largest contributing employers even if the employer's contribution is less than 5% of total contributions. Enter N/A if the plan is not required to provide this information. See Template 2. Does the uploaded file use the required filenaming convention?	Yes No N/A	N/A		N/A		Contributing employers	Template 2 Plan Name
15.	Section C, Item (3)	Does the application include historical plan information for the 2010 plan year through the plan year immediately preceding the date the plan's initial application was filed that separately identifies: total contributions, total contribution base units (including identification of the unit used), average contribution rates, and number of active participants at the beginning of each plan year? For the same period, does the application show all other sources of non-investment income such as withdrawal liability payments collected, reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and other identifiable sources of contributions? See Template 3. Does the uploaded file use the required filenaming convention?	Yes No	Yes	Template 3 Local 917 PF.xlsx	N/A	previously filed	Historical Plan Financial Information (CBUs, contribution rates, contribution amounts, withdrawal liability payments)	Template 3 Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
16.a.	Section C, Items (4)a., (4)e., and (4)f.	Does the application include the information used to determine the amount of SFA for the plan using the basic method described in § 4262.4(a)(1) based on a deterministic projection and using the actuarial assumptions as described in § 4262.4(e)? See Template 4A, 4A-4 SFA Details .4(a)(1) sheet and Section C, Item (4) of the SFA Filing Instructions for more details on these requirements. Does the uploaded file use the required filenaming convention?	Yes No	Yes	Template 4A Local 917 PF.xlsx	N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 4A Plan Name
16.b.i.	Addendum D Section C, Item (4)a. - MPRA plan information A. Addendum D Section C, Item (4)e. - MPRA plan information A.	If the plan is a MPRA plan, does the application also include the information used to determine the amount of SFA for the plan using the increasing assets method described in § 4262.4(a)(2)(i) based on a deterministic projection and using the actuarial assumptions as described in § 4262.4(e)? See Template 4A, 4A-5 SFA Details .4(a)(2)(i) sheet and Addendum D for more details on these requirements. Enter N/A if the plan is not a MPRA Plan.	Yes No N/A	N/A	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name
16.b.ii.	Addendum D Section C, Item (4)f. - MPRA plan information A.	If the plan is a MPRA plan for which the requested amount of SFA is determined using the increasing assets method described in § 4262.4(a)(2)(i), does the application also explicitly identify the projected SFA exhaustion year based on the increasing assets method? See Template 4A, 4A-5 SFA Details .4(a)(2)(i) sheet and Addendum D. Enter N/A if the plan is not a MPRA Plan or if the requested amount of SFA is determined based on the present value method.	Yes No N/A	N/A	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name
16.b.iii.	Addendum D Section C, Item (4)a. - MPRA plan information B Addendum D Section C, Item (4)e. (4)f., and (4)g. - MPRA plan information B.	If the plan is a MPRA plan for which the requested amount of SFA is determined using the present value method described in § 4262.4(a)(2)(ii), does the application also include the information for such plans as shown in Template 4B, including 4B-1 SFA Ben Pmts sheet, 4B-2 SFA Details 4(a)(2)(ii) sheet, and 4B-3 SFA Exhaustion sheet? See Addendum D and Template 4B. Enter N/A if the plan is not a MPRA Plan or if the requested amount of SFA is determined based on the increasing assets method.	Yes No N/A	N/A		N/A		N/A	Template 4B Plan Name
16.c.	Section C, Items (4)b. and (4)c.	Does the application include identification of the non-SFA interest rate and the SFA interest rate, including details on how each was determined? See Template 4A, 4A-1 Interest Rates sheet.	Yes No	Yes	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
16.d.	Section C, Item (4).e.ii.	For each year in the SFA coverage period, does the application include the projected benefit payments (excluding make-up payments, if applicable), separately for current retirees and beneficiaries, current terminated vested participants not yet in pay status, current active participants, and new entrants? See Template 4A, 4A-2 SFA Ben Pmts sheet.	Yes No	Yes	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name
16.e.	Section C, Item (4).e.iv. and (4).e.v.	For each year in the SFA coverage period, does the application include a breakdown of the administrative expenses between PBGC premiums and all other administrative expenses? Does the application include the projected total number of participants at the beginning of each plan year in the SFA coverage period? See Template 4A, 4A-3 SFA Pcount and Admin Exp sheet.	Yes No	Yes	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name
17.a.	Section C, Item (5)	For a plan that is not a MPRA plan, does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Items #16.a., #16.d., and #16.e. that shows the amount of SFA that would be determined using the <u>basic method</u> if the assumptions/methods used are the same as those used in the most recent actuarial certification of plan status completed before January 1, 2021 ("pre-2021 certification of plan status") excluding the plan's non-SFA interest rate and SFA interest rate, which should be the same as in Checklist Item #16.a.? See Section C, Item (5) of the SFA Filing Instructions for other potential exclusions from this requirement. If (a) the plan is a MPRA plan, or if (b) this item is not required for a plan that is not a MPRA plan, enter N/A. If entering N/A due to (b), add information in the Plan Comments to explain why this item is not required. Does the uploaded file use the required filenaming convention?	Yes No N/A	Yes	Template 5A Local 917 PF.xlsx	N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 5A Plan Name
17.b.	Addendum D Section C, Item (5)	For a MPRA plan for which the requested amount of SFA is determined using the <u>increasing assets method</u> , does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Items #16.b.i., #16.d., and #16.e. that shows the amount of SFA that would be determined using the <u>increasing assets method</u> if the assumptions/methods used are the same as those used in the most recent actuarial certification of plan status completed before January 1, 2021 ("pre-2021 certification of plan status") excluding the plan's non-SFA interest rate and SFA interest rate, which should be the same as used in Checklist Item #16.b.i.? See Section C, Item (5) of the SFA Filing Instructions for other potential exclusions from this requirement. Also see Addendum D. If the plan is (a) not a MPRA plan, (b) a MPRA plan using the present value method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required. Does the uploaded file use the required filenaming convention?	Yes No N/A	N/A		N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 5A Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
17.c.	Addendum D Section C, Item (5)	For a MPRA plan for which the requested amount of SFA is determined using the <u>present value method</u> , does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Item #16.b.iii. that shows the amount of SFA that would be determined using the <u>present value method</u> if the assumptions used/methods are the same as those used in the most recent actuarial certification of plan status completed before January 1, 2021 ("pre-2021 certification of plan status") excluding the plan's SFA interest rate which should be the same as used in Checklist Item #16.b.iii. See Section C, Item (5) of the SFA Filing Instructions for other potential exclusions from this requirement. Also see Addendum D. If the plan is (a) not a MPRA plan, (b) a MPRA plan using the increasing assets method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required. Has this document been uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 5B Plan Name
18.a.	Section C, Item (6)	For a plan that is not a MPRA plan, does the application include a reconciliation of the change in the total amount of requested SFA due to each change in assumption/method from the Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption/method change, in the same format as Checklist Item #16.a? Enter N/A if the plan is not required to provide Baseline information in Checklist Item #17.a. Enter N/A if the requested SFA amount in Checklist Item #16.a. is the same as the amount shown in the Baseline details of Checklist Item #17.a. See Section C, Item (6) of the SFA Filing Instructions for other potential exclusions from this requirement. If the plan is a MPRA plan, enter N/A. If the plan is otherwise not required to provide this item, enter N/A and provide an explanation in the Plan Comments. Does the uploaded file use the required filenaming convention?	Yes No N/A	Yes	Template 6A Local 917 PF.xlsx	N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 6A Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
18.b.	Addendum D Section C, Item (6)	For a MPRA plan for which the requested amount of SFA is based on the <u>increasing assets method</u> , does the application include a reconciliation of the change in the total amount of requested SFA using the <u>increasing assets method</u> due to each change in assumption/method from the Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption/method change, in the same format as Checklist Item #16.b.i.? Enter N/A if the plan is not required to provide Baseline information in Checklist Item #17.b. Enter N/A if the requested SFA amount in Checklist Item #16.b.i. is the same as the amount shown in the Baseline details of Checklist Item #17.b. See Addendum D. See Section C, Item (6) of the SFA Filing Instructions for other potential exclusions from this requirement, and enter N/A if this item is not otherwise required. If the plan is (a) not a MPRA plan, (b) a MPRA plan using the present value method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required. Does the uploaded file use the required filenaming convention?	Yes No N/A	N/A		N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 6A Plan Name
18.c.	Addendum D Section C, Item (6)	For a MPRA plan for which the requested amount of SFA is based on the <u>present value method</u> , does the application include a reconciliation of the change in the total amount of requested SFA using the <u>present value method</u> due to each change in assumption/method from Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption/method change, in the same format as Checklist Item #16.b.iii.? See Section C, Item (6) of the SFA Filing Instructions for other potential exclusions from this requirement. Also see Addendum D. If the plan is (a) not a MPRA plan, (b) a MPRA plan using the increasing assets method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required. Has this document been uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 6B Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
19.a.	Section C, Item (7)a.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application include a table identifying which assumptions/methods used in determining the plan's eligibility for SFA differ from those used in the pre-2021 certification of plan status, and does that table include brief explanations as to why using those assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable (an abbreviated version of information provided in Checklist Item #28.a.)? Enter N/A if the plan is eligible for SFA under § 4262.3(a)(2) or § 4262.3(a)(4) or if the plan is eligible based on a certification of plan status completed before 1/1/2021. Also enter N/A if the plan is eligible based on a certification of plan status completed after 12/31/2020 but that reflects the same assumptions as those in the pre-2021 certification of plan status. See Template 7, 7a Assump Changes for Elig sheet. Does the uploaded file include both Checklist Items #19.a. and #19.b., and does it use the required filenaming convention?	Yes No N/A	N/A		N/A		Financial assistance spreadsheet (template)	Template 7 Plan Name.
19.b.	Section C, Item (7)b.	Does the application include a table identifying which assumptions/methods used to determine the requested SFA differ from those used in the pre-2021 certification of plan status (except the interest rates used to determine SFA)? Does this item include brief explanations as to why using those original assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable? If a changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's SFA assumptions guidance, does the application state so? This should be an abbreviated version of information provided in Checklist Item #28.b. See Template 7, 7b Assump Changes for Amount sheet. Does the uploaded file include both Checklist Items #19.a. and #19.b., and does it use the required filenaming convention?	Yes No	Yes	Template 7 Local 917 PF.xlsx	N/A		Financial assistance spreadsheet (template)	Template 7 Plan Name
20.a.	Section C, Item (8)	Does the application include details of the projected contributions and withdrawal liability payments used to calculate the requested SFA amount, including total contributions, contribution base units (including identification of base unit used), average contribution rate(s), reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and any other identifiable contribution streams? See Template 8.	Yes No	Yes	Template 8 Local 917 PF.xlsx	N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 8 Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
20.b.	Section C, Item (9)	Does the application separately show the amounts of projected withdrawal liability payments for employers that are currently withdrawn as of the date the initial application is filed, and assumed future withdrawals? Does the application also provide the projected number of active participants at the beginning of each plan year? See Template 8.	Yes No	Yes	N/A - include as part of Checklist Item #20.a.	N/A		N/A	N/A - included in <i>Template 8 Plan Name</i>
21.	Section C, Item (10)	Does the application provide a table identifying and describing all assumptions and methods used in i) the pre-2021 certification of plan status, ii) the "Baseline" projection in Section C Item (5), and iii) the determination of the amount of SFA in Section C Item (4)? Does the table state if each changed assumption falls under Section III, Acceptable Assumption Changes, or Section IV, Generally Accepted Assumption Changes, in PBGC's SFA assumptions guidance, or if it should be considered an "Other Change"? Does the uploaded file use the required filenaming convention?	Yes No	Yes	Template 10 Local 917 PF.xlsx	N/A		Financial assistance spreadsheet (template)	Template 10 Plan Name
22.	Section D	Was the application signed and dated by an authorized trustee who is a current member of the board of trustees or another authorized representative of the plan sponsor and include the printed name and title of the signer?	Yes No	Yes	SFA App Local 917 PF.pdf (previously filed), SFA App Amend Cover Local 917 PF.pdf		Identify here the name of the single document that includes all information requested in Section D of the SFA Filing Instructions (Checklist Items #22 through #29.c.).	Financial Assistance Application	SFA App Plan Name
23.a.	Section D, Item (1)	For a plan that is not a MPRA plan, does the application include an optional cover letter? Enter N/A if the plan is a MPRA plan, or if the plan is not a MPRA plan and did not include an optional cover letter.	Yes N/A	Yes	N/A - included as part of SFA App Plan Name		For each Checklist Item #22 through #29.c., identify the relevant page number(s) within the single document.	N/A	N/A - included as part of SFA App Plan Name
23.b.		For a plan that is a MPRA plan, does the application include a cover letter? Does the cover letter identify the calculation method (basic method, increasing assets method, or present value method) that provides the greatest amount of SFA? For a MPRA plan with a partition, does the cover letter include a statement that the plan has been partitioned under section 4233 of ERISA? Enter N/A if the plan is not a MPRA plan.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name
24.	Section D, Item (2)	Does the application include the name, address, email, and telephone number of the plan sponsor, plan sponsor's authorized representative, and any other authorized representatives?	Yes No	Yes	N/A - included as part of SFA App Plan Name	pages 1-2 of 'SFA App Local 917 PF.pdf' (previously filed)		N/A	N/A - included as part of SFA App Plan Name
25.	Section D, Item (3)	Does the application identify the eligibility criteria in § 4262.3 that qualifies the plan as eligible to receive SFA, and include the requested information for each item that is applicable, as described in Section D, Item (3) of the SFA Filing Instructions?	Yes No	Yes	N/A - included as part of SFA App Plan Name	page 2 of 'SFA App Local 917 PF.pdf' (previously filed)	§ 4262.3(a)(1) of PBGC's SFA regulation	N/A	N/A - included as part of SFA App Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
26.a.		If the plan's application is submitted on or before March 11, 2023, does the application identify the plan's priority group (see § 4262.10(d)(2))? Enter N/A if the plan's application is submitted after March 11, 2023.	Yes No N/A	Yes	N/A - included as part of SFA App Plan Name	page 2 of 'SFA App Local 917 PF.pdf' (previously filed)	priority group 5 as described in § 4262.10(d)(2)(v) of PBGC's SFA regulation	N/A	N/A - included as part of SFA App Plan Name
26.b.	Section D, Item (4)	If the plan is submitting an emergency application under § 4262.10(f), is the application identified as an emergency application with the applicable emergency criteria identified? Enter N/A if the plan is not submitting an emergency application.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name		Briefly identify the emergency criteria, if applicable.	N/A	N/A - included as part of SFA App Plan Name
27.	Section D, Item (5)	Does the application include a detailed narrative description of the development of the assumed future contributions and assumed future withdrawal liability payments used in the basic method (and in the increasing assets method for a MPRA plan)?	Yes No	Yes	N/A - included as part of SFA App Plan Name	pages 3-5 of 'SFA App Local 917 PF.pdf' (previously filed); 'SFA App Amend Cover		N/A	N/A - included as part of SFA App Plan Name
28.a.	Section D, Item (6)a.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application identify which assumptions/methods (if any) used in showing the plan's eligibility for SFA differ from those used in the most recent certification of plan status completed before 1/1/2021? If there are any assumption/method changes, does the application include detailed explanations and supporting rationale and information as to why using the identified assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable? Enter N/A if the plan is not eligible under § 4262.3(a)(1) or § 4262.3(a)(3). Enter N/A if there are no such assumption changes.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name
28.b.	Section D, Item (6)b.	Does the application identify which assumptions/methods (if any) used to determine the requested SFA amount differ from those used in the most recent certification of plan status completed before 1/1/2021 (excluding the plan's non-SFA and SFA interest rates, which must be the same as the interest rates required by § 4262.4(e)(1) and (2))? If there are any assumption/method changes, does the application include detailed explanations and supporting rationale and information as to why using the identified original assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable? Does the application state if the changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's SFA Assumptions?	Yes No	Yes	N/A - included as part of SFA App Plan Name	pages 6-11 of 'SFA App Local 917 PF.pdf' (previously filed); 'SFA App Amend Cover Local 917 PF.pdf'		N/A	N/A - included as part of SFA App Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
28.c.	Section D, Item (6)	If the mortality assumption uses a plan-specific mortality table or a plan-specific adjustment to a standard mortality table (regardless of if the mortality assumption is changed or unchanged from that used in the most recent certification of plan status completed before 1/1/2021), is supporting information provided that documents the methodology used and the rationale for selection of the methodology used to develop the plan-specific rates, as well as detailed information showing the determination of plan credibility and plan experience? Enter N/A if the mortality assumption does not use a plan-specific mortality table or a plan-specific adjustment to a standard mortality table for eligibility or for determining the SFA amount.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name
29.a.	Section D, Item (7)	Does the application include, for an eligible plan that implemented a suspension of benefits under section 305(e)(9) or section 4245(a) of ERISA, a narrative description of how the plan will reinstate the benefits that were previously suspended and a proposed schedule of payments (equal to the amount of benefits previously suspended) to participants and beneficiaries? Enter N/A for a plan that has not implemented a suspension of benefits.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name
29.b.	Section D, Item (7)	If Yes was entered for Checklist Item #29.a., does the proposed schedule show the yearly aggregate amount and timing of such payments, and is it prepared assuming the effective date for reinstatement is the day after the SFA measurement date? Enter N/A for a plan that entered N/A for Checklist Item #29.a.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name
29.c.	Section D, Item (7)	If the plan restored benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date, does the proposed schedule reflect the amount and timing of payments of restored benefits and the effect of the restoration on the benefits remaining to be reinstated? Enter N/A for a plan that did not restore benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date. Also enter N/A for a plan that entered N/A for Checklist Items #29.a. and #29.b.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name			N/A	N/A - included as part of SFA App Plan Name
30.a.	Section E, Item (1)	Does the application include a fully completed Application Checklist, including the required information at the top of the Application Checklist (plan name, employer identification number (EIN), 3-digit plan number (PN), and SFA amount requested)?	Yes No	Yes	App Checklist Local 917 PF.xlsx	N/A		Special Financial Assistance Checklist	App Checklist Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
30.b.	Section E, Item (1) - Addendum A	If the plan is required to provide information required by Addendum A of the SFA Filing Instructions (for "certain events"), are the additional Checklist Items #40.a. through #49.b. completed? Enter N/A if the plan is not required to submit the additional information described in Addendum A.	Yes No N/A	N/A	N/A	N/A		Special Financial Assistance Checklist	N/A
31.	Section E, Item (2)	If the plan claims SFA eligibility under § 4262.3(a)(1) of PBGC's SFA regulation based on a certification by the plan's enrolled actuary of plan status for SFA eligibility purposes completed on or after January 1, 2021, does the application include: (i) plan actuary's certification of plan status for SFA eligibility purposes for the specified year (and, if applicable, for each plan year after the plan year for which the pre-2021 zone certification was prepared and for the plan year immediately prior to the specified year)? (ii) for each certification in (i) above, does the application include all details and additional information described in Section B, Item (5) of the SFA Filing Instructions, including clear documentation of all assumptions, methods and census data used? (iii) for each certification in (i) above, does the application identify all assumptions and methods that are different from those used in the pre-2021 zone certification? Does the certification by the plan's enrolled actuary include clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion? If the plan does not claim SFA eligibility under § 4262.3(a)(1) or claims SFA eligibility under § 4262.3(a)(1) using a zone certification completed before January 1, 2021, enter N/A. Is the information for this Checklist Item #31 contained in a single document and uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A		Financial Assistance Application	SFA Elig Cert CD Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
32.a.	Section E, Item (3)	<p>If the plan claims SFA eligibility under § 4262.3(a)(3) of PBGC's SFA regulation based on a certification by the plan's enrolled actuary of plan status for SFA eligibility purposes completed on or after January 1, 2021, does the application include:</p> <p>(i) plan actuary's certification of plan status for SFA eligibility purposes for the specified year (and, if applicable, for each plan year after the plan year for which the pre-2021 zone certification was prepared and for the plan year immediately prior to the specified year)?</p> <p>(ii) for each certification in (i) above, does the application include all details and additional information described in Section B, Item (5) of the SFA Filing Instructions, including clear documentation of all assumptions, methods and census data used?</p> <p>(iii) for each certification in (i) above, does the application identify all assumptions and methods that are different from those used in the pre-2021 zone certification?</p> <p>Does the certification by the plan's enrolled actuary include clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion?</p> <p>If the plan does not claim SFA eligibility under § 4262.3(a)(3) or claims SFA eligibility under § 4262.3(a)(3) using a zone certification completed before January 1, 2021, enter N/A.</p> <p>Is the information for Checklist Items #32.a. and #32.b. contained in a single document and uploaded using the required filenaming convention?</p>		N/A		N/A		Financial Assistance Application	SFA Elig Cert C Plan Name
32.b.	Section E, Item (3)	<p>If the plan claims SFA eligibility under § 4262.3(a)(3) of PBGC's SFA regulation, does the application include a certification from the plan's enrolled actuary that the plan qualifies for SFA based on the applicable certification of plan status for SFA eligibility purposes for the specified year, and by meeting the other requirements of § 4262.3(c) of PBGC's SFA regulation. Does the provided certification include:</p> <p>(i) identification of the specified year for each component of eligibility (certification of plan status for SFA eligibility purposes, modified funding percentage, and participant ratio)</p> <p>(ii) derivation of the modified funded percentage</p> <p>(iii) derivation of the participant ratio</p> <p>Does the certification identify what test(s) under section 305(b)(2) of ERISA is met for the specified year listed above?</p> <p>Does the certification identify all assumptions and methods (including supporting rationale, and where applicable, reliance on the plan sponsor) used to develop the withdrawal liability receivable that is utilized in the calculation of the modified funded percentage?</p> <p>Enter N/A if the plan does not claim SFA eligibility under §4262.3(a)(3).</p>	Yes No N/A	N/A	N/A - included with SFA Elig Cert C Plan Name	N/A		Financial Assistance Application	N/A - included in SFA Elig Cert C Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
33.	Section E, Item (4)	<p>If the plan's application is submitted on or prior to March 11, 2023, does the application include a certification from the plan's enrolled actuary that the plan is eligible for priority status, with specific identification of the applicable priority group?</p> <p>This item is not required (enter N/A) if the plan is insolvent, has implemented a MPRA suspension as of 3/11/2021, is in critical and declining status and had 350,000+ participants, or is listed on PBGC's website at www.pbgc.gov as being in priority group 6. See § 4262.10(d).</p> <p>Does the certification by the plan's enrolled actuary include clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion?</p> <p>Is the filename uploaded using the required filenaming convention?</p>	Yes No N/A	Yes	PG Cert Local 917 PF.pdf	N/A	previously filed	Financial Assistance Application	PG Cert Plan Name
34.a.		<p>Does the application include the certification by the plan's enrolled actuary that the requested amount of SFA is the amount to which the plan is entitled under section 4262(j)(1) of ERISA and § 4262.4 of PBGC's SFA regulation? Does this certification include:</p> <p>(i) plan actuary's certification that identifies the requested amount of SFA and certifies that this is the amount to which the plan is entitled?</p> <p>(ii) clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion?</p> <p>Is the information in Checklist #34.a. combined with #34.b. (if applicable) as a single document, and uploaded using the required filenaming convention?</p>	Yes No	Yes	SFA Amount Cert Local 917 PF.pdf	N/A		Financial Assistance Application	SFA Amount Cert Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
34.b.	Section E, Item (5)	<p>If the plan is a MPRA plan, does the certification by the plan's enrolled actuary identify the amount of SFA determined under the basic method described in § 4262.4(a)(1) and the amount determined under the increasing assets method in § 4262.4(a)(2)(i)?</p> <p>If the amount of SFA determined under the "present value method" described in § 4262.4(a)(2)(ii) is not the greatest amount of SFA under § 4262.4(a)(2), does the certification state as such?</p> <p>If the amount of SFA determined under the "present value method" described in § 4262.4(a)(2)(ii) is the greatest amount of SFA under § 4262.4(a)(2), does the certification identify that amount?</p> <p>Enter N/A if the plan is not a MPRA plan.</p>	Yes No N/A	N/A	N/A - included with SFA Amount Cert Plan Name	N/A		N/A - included in SFA Amount Cert Plan Name	N/A - included in SFA Amount Cert Plan Name
35.	Section E, Item (6)	<p>Does the application include the plan sponsor's identification of the amount of fair market value of assets at the SFA measurement date and certification that this amount is accurate? Does the application also include:</p> <p>(i) information that substantiates the asset value and how it was developed (e.g., trust or account statements, specific details of any adjustments)?</p> <p>(ii) a reconciliation of the fair market value of assets from the date of the most recent audited plan financial statements to the SFA measurement date (showing beginning and ending fair market value of assets for this period as well as the following items for the period: contributions, withdrawal liability payments, benefits paid, administrative expenses, and investment income)?</p> <p>With the exception of account statements and financial statements already provided as Checklist Items #8 and #9, is all information contained in a single document that is uploaded using the required filenaming convention?</p>	Yes No	Yes	FMV Cert Local 917 PF.pdf	N/A		Financial Assistance Application	FMV Cert Plan Name
36.	Section E, Item (7)	<p>Does the application include a copy of the executed plan amendment required by § 4262.6(e)(1) of PBGC's SFA regulation which (i) is signed by authorized trustee(s) of the plan and (ii) includes the plan compliance language in Section E, Item (7) of the SFA Filing Instructions?</p>	Yes No	Yes	Compliance Amend Local 917 PF.pdf	N/A	previously filed	Pension plan documents, all versions available, and all amendments signed and dated	Compliance Amend Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
37.	Section E, Item (8)	In the case of a plan that suspended benefits under section 305(e)(9) or section 4245 of ERISA, does the application include: (i) a copy of the proposed plan amendment(s) required by § 4262.6(e)(2) to reinstate suspended benefits and pay make-up payments? (ii) a certification by the plan sponsor that the proposed plan amendment(s) will be timely adopted? Is the certification signed by either all members of the plan's board of trustees or by one or more trustees duly authorized to sign the certification on behalf of the entire board (including, if applicable, documentation that substantiates the authorization of the signing trustees)? Enter N/A if the plan has not suspended benefits. Is all information included in a single document that is uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A		Pension plan documents, all versions available, and all amendments signed and dated	Reinstatement Amend Plan Name
38.	Section E, Item (9)	In the case of a plan that was partitioned under section 4233 of ERISA, does the application include a copy of the executed plan amendment required by § 4262.9(c)(2)? Enter N/A if the plan was not partitioned. Is the document uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A		Pension plan documents, all versions available, and all amendments signed and dated	Partition Amend Plan Name
39.	Section E, Item (10)	Does the application include one or more copies of the penalties of perjury statement (see Section E, Item (10) of the SFA Filing Instructions) that (a) are signed by an authorized trustee who is a current member of the board of trustees, and (b) includes the trustee's printed name and title. Is all such information included in a single document and uploaded using the required filenaming convention?	Yes No	Yes	Penalty Local 917 PF.pdf	N/A		Financial Assistance Application	Penalty Plan Name

Additional Information for Certain Events under § 4262.4(f) - Applicable to Any Events in § 4262.4(f)(2) through (f)(4) and Any Mergers in § 4262.4(f)(1)(ii)
NOTE: If the plan is not required to provided information described in Addendum A of the SFA Filing Instructions, the Plan Response should be left blank for the remaining Checklist Items.

40.a.	Addendum A for Certain Events Section C, Item (4)	Does the application include an additional version of Checklist Item #16.a. (also including Checklist Items #16.c., #16.d., and #16.e.), that shows the determination of the SFA amount <u>using the basic method</u> described in § 4262.4(a)(1) <u>as if any events had not occurred?</u> See Template 4A.	Yes No			N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	For additional submission due to any event: <i>Template 4A Plan Name CE</i> . For an additional submission due to a merger, <i>Template 4A Plan Name Merged</i> , where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.
-------	--	--	-----------	--	--	-----	--	--	--

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
40.b.i.	Addendum A for Certain Events Section C, Item (4)	If the plan is a MPRA plan for which the requested amount of SFA is based on the <u>increasing assets method</u> described in § 4262.4(a)(2)(i), does the application also include an additional version of Checklist Item #16.b.i. that shows the determination of the SFA amount using the <u>increasing assets method</u> as if any events had not occurred? See Template 4A, sheet <i>4A-5 SFA Details .5(a)(2)(i)</i> . Enter N/A if the plan is not a MPRA Plan or if the plan is a MPRA plan for which the requested amount of SFA is based on the present value method.	Yes No N/A		N/A - included as part of file in Checklist Item #40.a.	N/A		N/A	N/A - included as part of file in Checklist Item #40.a.
40.b.ii.	Addendum A for Certain Events Section C, Item (4)	If the plan is a MPRA plan for which the requested amount of SFA is based on the <u>increasing assets method</u> described in § 4262.4(a)(2)(i), does the application also include an additional version of Checklist Item #16.b.ii. that explicitly identifies the projected SFA exhaustion year based on the <u>increasing assets method</u> ? See Template 4A, <i>4A-5 SFA Details .4(a)(2)(i)</i> sheet and Addendum D. Enter N/A if the plan is not a MPRA Plan or if the plan is a MPRA plan for which the requested amount of SFA is based on the present value method.	Yes No N/A			N/A		N/A	N/A - included as part of file in Checklist Item #40.a.
40.b.iii.	Addendum A for Certain Events Section C, Item (4)	If the plan is a MPRA plan for which the requested amount of SFA is based on the <u>present value method</u> described in § 4262.4(a)(2)(ii), does the application also include an additional version of Checklist Item #16.b.iii. that shows the determination of the SFA amount using the <u>present value method</u> as if any events had not occurred? See Template 4B, sheet <i>4B-1 SFA Ben Pmts</i> , sheet <i>4B-2 SFA Details .4(a)(2)(ii)</i> , and sheet <i>4B-3 SFA Exhaustion</i> . Enter N/A if the plan is not a MPRA Plan or if the plan is a MPRA plan for which the requested amount of SFA is based on the increasing assets method.	Yes No N/A			N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	For additional submission due to any event: <i>Template 4B Plan Name CE</i> . For an additional submission due to a merger, <i>Template 4B Plan Name Merged</i> , where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.
41.	Addendum A for Certain Events Section C, Item (4)	For any merger, does the application show the SFA determination for this plan <u>and for each plan merged into this plan</u> (each of these determined as if they were still separate plans)? See Template 4A for a non-MPRA plan using the basic method, and for a MPRA plan using the increasing assets method. See Template 4B for a MPRA Plan using the present value method. Enter N/A if the plan has not experienced a merger.	Yes No N/A			N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	For an additional submission due to a merger, <i>Template 4A (or Template 4B) Plan Name Merged</i> , where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.
42.a.	Addendum A for Certain Events Section D	Does the application include a narrative description of any event and any merger, including relevant supporting documents which may include plan amendments, collective bargaining agreements, actuarial certifications related to a transfer or merger, or other relevant materials?	Yes No		N/A - included as part of SFA App Plan Name		For each Checklist Item #42.a. through #45.b., identify the relevant page number(s) within the single document.	Financial Assistance Application	<i>SFA App Plan Name</i>

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
42.b.	Addendum A for Certain Events Section D	For a transfer or merger event, does the application include identifying information for all plans involved including plan name, EIN and plan number, and the date of the transfer or merger?	Yes No		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
43.a.	Addendum A for Certain Events Section D	Does the narrative description in the application identify the amount of SFA reflecting any event, the amount of SFA determined as if the event had not occurred, and confirmation that the requested SFA is no greater than the amount that would have been determined if the event had not occurred, unless the event is a contribution rate reduction and such event lessens the risk of loss to plan participants and beneficiaries?	Yes No		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
43.b.	Addendum A for Certain Events Section D	For a merger, is the determination of SFA as if the event had not occurred equal to the sum of the amount that would be determined for this plan and each plan merged into this plan (each as if they were still separate plans)? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
44.a.	Addendum A for Certain Events Section D	Does the application include an additional version of Checklist Item #25 that shows the determination of SFA eligibility as if any events had not occurred?	Yes No		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
44.b.	Addendum A for Certain Events Section D	For any merger, does this item include demonstrations of SFA eligibility for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
45.a.	Addendum A for Certain Events Section D	If the event is a contribution rate reduction and the amount of requested SFA is not limited to the amount of SFA determined as if the event had not occurred, does the application include a detailed demonstration that shows that the event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
45.b.	Addendum A for Certain Events Section D	Does the demonstration in Checklist Item #45.a. also identify all assumptions used, supporting rationale for the assumptions and other relevant information? Enter N/A if the plan entered N/A for Checklist Item #45.a.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
46.a.	Addendum A for Certain Events Section E, Items (2) and (3)	Does the application include an additional certification from the plan's enrolled actuary with respect to the plan's SFA eligibility but with eligibility determined as if any events had not occurred? This should be in the format of Checklist Item #31 if the SFA eligibility is based on the plan status of critical and declining using a zone certification completed on or after January 1, 2021. This should be in the format of Checklist Items #32.a. and #32.b. if the SFA eligibility is based on the plan status of critical using a zone certification completed on or after January 1, 2021. If the above SFA eligibility is not based on § 4262.3(a)(1) or § 4262.3(a)(3) or is based on a zone certification completed prior to January 1, 2021, enter N/A. Is all relevant information contained in a single document and uploaded using the required filenaming convention?	Yes No N/A			N/A		Financial Assistance Application	SFA Elig Cert Plan Name CE
46.b.	Addendum A for Certain Events Section E, Items (2) and (3)	For any merger, does the application include additional certifications of the SFA eligibility for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? If the above SFA eligibility is not based on § 4262.3(a)(1) or § 4262.3(a)(3) or is based on a zone certification completed prior to January 1, 2021, enter N/A. Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A			N/A		Financial Assistance Application	SFA Elig Cert Plan Name Merged CE "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.
47.a.	Addendum A for Certain Events Section E, Item (5)	Does the application include an additional certification from the plan's enrolled actuary with respect to the plan's SFA amount (in the format of Checklist Item #34.a.), but with the SFA amount determined as if any events had not occurred?	Yes No			N/A		Financial Assistance Application	SFA Amount Cert Plan Name CE

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
47.b.	Addendum A for Certain Events Section E, Item (5)	If the plan is a MPRA plan, does the certification in Checklist Item #46.a. identify the amount of SFA determined under the basic method described in § 4262.4(a)(1) and the amount determined under the increasing assets method in § 4262.4(a)(2)(i)? If the amount of SFA determined under the "present value method" described in § 4262.4(a)(2)(ii) is not the greatest amount of SFA under § 4262.4(a)(2), does the certification state as such? If the amount of SFA determined under the "present value method" described in § 4262.4(a)(2)(ii) is the greatest amount of SFA under § 4262.4(a)(2), does the certification identify that amount? Enter N/A if the plan is not a MPRA plan.	Yes No N/A		N/A - included in SFA Amount Cert Plan Name CE	N/A		N/A - included in SFA Amount Cert Plan Name	N/A - included in SFA Amount Cert Plan Name CE
47.c.	Addendum A for Certain Events Section E, Item (5)	Does the certification in Checklist Items #47.a. and #47.b. (if applicable) clearly identify all assumptions and methods used, sources of participant data and census data, and other relevant information?	Yes No		N/A - included in SFA Amount Cert Plan Name CE	N/A		N/A - included in SFA Amount Cert Plan Name	N/A - included in SFA Amount Cert Plan Name CE
48.a.	Addendum A for Certain Events Section E, Item (5)	For any merger, does the application include additional certifications of the SFA amount determined for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A			N/A		Financial Assistance Application	<i>SFA Amount Cert Plan Name Merged CE</i> "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.
48.b.	Addendum A for Certain Events Section E, Item (5)	For any merger, do the certifications clearly identify all assumptions and methods used, sources of participant data and census data, and other relevant information? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A		N/A - included in SFA Amount Cert Plan Name CE	N/A		N/A - included in SFA Amount Cert Plan Name CE	N/A - included in SFA Amount Cert Plan Name CE
49.a.	Addendum A for Certain Events Section E	If the event is a contribution rate reduction and the amount of requested SFA is not limited to the amount of SFA determined as if the event had not occurred, does the application include a certification from the plan's enrolled actuary (or, if appropriate, from the plan sponsor) with respect to the demonstration to support a finding that the event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A			N/A		Financial Assistance Application	<i>Cont Rate Cert Plan Name CE</i>

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
49.b.	Addendum A for Certain Events Section E	Does the demonstration in Checklist Item #48.a. also identify all assumptions used, supporting rationale for the assumptions and other relevant information? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A		N/A - included in Cont Rate Cert Plan Name CE	N/A		N/A - included in Cont Rate Cert Plan Name CE	N/A - included in Cont Rate Cert Plan Name CE

Additional Information for Certain Events under § 4262.4(f) - Applicable Only to Any Mergers in § 4262.4(f)(1)(ii)

Plans that have experienced mergers identified in § 4262.4(f)(1)(ii) must complete Checklist Items #50 through #63. If you are required to complete Checklist Items #50 through #63, your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #50 through #63. All other plans should not provide any responses for Checklist Items #50 through #63.

50.	Addendum A for Certain Events Section B, Item (1)a.	In addition to the information provided with Checklist Item #1, does the application also include similar plan documents and amendments for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Pension plan documents, all versions available, and all amendments signed and dated	N/A
51.	Addendum A for Certain Events Section B, Item (1)b.	In addition to the information provided with Checklist Item #2, does the application also include similar trust agreements and amendments for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Pension plan documents, all versions available, and all amendments signed and dated	N/A
52.	Addendum A for Certain Events Section B, Item (1)c.	In addition to the information provided with Checklist Item #3, does the application also include the most recent IRS determination for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if the plan does not have a determination letter.	Yes No N/A			N/A		Pension plan documents, all versions available, and all amendments signed and dated	N/A
53.	Addendum A for Certain Events Section B, Item (2)	In addition to the information provided with Checklist Item #4, for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii), does the application include the actuarial valuation report for the 2018 plan year and each subsequent actuarial valuation report completed before the application filing date?	Yes No			N/A	Identify here how many reports are provided.	Most recent actuarial valuation for the plan	YYYYAVR Plan Name Merged, where "Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.
54.	Addendum A for Certain Events Section B, Item (3)	In addition to the information provided with Checklist Items #5.a. and #5.b., does the application include similar rehabilitation plan information for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Rehabilitation plan (or funding improvement plan, if applicable)	N/A

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
55.	Addendum A for Certain Events Section B, Item (4)	In addition to the information provided with Checklist Item #6, does the application include similar Form 5500 information for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Latest annual return/report of employee benefit plan (Form 5500)	YYYYForm5500 Plan Name Merged, "Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.
56.	Addendum A for Certain Events Section B, Item (5)	In addition to the information provided with Checklist Items #7.a., #7.b., and #7.c., does the application include similar certifications of plan status for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A	Identify how many zone certifications are provided.	Zone certification	YYYYZoneYYYYMMDD Plan Name Merged, where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared. "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.
57.	Addendum A for Certain Events Section B, Item (6)	In addition to the information provided with Checklist Item #8, does the application include the most recent cash and investment account statements for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Bank/Asset statements for all cash and investment accounts	N/A
58.	Addendum A for Certain Events Section B, Item (7)	In addition to the information provided with Checklist Item #9, does the application include the most recent plan financial statement (audited, or unaudited if audited is not available) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Plan's most recent financial statement (audited, or unaudited if audited not available)	N/A
59.	Addendum A for Certain Events Section B, Item (8)	In addition to the information provided with Checklist Item #10, does the application include all of the written policies and procedures governing the plan's determination, assessment, collection, settlement, and payment of withdrawal liability for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Are all such items included in a single document using the required filenaming convention?	Yes No			N/A		Pension plan documents, all versions available, and all amendments signed and dated	WDL Plan Name Merged, where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.
60.	Addendum A for Certain Events Section B, Item (9)	In addition to the information provided with Checklist Item #11, does the application include documentation of a death audit (with the information described in Checklist Item #11) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No					Pension plan documents, all versions available, and all amendments signed and dated	Death Audit Plan Name Merged, where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20230727

APPLICATION CHECKLIST

Plan name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Amount Requested:	\$21,433,078.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Unless otherwise specified:
 YYYY = plan year
 Plan Name = abbreviated plan name

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
61.	Addendum A for Certain Events Section C, Item (1)	In addition to the information provided with Checklist Item #13, does the application include the same information in the format of Template 1 for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if each plan that fully merged into this plan is not required to respond Yes to line 8b(1) on the most recently filed Form 5500 Schedule MB.	Yes No N/A					Financial assistance spreadsheet (template)	Template 1 Plan Name Merged, where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.
62.	Addendum A for Certain Events Section C, Item (2)	In addition to the information provided with Checklist Item #14, does the application include the same information in the format of Template 2 (if required based on the participant threshold) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if each plan that merged into this plan has less than 10,000 participants on line 6f of the most recently filed Form 5500.	Yes No N/A					Contributing employers	Template 2 Plan Name Merged, where "Plan Name Merged" is an abbreviated version of the plan name fore the plan merged into this plan.
63.	Addendum A for Certain Events Section C, Item (3)	In addition to the information provided with Checklist Item #15, does the application include similar information in the format of Template 3 for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)?	Yes No					Historical Plan Financial Information (CBUs, contribution rates, contribution amounts, withdrawal liability payments)	Template 3 Plan Name Merged, where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.

TEMPLATE 4A

v20220802p

SFA Determination - under the "basic method" for all plans, and under the "increasing assets method" for MPRA plans

File name: *Template 4A Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

If submitting additional information due to a merger under § 4262.4(f)(1)(ii): *Template 4A Plan Name Merged*, where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

If submitting additional information due to certain events with limitations under § 4262.4(f)(1)(i): *Template 4A Plan Name Add*, where "Plan Name" is an abbreviated version of the plan name.

If submitting a supplemented application under § 4262.4(g)(6): *Template 4A Supp Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item (4) of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

IFR filers submitting a supplemented application should see Addendum C for more information.

MPRA plans using the "increasing assets method" should see Addendum D for more information.

For all plans, provide information used to determine the amount of SFA under the "basic method" described in § 4262.4(a)(1).

For MPRA plans, also provide information used to determine the amount of SFA under the "increasing assets method" described in § 4262.4(a)(2)(i).

The information to be provided is:

NOTE: All items below are provided on Sheet '4A-4 SFA Details .4(a)(1)' unless otherwise indicated.

- a. The amount of SFA calculated using the "basic method", determined as a lump sum as of the SFA measurement date.
- b. Non-SFA interest rate required under § 4262.4(e)(1) of PBGC's SFA regulation, including supporting details on how it was determined.
[Sheet: 4A-1 Interest Rates]
- c. SFA interest rate required under § 4262.4(e)(2) of PBGC's SFA regulation, including supporting details on how it was determined.
[Sheet: 4A-1 Interest Rates]
- d. Fair market value of assets as of the SFA measurement date. This amount should include any assets at the SFA measurement date attributable to financial assistance received by the plan under section 4261 of ERISA, but should not reflect a payable for amounts owed to PBGC for all amounts of such financial assistance received by the plan.

e. For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"):

- i. Separately identify the projected amount of contributions, projected withdrawal liability payments reflecting a reasonable allowance for amounts considered uncollectible, and other payments expected to be made to the plan (excluding the amount of financial assistance under section 4261 of ERISA and SFA to be received by the plan).
- ii. Identify the benefit payments described in § 4262.4(b)(1) (including any benefits that were restored under 26 CFR 1.432(e)(9)-(1)(e)(3) and excluding the payments in e.iii. below), separately for current retirees and beneficiaries, current terminated vested participants not yet in pay status, current active participants, and new entrants.

[Sheet: 4A-2 SFA Ben Pmts]

Identify total benefit payments paid and expected to be paid from projected SFA assets separately from total benefit payments paid and expected to be paid from non-SFA assets after the projected SFA assets are fully exhausted.

- iii. Separately identify the make-up payments described in § 4262.4(b)(1) attributable to the reinstatement of benefits under § 4262.15 that were previously suspended through the SFA measurement date.

[Also see applicable examples in Section C, Item (4)e.iii. of the SFA instructions.]

- iv. Separately identify administrative expenses paid and expected to be paid (excluding the amount owed PBGC under section 4261 of ERISA) for premiums to PBGC and for all other administrative expenses.

[Sheet: 4A-3 SFA Pcount and Admin Exp]

Identify total administrative expenses paid and expected to be paid from projected SFA assets separately from total administrative expenses paid and expected to be paid from non-SFA assets after the projected SFA assets are fully exhausted.

- v. Provide the projected total participant count at the beginning of each year.

[Sheet: 4A-3 SFA Pcount and Admin Exp]

- vi. Provide the projected investment income earned by assets not attributable to SFA based on the non-SFA interest rate in b. above and the projected fair market value of non-SFA assets at the end of each plan year.

- vii. Provide the projected investment income earned by assets attributable to SFA based on the SFA interest rate in c. above (excluding investment returns for the plan year in which the sum of annual projected benefit payments and administrative expenses for the year exceeds the beginning-of-year projected SFA assets) and the projected fair market value of SFA assets at the end of each plan year.

f. The projected SFA exhaustion year. This is the first day of the plan year in which the sum of annual projected benefit payments and administrative expenses for the year exceeds the beginning-of-year projected SFA assets. Note this date is only required for the calculation method under which the requested amount of SFA is determined.

Additional instructions for each individual worksheet:

Sheet

4A-1 SFA Determination - non-SFA Interest Rate and SFA Interest Rate

See instructions on 4A-1 Interest Rates.

4A-2 SFA Determination - Benefit Payments for the "basic method" for all plans, and for the "increasing assets method" for MRPA plans

This sheet is not required for an IFR filer submitting a supplemented application under § 4262.4(g)(6) if the total projected benefit payments are the same as those used in the application approved under the interim final rule.

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date), and
- Year-by-year deterministic projection of benefit payments.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), identify benefit payments described in § 4262.4(b)(1) for current retirees and beneficiaries, current terminated vested participants not yet in pay status, currently active participants, and new entrants. On this Sheet 4A-2, show all benefit payments as positive amounts.

If the plan has suspended benefit payments under sections 305(e)(9) or 4245(a) of ERISA, the benefit payments in this Sheet 4A-2 projection should reflect prospective reinstatement of benefits assuming such reinstatements commence as of the SFA measurement date. If the plan restored or partially restored benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date, the benefit payments in this Sheet 4A-2 should reflect fully restored prospective benefits.

Make-up payments to be paid to restore previously suspended benefits should not be included in this Sheet 4A-2, and are separately shown in Sheet 4A-4.

Except for the first row in the projection exhibit, each row must include the full plan year of the indicated information up to the plan year ending in 2051. The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date, so the first row may contain less than a full plan year of information. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

4A-3 SFA Determination - Participant Count and Administrative Expenses for the "basic method" for all plans, and for the "increasing assets method" for MPRA plans

This sheet is not required for an IFR filer submitting a supplemented application under § 4262.4(g)(6).

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date), and
- Year-by-year deterministic projection of participant count and administrative expenses.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), identify the projected total participant count at the beginning of each year, as well as administrative expenses, separately for premiums to PBGC and for all other administrative expenses. On this Sheet 4A-3, show all administrative expenses as positive amounts.

Any amounts owed to PBGC for financial assistance under section 4261 of ERISA should not be included in this Sheet 4A-3.

Except for the first row in the projection exhibit, each row must include the full plan year of the indicated information up to the plan year ending in 2051. The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date, so the first row may contain less than a full plan year of information. For all other periods, provide the full plan year of information up to the plan year ending in 2051

4A-4 SFA Determination - Details for the "basic method" under § 4262.4(a)(1) for all plans

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date, non-SFA interest rate, SFA interest rate),
- MPRA plan status and, if applicable, certain MPRA information,
- Fair Market Value of Assets as of the SFA measurement date,
- SFA Amount as of the SFA measurement date calculated under the "basic method",
- Projected SFA exhaustion year (only if the requested amount of SFA is determined under the "basic method"), and
- Year-by-year deterministic projection.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), provide each of the items requested in Columns (1) through (12). Show payments INTO the plan as positive amounts and payments OUT of the plan as negative amounts.

If the plan has suspended benefit payments under sections 305(e)(9) or 4245(a) of ERISA, Column (5) should show the make-up payments to be paid to restore the previously suspended benefits. These amounts should be determined as if such make-up payments are paid beginning as of the SFA measurement date. If the plan sponsor elects to pay these amounts as a lump sum, then the lump sum amount is assumed paid as of the SFA measurement date. If the plan sponsor elects to pay equal installments over 60 months, the first monthly payment is assumed paid on the first regular payment date on or after the SFA measurement date. See the examples in the SFA Instructions. If the make-up payments are paid over 60 months, each row in the projection should reflect the monthly payments for that period. The prospective reinstatement of suspended benefits is included in Column (4); Column (5) is only for make-up payments for past benefits that were suspended.

Except for the first row in the projection exhibit, each row must include the full plan year of the indicated information up to the plan year ending in 2051. The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date, so the first row may contain less than a full plan year of information. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

4A-5 SFA Determination - Details for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans

This sheet is to only be used by MPRA plans. For such plans, this sheet should be completed in addition to Sheet 4A-4.

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date, non-SFA interest rate, SFA interest rate),
- MPRA plan status, and if applicable, certain MPRA information,
- Fair Market Value of Assets as of the SFA measurement date,
- SFA Amount as of the SFA measurement date calculated under the "increasing assets method",
- Projected SFA exhaustion year (only if the requested amount of SFA is determined under the "increasing assets method"), and
- Year-by-year deterministic projection.

This sheet is identical to Sheet 4A-4, and the information in Columns (1) through (6) should be the same as that used in the "basic method" calculation in Sheet 4A-4. The SFA Amount as of the SFA Measurement Date will differ from that calculated in Sheet 4A-4, as it will be calculated in accordance with § 4262.4(a)(2)(i) as the lowest whole dollar amount (not less than \$0) for which, as of the last day of each plan year during the SFA coverage period, projected SFA assets and projected non-SFA assets are both greater than or equal to zero, and, as of the last day of the SFA coverage period, the sum of projected SFA assets and projected non-SFA assets is greater than the amount of such sum as of the last day of the immediately preceding plan year.

Version Updates (newest version at top)

Version	Date updated	
v20220802p	08/02/2022	Cosmetic changes to increase the size of some rows
v20220701p	07/01/2022	

SFA Determination - non-SFA Interest Rate and SFA Interest Rate

Provide the non-SFA interest rate and SFA interest rate used, including supporting details on how they were determined.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001
Initial Application Date:	12/30/2022
SFA Measurement Date:	09/30/2022
Last day of first plan year ending after the measurement date:	10/31/2022

For a plan other than a plan described in § 4262.4(g) (i.e., for a plan that has not filed an initial application under PBGC's interim final rule), the last day of the third calendar month immediately preceding the plan's initial application date.
 For a plan described in § 4262.4(g) (i.e., for a plan that filed an initial application prior to publication of the final rule), the last day of the calendar quarter immediately preceding the plan's initial application date.

Non-SFA Interest Rate Used:	5.58%
SFA Interest Rate Used:	3.36%

Rate used in projection of non-SFA assets.
 Rate used in projection of SFA assets.

Development of non-SFA interest rate and SFA interest rate:

Plan Interest Rate:	7.50%
---------------------	-------

Interest rate used for the funding standard account projections in the plan's most recently completed certification of plan status before 1/1/2021.

Corresponding ERISA Section 303(h)(2)(C)(i), (ii), and (iii) rates disregarding modifications made under clause (iv) of such section.

Month Year	Corresponding ERISA Section 303(h)(2)(C)(i), (ii), and (iii) rates disregarding modifications made under clause (iv) of such section.			
	(i)	(ii)	(iii)	
Month in which plan's initial application is filed, and corresponding segment rates (leave (i), (ii), and (iii) blank if the IRS Notice for this month has not yet been issued):	December 2022	1.95%	3.50%	3.85%
1 month preceding month in which plan's initial application is filed, and corresponding segment rates:	November 2022	1.76%	3.36%	3.76%
2 months preceding month in which plan's initial application is filed, and corresponding segment rates:	October 2022	1.57%	3.21%	3.66%
3 months preceding month in which plan's initial application is filed, and corresponding segment rates:	September 2022	1.41%	3.09%	3.58%

24-month average segment rates without regard to interest rate stabilization rules. These rates are issued by IRS each month. For example, the applicable segment rates for August 2021 are 1.13%, 2.70%, and 3.38%. Those rates were issued in [IRS Notice 21-50](#) on August 16, 2021 (see page 2 of notice under the heading "24-Month Average Segment Rates Without 25-Year Average Adjustment").
 They are also available on IRS' [Funding Yield Curve Segment Rate Tables](#) web page (See Funding Table 3 under the heading "24-Month Average Segment Rates Not Adjusted").

Non-SFA Interest Rate Limit (lowest 3rd segment rate plus 200 basis points):	5.58%	This amount is calculated based on the other information entered above.
Non-SFA Interest Rate Calculation (lesser of Plan Interest Rate and Non-SFA Interest Rate Limit):	5.58%	This amount is calculated based on the other information entered above.
Non-SFA Interest Rate Match Check:	Match	If the non-SFA Interest Rate Calculation is not equal to the non-SFA Interest Rate Used, provide explanation below.

SFA Interest Rate Limit (lowest average of the 3 segment rates plus 67 basis points):	3.36%	This amount is calculated based on the other information entered.
SFA Interest Rate Calculation (lesser of Plan Interest Rate and SFA Interest Rate Limit):	3.36%	This amount is calculated based on the other information entered above.
SFA Interest Rate Match Check:	Match	If the SFA Interest Rate Calculation is not equal to the SFA Interest Rate Used, provide explanation below.

TEMPLATE 4A - Sheet 4A-2

v20220802p

SFA Determination - Benefit Payments for the "basic method" for all plans, and for the "increasing assets method" for MRPA plans

See Template 4A Instructions for Additional Instructions for Sheet 4A-2.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Measurement Date:	09/30/2022

On this Sheet, show all benefit payment amounts as positive amounts.

PROJECTED BENEFIT PAYMENTS for:

SFA Measurement Date / Plan Year Start Date	Plan Year End Date	Current Retirees and Beneficiaries in Pay Status	Current Terminated Vested Participants	Current Active Participants	New Entrants	Total
09/30/2022	10/31/2022	\$223,238	\$106,179	\$851	\$0	\$330,268
11/01/2022	10/31/2023	\$2,676,686	\$427,756	\$19,472	\$0	\$3,123,914
11/01/2023	10/31/2024	\$2,523,986	\$481,081	\$26,732	\$0	\$3,031,799
11/01/2024	10/31/2025	\$2,373,938	\$556,816	\$37,906	\$0	\$2,968,660
11/01/2025	10/31/2026	\$2,226,865	\$625,111	\$46,573	\$0	\$2,898,549
11/01/2026	10/31/2027	\$2,083,167	\$666,561	\$52,296	\$0	\$2,802,024
11/01/2027	10/31/2028	\$1,943,256	\$710,169	\$58,054	\$0	\$2,711,479
11/01/2028	10/31/2029	\$1,807,531	\$736,703	\$61,958	\$0	\$2,606,192
11/01/2029	10/31/2030	\$1,676,361	\$732,437	\$66,588	\$0	\$2,475,386
11/01/2030	10/31/2031	\$1,550,049	\$743,553	\$67,756	\$0	\$2,361,358
11/01/2031	10/31/2032	\$1,428,807	\$747,060	\$68,731	\$0	\$2,244,598
11/01/2032	10/31/2033	\$1,312,779	\$745,953	\$73,487	\$0	\$2,132,219
11/01/2033	10/31/2034	\$1,202,065	\$746,529	\$73,866	\$0	\$2,022,460
11/01/2034	10/31/2035	\$1,096,719	\$761,812	\$73,672	\$0	\$1,932,203
11/01/2035	10/31/2036	\$996,784	\$767,114	\$73,775	\$0	\$1,837,673
11/01/2036	10/31/2037	\$902,268	\$754,269	\$73,139	\$0	\$1,729,676
11/01/2037	10/31/2038	\$813,157	\$736,731	\$72,111	\$0	\$1,621,999
11/01/2038	10/31/2039	\$729,419	\$716,829	\$70,456	\$0	\$1,516,704
11/01/2039	10/31/2040	\$651,014	\$692,249	\$68,474	\$0	\$1,411,737
11/01/2040	10/31/2041	\$577,916	\$672,699	\$66,929	\$0	\$1,317,544
11/01/2041	10/31/2042	\$510,080	\$648,028	\$64,325	\$0	\$1,222,433
11/01/2042	10/31/2043	\$447,462	\$619,328	\$61,508	\$0	\$1,128,298
11/01/2043	10/31/2044	\$389,990	\$587,574	\$58,557	\$0	\$1,036,121
11/01/2044	10/31/2045	\$337,572	\$555,228	\$55,493	\$0	\$948,293
11/01/2045	10/31/2046	\$290,108	\$521,945	\$52,325	\$0	\$864,378
11/01/2046	10/31/2047	\$247,471	\$487,530	\$49,072	\$0	\$784,073
11/01/2047	10/31/2048	\$209,497	\$452,632	\$45,759	\$0	\$707,888
11/01/2048	10/31/2049	\$175,995	\$418,985	\$42,412	\$0	\$637,392
11/01/2049	10/31/2050	\$146,728	\$385,050	\$39,062	\$0	\$570,840
11/01/2050	10/31/1951	\$121,413	\$351,831	\$35,734	\$0	\$508,978

TEMPLATE 4A - Sheet 4A-3

v20220802p

SFA Determination - Participant Count and Administrative Expenses for the "basic method" for all plans, and for the "increasing assets method" for MPRA plans

See Template 4A Instructions for Additional Instructions for Sheet 4A-3.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Measurement Date:	09/30/2022

On this Sheet, show all administrative expense amounts as positive amounts

SFA Measurement Date / Plan Year Start Date		Plan Year End Date	Total Participant Count at Beginning of Plan Year	PROJECTED ADMINISTRATIVE EXPENSES for:		
				PBGC Premiums	Other	Total
09/30/2022	10/31/2022	N/A			\$27,500	\$27,500
11/01/2022	10/31/2023	1452		\$46,464	\$283,536	\$330,000
11/01/2023	10/31/2024	1406		\$49,210	\$280,790	\$330,000
11/01/2024	10/31/2025	1361		\$47,635	\$282,365	\$330,000
11/01/2025	10/31/2026	1315		\$46,025	\$283,975	\$330,000
11/01/2026	10/31/2027	1269		\$44,415	\$285,585	\$330,000
11/01/2027	10/31/2028	1223		\$42,805	\$287,195	\$330,000
11/01/2028	10/31/2029	1180		\$41,300	\$288,700	\$330,000
11/01/2029	10/31/2030	1136		\$39,760	\$290,240	\$330,000
11/01/2030	10/31/2031	1092		\$38,220	\$291,780	\$330,000
11/01/2031	10/31/2032	1049		\$54,548	\$282,142	\$336,690
11/01/2032	10/31/2033	1006		\$52,312	\$267,521	\$319,833
11/01/2033	10/31/2034	963		\$50,076	\$253,293	\$303,369
11/01/2034	10/31/2035	921		\$47,892	\$241,938	\$289,830
11/01/2035	10/31/2036	879		\$45,708	\$229,943	\$275,651
11/01/2036	10/31/2037	837		\$43,524	\$215,927	\$259,451
11/01/2037	10/31/2038	796		\$41,392	\$201,908	\$243,300
11/01/2038	10/31/2039	756		\$39,312	\$188,194	\$227,506
11/01/2039	10/31/2040	717		\$37,284	\$174,477	\$211,761
11/01/2040	10/31/2041	678		\$35,256	\$162,376	\$197,632
11/01/2041	10/31/2042	640		\$33,280	\$150,085	\$183,365
11/01/2042	10/31/2043	603		\$31,356	\$137,889	\$169,245
11/01/2043	10/31/2044	567		\$29,484	\$125,934	\$155,418
11/01/2044	10/31/2045	533		\$27,716	\$114,528	\$142,244
11/01/2045	10/31/2046	499		\$25,948	\$103,709	\$129,657
11/01/2046	10/31/2047	467		\$24,284	\$93,327	\$117,611
11/01/2047	10/31/2048	436		\$22,672	\$83,511	\$106,183
11/01/2048	10/31/2049	406		\$21,112	\$74,497	\$95,609
11/01/2049	10/31/2050	378		\$19,656	\$65,970	\$85,626
11/01/2050	10/31/1951	352		\$18,304	\$58,043	\$76,347

TEMPLATE 4A - Sheet 4A-4

SFA Determination - Details for the "basic method" under § 4262.4(a)(1) for all plans

See Template 4A Instructions for Additional Instructions for Sheet 4A-4.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF	
EIN:	13-6086164	
PN:	001	
MPRA Plan?	No	Meets the definition of a MPRA plan described in § 4262.4(a)(3)?
If a MPRA Plan, which method yields the greatest amount of SFA?		MPRA increasing assets method described in § 4262.4(a)(2)(i). MPRA present value method described in § 4262.4(a)(2)(ii).
SFA Measurement Date:	09/30/2022	
Fair Market Value of Assets as of the SFA Measurement Date:	\$8,307,995	
SFA Amount as of the SFA Measurement Date under the method calculated in this Sheet:	\$21,433,078	Per § 4262.4(a)(1), the lowest whole dollar amount (not less than \$0) for which, as of the last day of each plan year during the SFA coverage period, projected SFA assets and projected non-SFA assets are both greater than or equal to zero.
Projected SFA exhaustion year:	2029	Only required on this sheet if the requested amount of SFA is based on the "basic method". Plan Year Start Date of the plan year in which the sum of annual projected benefit payments and administrative expenses for the year exceeds the beginning-of-year projected SFA assets.
Non-SFA Interest Rate:	5.58%	
SFA Interest Rate:	3.36%	

On this Sheet, show payments INTO the plan as positive amounts, and payments OUT of the plan as negative amounts.

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
		Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments (should match total from Sheet 4A-2)	Make-up Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA; should match total from Sheet 4A-3)	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from SFA Assets	SFA Investment Income Based on SFA Interest Rate	Projected SFA Assets at End of Plan Year (prior year assets + (7) + (8))	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from Non-SFA Assets	Non-SFA Investment Income Based on Non-SFA Interest Rate	Projected Non-SFA Assets at End of Plan Year (prior year assets + (1) + (2) + (3) + (10) + (11))
SFA Measurement Date / Plan Year Start Date	Plan Year End Date												
09/30/2022	10/31/2022	\$41,013	\$0		-\$330,268		-\$27,500	-\$357,768	\$58,197	\$21,133,508	\$0	\$37,678	\$8,386,686
11/01/2022	10/31/2023	\$477,888	\$187,269		-\$3,123,914		-\$330,000	-\$3,453,914	\$648,466	\$18,328,060	\$0	\$487,797	\$9,539,641
11/01/2023	10/31/2024	\$463,647	\$116,398		-\$3,031,799		-\$330,000	-\$3,361,799	\$555,871	\$15,522,132	\$0	\$548,085	\$10,667,772
11/01/2024	10/31/2025	\$449,738	\$119,470		-\$330,000		-\$330,000	-\$3,298,660	\$462,735	\$12,686,207	\$0	\$610,789	\$11,847,768
11/01/2025	10/31/2026	\$436,246	\$122,505		-\$2,898,549		-\$330,000	-\$3,228,549	\$368,718	\$9,826,375	\$0	\$676,396	\$13,082,915
11/01/2026	10/31/2027	\$423,158	\$125,505		-\$2,802,024		-\$330,000	-\$3,132,024	\$274,375	\$6,968,727	\$0	\$745,090	\$14,376,668
11/01/2027	10/31/2028	\$410,464	\$128,462		-\$2,711,479		-\$330,000	-\$3,041,479	\$179,998	\$4,107,245	\$0	\$817,062	\$15,732,656
11/01/2028	10/31/2029	\$398,150	\$131,336		-\$2,606,192		-\$330,000	-\$2,936,192	\$85,759	\$1,256,812	\$0	\$892,514	\$17,154,656
11/01/2029	10/31/2030	\$394,168	\$134,014		-\$2,475,386		-\$330,000	-\$1,256,812	\$0	\$0	-\$1,548,574	\$945,610	\$17,079,874
11/01/2030	10/31/2031	\$390,226	\$134,835		-\$2,361,358		-\$330,000	\$0	\$0	\$0	-\$2,691,358	\$888,473	\$15,802,050
11/01/2031	10/31/2032	\$386,324	\$116,882		-\$2,244,598		-\$336,690	\$0	\$0	\$0	-\$2,581,288	\$819,940	\$14,543,909
11/01/2032	10/31/2033	\$382,461	\$108,711		-\$2,132,219		-\$319,833	\$0	\$0	\$0	-\$2,452,052	\$752,990	\$13,336,020
11/01/2033	10/31/2034	\$378,636	\$109,445		-\$2,022,460		-\$303,369	\$0	\$0	\$0	-\$2,325,829	\$689,225	\$12,187,497
11/01/2034	10/31/2035	\$374,850	\$34,249		-\$1,932,203		-\$289,830	\$0	\$0	\$0	-\$2,222,033	\$625,626	\$11,000,188
11/01/2035	10/31/2036	\$371,101	\$28,301		-\$1,837,673		-\$275,651	\$0	\$0	\$0	-\$2,113,324	\$562,125	\$9,848,391
11/01/2036	10/31/2037	\$367,390	\$28,982		-\$1,729,676		-\$259,451	\$0	\$0	\$0	-\$1,989,127	\$501,432	\$8,757,068
11/01/2037	10/31/2038	\$363,717	\$29,648		-\$1,621,999		-\$243,300	\$0	\$0	\$0	-\$1,865,299	\$444,103	\$7,729,236
11/01/2038	10/31/2039	\$360,079	\$30,300		-\$1,516,704		-\$227,506	\$0	\$0	\$0	-\$1,744,210	\$390,236	\$6,765,642
11/01/2039	10/31/2040	\$356,479	\$30,943		-\$1,411,737		-\$211,761	\$0	\$0	\$0	-\$1,623,498	\$339,944	\$5,869,509
11/01/2040	10/31/2041	\$352,914	\$31,579		-\$1,317,544		-\$197,632	\$0	\$0	\$0	-\$1,515,176	\$293,052	\$5,031,880
11/01/2041	10/31/2042	\$349,385	\$32,210		-\$1,222,433		-\$183,365	\$0	\$0	\$0	-\$1,405,798	\$249,457	\$4,257,133
11/01/2042	10/31/2043	\$345,891	\$29,735		-\$1,128,298		-\$169,245	\$0	\$0	\$0	-\$1,297,543	\$209,232	\$3,544,447
11/01/2043	10/31/2044	\$342,432	\$27,261		-\$1,036,121		-\$155,418	\$0	\$0	\$0	-\$1,191,539	\$172,403	\$2,895,004
11/01/2044	10/31/2045	\$339,008	\$24,801		-\$948,293		-\$142,244	\$0	\$0	\$0	-\$1,090,537	\$138,959	\$2,307,235
11/01/2045	10/31/2046	\$335,618	\$22,371		-\$864,378		-\$129,657	\$0	\$0	\$0	-\$994,035	\$108,825	\$1,780,014
11/01/2046	10/31/2047	\$332,261	\$19,970		-\$784,073		-\$117,611	\$0	\$0	\$0	-\$901,684	\$81,950	\$1,312,512
11/01/2047	10/31/2048	\$328,939	\$17,607		-\$707,888		-\$106,183	\$0	\$0	\$0	-\$814,071	\$58,271	\$903,256
11/01/2048	10/31/2049	\$325,649	\$15,320		-\$637,392		-\$95,609	\$0	\$0	\$0	-\$733,001	\$37,653	\$548,877
11/01/2049	10/31/2050	\$322,393	\$13,223		-\$570,840		-\$85,626	\$0	\$0	\$0	-\$656,466	\$19,971	\$247,998
11/01/2050	10/31/2051	\$319,169	\$12,977		-\$508,978		-\$76,347	\$0	\$0	\$0	-\$585,325	\$5,181	\$0

TEMPLATE 5A

v20220802p

Baseline - for non-MPRA plans using the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

File name: *Template 5A Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item (5) of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

This Template 5A is not required if all assumptions and methods used to determine the requested SFA amount are identical to those used in the most recent actuarial certification of plan status completed before 1/1/2021 ("pre-2021 certification of plan status"), except the non-SFA and SFA interest rates, and except any assumptions that were changed in accordance with Section III, Acceptable Assumption Changes in PBGC's SFA assumptions guidance (other than the acceptable assumption change for "missing" terminated vested participants described in Section III.E. of PBGC's SFA assumptions guidance).

Provide a separate deterministic projection ("Baseline") using the same calculation methodology used to determine the requested SFA amount, in the same format as Template 4A (Sheets 4A-2, 4A-3, and either 4A-4 or 4A-5) that shows the amount of SFA that would be determined if all underlying assumptions and methods used in the projection were the same as those used in the pre-2021 certification of plan status, except the plan's non-SFA interest rate and SFA interest rate, which should be the same as used in Template 4A (Sheet 4A-1).

For purposes of this Template 5A, any assumption change made in accordance with Section III, Acceptable Assumption Changes, in PBGC's SFA assumptions guidance should be reflected in this Baseline calculation of the SFA amount and supporting projection information, except that an assumption change for "missing" terminated vested participants described in Section III.E of PBGC's SFA assumptions guidance should not be reflected in the Baseline projections. See examples in the SFA instructions for Section C, Item (5).

Additional instructions for each individual worksheet:

Sheet

5A-1 Baseline - Benefit Payments for the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

See Template 4A instructions for Sheet 4A-2, except provide the benefit payment projection used to determine the Baseline SFA amount.

5A-2 Baseline - Participant Count and Administrative Expenses for the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

See Template 4A instructions for Sheet 4A-3, except provide the projected total participant count and administrative expense projection used to determine the Baseline SFA amount.

5A-3 Baseline - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

For non-MPRA plans, see Template 4A instructions for Sheet 4A-4, except provide the projection used to determine the Baseline SFA amount under the "basic method" described in § 4262.4(a)(1). Unlike Sheet 4A-4, it is not necessary to explicitly identify the projected SFA exhaustion year in Sheet 5A-3.

For MPRA plans for which the requested amount of SFA is determined under the "increasing assets method", see Template 4A instructions for Sheet 4A-5, except provide the projection used to determine the Baseline SFA amount under the "increasing assets method" described in § 4262.4(a)(2)(i). Unlike Sheet 4A-5, it is not necessary to identify the projected SFA exhaustion year in Sheet 5A-3.

Version Updates (newest version at top)

Version	Date updated	
v20220802p	08/02/2022	Cosmetic changes to increase the size of some rows
v20220701p	07/01/2022	

TEMPLATE 5A - Sheet 5A-1

v20220802p

Baseline - Benefit Payments for the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

See Template 4A instructions for Sheet 4A-2, except provide the benefit payment projection used to determine the Baseline SFA amount.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Measurement Date:	09/30/2022

On this Sheet, show all benefit payment amounts as positive amounts.

SFA Measurement Date / Plan Year Start Date		Plan Year End Date		PROJECTED BENEFIT PAYMENTS for:			
		Current Retirees and Beneficiaries in Pay Status	Current Terminated Vested Participants	Current Active Participants	New Entrants	Total	
09/30/2022	10/31/2022	\$223,238	\$21,899	\$851	\$0	\$245,988	
11/01/2022	10/31/2023	\$2,676,686	\$313,635	\$19,472	\$0	\$3,009,793	
11/01/2023	10/31/2024	\$2,523,986	\$368,721	\$26,732	\$0	\$2,919,439	
11/01/2024	10/31/2025	\$2,373,938	\$446,307	\$37,906	\$0	\$2,858,151	
11/01/2025	10/31/2026	\$2,226,865	\$517,552	\$46,573	\$0	\$2,790,990	
11/01/2026	10/31/2027	\$2,083,167	\$563,655	\$52,296	\$0	\$2,699,118	
11/01/2027	10/31/2028	\$1,943,256	\$610,394	\$58,054	\$0	\$2,611,704	
11/01/2028	10/31/2029	\$1,807,531	\$640,286	\$61,958	\$0	\$2,509,775	
11/01/2029	10/31/2030	\$1,676,361	\$639,602	\$66,588	\$0	\$2,382,551	
11/01/2030	10/31/2031	\$1,550,049	\$654,519	\$67,756	\$0	\$2,272,324	
11/01/2031	10/31/2032	\$1,428,807	\$662,036	\$68,731	\$0	\$2,159,574	
11/01/2032	10/31/2033	\$1,312,779	\$665,134	\$73,487	\$0	\$2,051,400	
11/01/2033	10/31/2034	\$1,202,065	\$670,093	\$73,866	\$0	\$1,946,024	
11/01/2034	10/31/2035	\$1,096,719	\$689,912	\$73,672	\$0	\$1,860,303	
11/01/2035	10/31/2036	\$996,784	\$699,877	\$73,775	\$0	\$1,770,436	
11/01/2036	10/31/2037	\$902,268	\$691,792	\$73,139	\$0	\$1,667,199	
11/01/2037	10/31/2038	\$813,157	\$679,075	\$72,111	\$0	\$1,564,343	
11/01/2038	10/31/2039	\$729,419	\$664,022	\$70,456	\$0	\$1,463,897	
11/01/2039	10/31/2040	\$651,014	\$644,276	\$68,474	\$0	\$1,363,764	
11/01/2040	10/31/2041	\$577,916	\$629,500	\$66,929	\$0	\$1,274,345	
11/01/2041	10/31/2042	\$510,080	\$609,488	\$64,325	\$0	\$1,183,893	
11/01/2042	10/31/2043	\$447,462	\$585,279	\$61,508	\$0	\$1,094,249	
11/01/2043	10/31/2044	\$389,990	\$557,791	\$58,557	\$0	\$1,006,338	
11/01/2044	10/31/2045	\$337,572	\$529,439	\$55,493	\$0	\$922,504	
11/01/2045	10/31/2046	\$290,108	\$499,841	\$52,325	\$0	\$842,274	
11/01/2046	10/31/2047	\$247,471	\$468,775	\$49,072	\$0	\$765,318	
11/01/2047	10/31/2048	\$209,497	\$436,882	\$45,759	\$0	\$692,138	
11/01/2048	10/31/2049	\$175,995	\$405,892	\$42,412	\$0	\$624,299	
11/01/2049	10/31/2050	\$146,728	\$374,278	\$39,062	\$0	\$560,068	
11/01/2050	10/31/1951	\$121,413	\$343,060	\$35,734	\$0	\$500,207	

TEMPLATE 5A - Sheet 5A-2

v20220802p

Baseline - Participant Count and Administrative Expenses for the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

See Template 4A instructions for Sheet 4A-3, except provide the projected total participant count and administrative expense projection used to determine the Baseline SFA amount.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001
SFA Measurement Date:	09/30/2022

On this Sheet, show all administrative expense amounts as positive amounts

SFA Measurement Date / Plan Year Start Date		Plan Year End Date	Total Participant Count at Beginning of Plan Year	PROJECTED ADMINISTRATIVE EXPENSES for:		
				PBGC Premiums	Other	Total
09/30/2022	10/31/2022	N/A			\$27,500	\$27,500
11/01/2022	10/31/2023	1454		\$46,528	\$283,472	\$330,000
11/01/2023	10/31/2024	1408		\$49,280	\$280,720	\$330,000
11/01/2024	10/31/2025	1363		\$47,705	\$282,295	\$330,000
11/01/2025	10/31/2026	1317		\$46,095	\$283,905	\$330,000
11/01/2026	10/31/2027	1270		\$44,450	\$285,550	\$330,000
11/01/2027	10/31/2028	1224		\$42,840	\$287,160	\$330,000
11/01/2028	10/31/2029	1180		\$41,300	\$288,700	\$330,000
11/01/2029	10/31/2030	1136		\$39,760	\$290,240	\$330,000
11/01/2030	10/31/2031	1093		\$38,255	\$291,745	\$330,000
11/01/2031	10/31/2032	1049		\$54,548	\$269,388	\$323,936
11/01/2032	10/31/2033	1006		\$52,312	\$255,398	\$307,710
11/01/2033	10/31/2034	963		\$50,076	\$241,828	\$291,904
11/01/2034	10/31/2035	921		\$47,892	\$231,153	\$279,045
11/01/2035	10/31/2036	879		\$45,708	\$219,857	\$265,565
11/01/2036	10/31/2037	837		\$43,524	\$206,556	\$250,080
11/01/2037	10/31/2038	796		\$41,392	\$193,259	\$234,651
11/01/2038	10/31/2039	756		\$39,312	\$180,273	\$219,585
11/01/2039	10/31/2040	717		\$37,284	\$167,281	\$204,565
11/01/2040	10/31/2041	678		\$35,256	\$155,896	\$191,152
11/01/2041	10/31/2042	640		\$33,280	\$144,304	\$177,584
11/01/2042	10/31/2043	603		\$31,356	\$132,781	\$164,137
11/01/2043	10/31/2044	567		\$29,484	\$121,467	\$150,951
11/01/2044	10/31/2045	533		\$27,716	\$110,660	\$138,376
11/01/2045	10/31/2046	499		\$25,948	\$100,393	\$126,341
11/01/2046	10/31/2047	467		\$24,284	\$90,514	\$114,798
11/01/2047	10/31/2048	436		\$22,672	\$81,149	\$103,821
11/01/2048	10/31/2049	406		\$21,112	\$72,533	\$93,645
11/01/2049	10/31/2050	378		\$19,656	\$64,354	\$84,010
11/01/2050	10/31/1951	352		\$18,304	\$56,727	\$75,031

TEMPLATE 5A - Sheet 5A-3

Baseline - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See Template 4A instructions for Sheet 4A-4 or Sheet 4A-5, except provide the projection used to determine the Baseline SFA amount.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001
MPRA Plan?	No
If a MPRA Plan, which method yields the greatest amount of SFA?	
SFA Measurement Date:	09/30/2022
Fair Market Value of Assets as of the SFA Measurement Date:	\$8,307,995
SFA Amount as of the SFA Measurement Date under the method calculated in this Sheet:	\$20,260,064
Non-SFA Interest Rate:	5.58%
SFA Interest Rate:	3.36%

On this Sheet, show payments INTO the plan as positive amounts, and payments OUT of the plan as negative amounts.

SFA Measurement Date / Plan Year Start Date	Plan Year End Date	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
		Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments (should match total from Sheet 5A-1)	Make-up Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA; should match total from Sheet 5A-2)	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from SFA Assets	SFA Investment Income Based on SFA Interest Rate	Projected SFA Assets at End of Plan Year (prior year assets + (7) + (8))	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from Non-SFA Assets	Non-SFA Investment Income Based on Non-SFA Interest Rate	Projected Non-SFA Assets at End of Plan Year (prior year assets + (1) + (2) + (3) + (10) + (11))
09/30/2022	10/31/2022	\$38,528	\$0		-\$245,988		-\$27,500	-\$273,488	\$55,194	\$20,041,770	\$0	\$37,678	\$8,384,201
11/01/2022	10/31/2023	\$439,677	\$173,288		-\$3,009,793		-\$330,000	-\$3,339,793	\$613,850	\$17,315,827	\$0	\$484,975	\$9,482,142
11/01/2023	10/31/2024	\$417,779	\$173,288		-\$2,919,439		-\$330,000	-\$3,249,439	\$523,895	\$14,590,283	\$0	\$545,686	\$10,618,895
11/01/2024	10/31/2025	\$396,890	\$173,288		-\$2,858,151		-\$330,000	-\$3,188,151	\$433,426	\$11,835,558	\$0	\$608,588	\$11,797,661
11/01/2025	10/31/2026	\$377,046	\$173,288		-\$2,790,990		-\$330,000	-\$3,120,990	\$342,084	\$9,056,651	\$0	\$673,860	\$13,021,856
11/01/2026	10/31/2027	\$358,194	\$173,288		-\$2,699,118		-\$330,000	-\$3,029,118	\$250,376	\$6,277,909	\$0	\$741,693	\$14,295,030
11/01/2027	10/31/2028	\$358,194	\$173,288		-\$2,611,704		-\$330,000	-\$2,941,704	\$158,593	\$3,494,798	\$0	\$812,736	\$15,639,248
11/01/2028	10/31/2029	\$358,194	\$173,288		-\$2,509,775		-\$330,000	-\$2,839,775	\$66,926	\$721,950	\$0	\$887,743	\$17,058,473
11/01/2029	10/31/2030	\$358,194	\$173,288		-\$2,382,551		-\$330,000	-\$2,721,950	\$0	\$0	-\$1,990,601	\$923,206	\$16,522,559
11/01/2030	10/31/2031	\$358,194	\$165,364		-\$2,272,324		-\$330,000	\$0	\$0	\$0	-\$2,602,324	\$860,401	\$15,304,193
11/01/2031	10/31/2032	\$358,194	\$130,686		-\$2,159,574		-\$323,936	\$0	\$0	\$0	-\$2,483,510	\$794,865	\$14,104,428
11/01/2032	10/31/2033	\$358,194	\$117,940		-\$2,051,400		-\$307,710	\$0	\$0	\$0	-\$2,359,110	\$730,902	\$12,952,354
11/01/2033	10/31/2034	\$358,194	\$117,940		-\$1,946,024		-\$291,904	\$0	\$0	\$0	-\$2,237,928	\$670,175	\$11,860,734
11/01/2034	10/31/2035	\$358,194	\$9,495		-\$1,860,303		-\$279,045	\$0	\$0	\$0	-\$2,139,348	\$608,602	\$10,697,676
11/01/2035	10/31/2036	\$358,194	\$0		-\$1,770,436		-\$265,565	\$0	\$0	\$0	-\$2,036,001	\$546,209	\$9,566,077
11/01/2036	10/31/2037	\$358,194	\$0		-\$1,667,199		-\$250,080	\$0	\$0	\$0	-\$1,917,279	\$486,552	\$8,493,544
11/01/2037	10/31/2038	\$358,194	\$0		-\$1,564,343		-\$234,651	\$0	\$0	\$0	-\$1,798,994	\$430,178	\$7,482,921
11/01/2038	10/31/2039	\$358,194	\$0		-\$1,463,897		-\$219,585	\$0	\$0	\$0	-\$1,683,482	\$377,178	\$6,534,811
11/01/2039	10/31/2040	\$358,194	\$0		-\$1,363,764		-\$204,565	\$0	\$0	\$0	-\$1,568,329	\$327,655	\$5,652,331
11/01/2040	10/31/2041	\$358,194	\$0		-\$1,274,345		-\$191,152	\$0	\$0	\$0	-\$1,465,497	\$281,433	\$4,826,461
11/01/2041	10/31/2042	\$358,194	\$0		-\$1,183,893		-\$177,584	\$0	\$0	\$0	-\$1,361,477	\$238,404	\$4,061,581
11/01/2042	10/31/2043	\$358,194	\$0		-\$1,094,249		-\$164,137	\$0	\$0	\$0	-\$1,258,386	\$198,751	\$3,360,140
11/01/2043	10/31/2044	\$358,194	\$0		-\$1,006,338		-\$150,951	\$0	\$0	\$0	-\$1,157,289	\$162,580	\$2,723,625
11/01/2044	10/31/2045	\$358,194	\$0		-\$922,504		-\$138,376	\$0	\$0	\$0	-\$1,060,880	\$129,894	\$2,150,832
11/01/2045	10/31/2046	\$358,194	\$0		-\$842,274		-\$126,341	\$0	\$0	\$0	-\$968,615	\$100,641	\$1,641,052
11/01/2046	10/31/2047	\$358,194	\$0		-\$765,318		-\$114,798	\$0	\$0	\$0	-\$880,116	\$74,795	\$1,193,925
11/01/2047	10/31/2048	\$358,194	\$0		-\$692,138		-\$103,821	\$0	\$0	\$0	-\$795,959	\$52,316	\$808,476
11/01/2048	10/31/2049	\$358,194	\$0		-\$624,299		-\$93,645	\$0	\$0	\$0	-\$717,944	\$33,100	\$481,825
11/01/2049	10/31/2050	\$358,194	\$0		-\$560,068		-\$84,010	\$0	\$0	\$0	-\$644,078	\$17,042	\$212,982
11/01/2050	10/31/2051	\$358,194	\$0		-\$500,207		-\$75,031	\$0	\$0	\$0	-\$575,238	\$4,062	\$0

TEMPLATE 6A

v20220802p

Reconciliation - for non-MPRA plans using the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

File name: *Template 6A Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item (6) of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

This Template 6A is not required if all assumptions and methods used to determine the requested SFA amount are identical to those used in the most recent actuarial certification of plan status completed before 1/1/2021 ("pre-2021 certification of plan status"), except the non-SFA and SFA interest rates, and except any assumptions changed in accordance with Section III, Acceptable Assumption Changes, in PBGC's SFA assumptions guidance (other than the acceptable assumption change for "missing" terminated vested participants described in Section III.E of PBGC's SFA assumptions guidance).

This Template 6A is also not required if the requested SFA amount from Template 4A is the same as the SFA amount shown in Template 5A (Baseline).

If the assumptions/methods used to determine the requested SFA amount differ from those in the "Baseline" projection in Template 5A, then provide a reconciliation of the change in the total amount of SFA due to each change in assumption/method from the Baseline to the requested SFA as shown in Template 4A.

For each assumption/method change from the Baseline through the requested SFA amount, provide a deterministic projection using the same calculation methodology used to determine the requested SFA amount, in the same format as Template 4A (either Sheet 4A-4 or Sheet 4A-5).

Additional instructions for each individual worksheet:

Sheet

6A-1 Reconciliation - Summary for the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

For Item number 1, show the SFA amount determined in Template 5A using the "Baseline" assumptions and methods. If there is only one change in assumptions/methods between the Baseline (Template 5A) and the requested SFA amount (Template 4A), then show on Item number 2 the requested SFA amount, and briefly identify the change in assumptions from the Baseline.

If there is more than one change in assumptions/methods from the Baseline, show each individual change as a separate Item number. Each Item number should reflect all changes already measured in the prior Item number. For example, the difference between the SFA amount shown for Item number 4 and Item number 5 should be the incremental change due to changing the identified single assumption/method. The Item numbers should show assumption/method changes in the order that they were incrementally measured.

6A-2 Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

For non-MPRA plans, see Template 4A instructions for Sheet 4A-4, except provide the projection used to determine the intermediate Item number 2 SFA amount from Sheet 6A-1 under the "basic method" described in § 4262.4(a)(1). Unlike Sheet 4A-4, it is not necessary to explicitly identify the projected SFA exhaustion year in Sheet 6A-2.

For MPRA plans for which the requested amount of SFA is determined under the "increasing assets method", see Template 4A instructions for Sheet 4A-5, except provide the projection used to determine each intermediate SFA amount from Sheet 6A-1 under the "increasing assets method" described in § 4262.4(a)(2)(i). Unlike Sheet 4A-5, it is not necessary to explicitly identify the projected SFA exhaustion year in Sheet 6A-2.

A Reconciliation Details sheet is not needed for the last Item number shown in the Sheet 6A-1 Reconciliation, since the information should be the same as shown in Template 4A. For example, if there is only one assumption change from the Baseline, then Item number 2 should identify what assumption changed between the Baseline and Item number 2, where Item number 2 is the requested SFA amount. Since details on the determination of the requested SFA amount are shown in Template 4A, a separate Sheet 6A-2 Reconciliation Details is not required here.

6A-3 Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See instructions for 6A-2 Reconciliation Details, except for the intermediate Item number 3 SFA amount from Sheet 6A-1.

6A-4 Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See instructions for 6A-2 Reconciliation Details, except for the intermediate Item number 4 SFA amount from Sheet 6A-1.

6A-5 Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See instructions for 6A-2 Reconciliation Details, except for the intermediate Item number 5 SFA amount from Sheet 6A-1.

Version Updates (newest version at top)

Version	Date updated	
v20220802p	08/02/2022	Cosmetic changes to increase the size of some rows
v20220701p	07/01/2022	

TEMPLATE 6A - Sheet 6A-1

Reconciliation - Summary for the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

See Template 6A Instructions for Additional Instructions for Sheet 6A-1.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001
MPRA Plan?	No
If a MPRA Plan, which method yields the greatest amount of SFA?	

Item number	Basis for Assumptions/Methods. For each Item, briefly describe the incremental change reflected in the SFA amount.	Change in SFA Amount (from prior Item number)	SFA Amount	
1	Baseline	N/A	\$20,260,064	From Template 5A.
2	Contribution Base Units are assumed to decline 3%/year through the plan year ending October 31, 2029 and 1% thereafter.	(\$392,873)	\$19,867,191	Show details supporting the SFA amount on Sheet 6A-2.
3	Delayed Retirement Increase is assumed for terminated vested members (TVs) over age NRA. 3 TVs over age 85 on SFA measurement date and their benefits are not valued.	\$1,324,383	\$21,191,575	Show details supporting the SFA amount on Sheet 6A-3.
4	Payment of retroactive benefits for TVs over required beginning age.	\$74,645	\$21,266,220	Show details supporting the SFA amount on Sheet 6A-4.
5	A&A Brake makes a lump sum payment for withdrawal liability settlement. Collectability for Propark America and Quik/Icon Parking is 70%.	\$519,435	\$21,785,655	Show details supporting the SFA amount on Sheet 6A-5.
6	Future withdrawals are assumed.	(\$352,577)	\$21,433,078	From Template 4A

Create additional rows as needed, and create additional detailed sheets by copying Sheet 6A-5 and re-labeling the header and the sheet name to be 6A-6, 6A-7, etc.

TEMPLATE 6A - Sheet 6A-2

Item Description (from 6A-1):	CBUs decline 3%/1% per year.
-------------------------------	------------------------------

Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See Template 4A instructions for Sheet 4A-4 or Sheet 4A-5, except provide the projection used to determine the intermediate SFA amount.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001
MPRA Plan?	
If a MPRA Plan, which method yields the greatest amount of SFA?	
SFA Measurement Date:	09/30/2022
Fair Market Value of Assets as of the SFA Measurement Date:	\$8,307,995
SFA Amount as of the SFA Measurement Date under the method calculated in this Sheet:	\$19,867,191
Non-SFA Interest Rate:	5.58%
SFA Interest Rate:	3.36%

On this Sheet, show payments INTO the plan as positive amounts, and payments OUT of the plan as negative amounts.

SFA Measurement Date / Plan Year Start Date	Plan Year End Date	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
		Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Make-up Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from SFA Assets	SFA Investment Income Based on SFA Interest Rate	Projected SFA Assets at End of Plan Year (prior year assets + (7) + (8))	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from Non-SFA Assets	Non-SFA Investment Income Based on Non-SFA Interest Rate	Projected Non-SFA Assets at End of Plan Year (prior year assets + (1) + (2) + (3) + (10) + (11))
09/30/2022	10/31/2022	\$41,013	\$0	\$0	-\$245,988	-\$27,500	-\$273,488	\$54,111	\$19,647,814	\$0	\$37,678	\$8,386,686	
11/01/2022	10/31/2023	\$477,888	\$173,288	\$0	-\$3,009,793	-\$330,000	-\$3,339,793	\$600,613	\$16,908,634	\$0	\$486,082	\$9,523,944	
11/01/2023	10/31/2024	\$463,647	\$173,288	\$0	-\$2,919,439	-\$330,000	-\$3,249,439	\$510,213	\$14,169,408	\$0	\$549,180	\$10,710,060	
11/01/2024	10/31/2025	\$449,738	\$173,288	\$0	-\$2,858,151	-\$330,000	-\$3,188,151	\$419,285	\$11,400,542	\$0	\$615,013	\$11,948,099	
11/01/2025	10/31/2026	\$436,246	\$173,288	\$0	-\$2,790,990	-\$330,000	-\$3,120,990	\$327,467	\$8,607,019	\$0	\$683,754	\$13,241,386	
11/01/2026	10/31/2027	\$423,158	\$173,288	\$0	-\$2,699,118	-\$330,000	-\$3,029,118	\$235,268	\$5,813,169	\$0	\$755,588	\$14,593,420	
11/01/2027	10/31/2028	\$410,464	\$173,288	\$0	-\$2,611,704	-\$330,000	-\$2,941,704	\$142,978	\$3,014,443	\$0	\$830,710	\$16,007,882	
11/01/2028	10/31/2029	\$398,150	\$173,288	\$0	-\$2,509,775	-\$330,000	-\$2,839,775	\$50,786	\$225,454	\$0	\$909,325	\$17,488,644	
11/01/2029	10/31/2030	\$394,168	\$173,288	\$0	-\$2,382,551	-\$330,000	-\$2,225,454	\$0	\$0	-\$2,487,097	\$924,531	\$16,493,534	
11/01/2030	10/31/2031	\$390,226	\$165,364	\$0	-\$2,272,324	-\$330,000	\$0	\$0	\$0	-\$2,602,324	\$859,592	\$15,306,393	
11/01/2031	10/31/2032	\$386,324	\$130,686	\$0	-\$2,159,574	-\$323,936	\$0	\$0	\$0	-\$2,483,510	\$795,701	\$14,135,594	
11/01/2032	10/31/2033	\$382,461	\$117,940	\$0	-\$2,051,400	-\$307,710	\$0	\$0	\$0	-\$2,359,110	\$733,255	\$13,010,140	
11/01/2033	10/31/2034	\$378,636	\$117,940	\$0	-\$1,946,024	-\$291,904	\$0	\$0	\$0	-\$2,237,928	\$673,917	\$11,942,705	
11/01/2034	10/31/2035	\$374,850	\$9,495	\$0	-\$1,860,303	-\$279,045	\$0	\$0	\$0	-\$2,139,348	\$613,598	\$10,801,299	
11/01/2035	10/31/2036	\$371,101	\$0	\$0	-\$1,770,436	-\$265,565	\$0	\$0	\$0	-\$2,036,001	\$552,318	\$9,688,717	
11/01/2036	10/31/2037	\$367,390	\$0	\$0	-\$1,667,199	-\$250,080	\$0	\$0	\$0	-\$1,917,279	\$493,628	\$8,632,457	
11/01/2037	10/31/2038	\$363,717	\$0	\$0	-\$1,564,343	-\$234,651	\$0	\$0	\$0	-\$1,798,994	\$438,070	\$7,635,249	
11/01/2038	10/31/2039	\$360,079	\$0	\$0	-\$1,463,897	-\$219,585	\$0	\$0	\$0	-\$1,683,482	\$385,726	\$6,697,572	
11/01/2039	10/31/2040	\$356,479	\$0	\$0	-\$1,363,764	-\$204,565	\$0	\$0	\$0	-\$1,568,329	\$336,694	\$5,822,416	
11/01/2040	10/31/2041	\$352,914	\$0	\$0	-\$1,274,345	-\$191,152	\$0	\$0	\$0	-\$1,465,497	\$290,790	\$5,000,622	
11/01/2041	10/31/2042	\$349,385	\$0	\$0	-\$1,183,893	-\$177,584	\$0	\$0	\$0	-\$1,361,477	\$247,899	\$4,236,429	
11/01/2042	10/31/2043	\$345,891	\$0	\$0	-\$1,094,249	-\$164,137	\$0	\$0	\$0	-\$1,258,386	\$208,196	\$3,532,130	
11/01/2043	10/31/2044	\$342,432	\$0	\$0	-\$1,006,338	-\$150,951	\$0	\$0	\$0	-\$1,157,289	\$171,778	\$2,889,051	
11/01/2044	10/31/2045	\$339,008	\$0	\$0	-\$922,504	-\$138,376	\$0	\$0	\$0	-\$1,060,880	\$138,639	\$2,305,817	
11/01/2045	10/31/2046	\$335,618	\$0	\$0	-\$842,274	-\$126,341	\$0	\$0	\$0	-\$968,615	\$108,718	\$1,781,538	
11/01/2046	10/31/2047	\$332,261	\$0	\$0	-\$765,318	-\$114,798	\$0	\$0	\$0	-\$880,116	\$81,977	\$1,315,660	
11/01/2047	10/31/2048	\$328,939	\$0	\$0	-\$692,138	-\$103,821	\$0	\$0	\$0	-\$795,959	\$58,368	\$907,009	
11/01/2048	10/31/2049	\$325,649	\$0	\$0	-\$624,299	-\$93,645	\$0	\$0	\$0	-\$717,944	\$37,774	\$552,488	
11/01/2049	10/31/2050	\$322,393	\$0	\$0	-\$560,068	-\$84,010	\$0	\$0	\$0	-\$644,078	\$20,078	\$250,881	
11/01/2050	10/31/2051	\$319,169	\$0	\$0	-\$500,207	-\$75,031	\$0	\$0	\$0	-\$575,238	\$5,188	\$0	

Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See Template 4A instructions for Sheet 4A-4 or Sheet 4A-5, except provide the projection used to determine the intermediate SFA amount.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001
MPRA Plan?	
If a MPRA Plan, which method yields the greatest amount of SFA?	
SFA Measurement Date:	09/30/2022
Fair Market Value of Assets as of the SFA Measurement Date:	\$8,307,995
SFA Amount as of the SFA Measurement Date under the method calculated in this Sheet:	\$21,191,575
Non-SFA Interest Rate:	5.58%
SFA Interest Rate:	3.36%

On this Sheet, show payments INTO the plan as positive amounts, and payments OUT of the plan as negative amounts.

SFA Measurement Date / Plan Year Start Date	Plan Year End Date	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
		Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Make-up Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from SFA Assets	SFA Investment Income Based on SFA Interest Rate	Projected SFA Assets at End of Plan Year (prior year assets + (7) + (8))	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from Non-SFA Assets	Non-SFA Investment Income Based on Non-SFA Interest Rate	Projected Non-SFA Assets at End of Plan Year (prior year assets + (1) + (2) + (3) + (10) + (11))
09/30/2022	10/31/2022	\$41,013	\$0	\$0	-\$255,623	-\$27,500	-\$27,500	-\$283,123	\$57,737	\$20,966,189	\$0	\$37,678	\$8,386,686
11/01/2022	10/31/2023	\$477,888	\$173,288	\$0	-\$3,123,914	-\$330,000	-\$330,000	-\$3,453,914	\$642,844	\$18,155,119	\$0	\$486,082	\$9,523,944
11/01/2023	10/31/2024	\$463,647	\$173,288	\$0	-\$3,031,799	-\$330,000	-\$330,000	-\$3,361,799	\$550,060	\$15,343,380	\$0	\$549,180	\$10,710,060
11/01/2024	10/31/2025	\$449,738	\$173,288	\$0	-\$2,968,660	-\$330,000	-\$330,000	-\$3,298,660	\$456,729	\$12,501,449	\$0	\$615,013	\$11,948,099
11/01/2025	10/31/2026	\$436,246	\$173,288	\$0	-\$2,898,549	-\$330,000	-\$330,000	-\$3,228,549	\$362,510	\$9,635,410	\$0	\$683,754	\$13,241,386
11/01/2026	10/31/2027	\$423,158	\$173,288	\$0	-\$2,802,024	-\$330,000	-\$330,000	-\$3,132,024	\$267,959	\$6,771,345	\$0	\$755,588	\$14,593,420
11/01/2027	10/31/2028	\$410,464	\$173,288	\$0	-\$2,711,479	-\$330,000	-\$330,000	-\$3,041,479	\$173,366	\$3,903,231	\$0	\$830,710	\$16,007,882
11/01/2028	10/31/2029	\$398,150	\$173,288	\$0	-\$2,606,192	-\$330,000	-\$330,000	-\$2,936,192	\$78,904	\$1,045,943	\$0	\$909,325	\$17,488,644
11/01/2029	10/31/2030	\$394,168	\$173,288	\$0	-\$2,475,386	-\$330,000	-\$330,000	-\$1,045,943	\$0	\$0	-\$1,759,443	\$958,374	\$17,255,032
11/01/2030	10/31/2031	\$390,226	\$165,364	\$0	-\$2,361,358	-\$330,000	-\$330,000	\$0	\$0	\$0	-\$2,691,358	\$899,415	\$16,018,680
11/01/2031	10/31/2032	\$386,324	\$130,686	\$0	-\$2,244,598	-\$336,690	-\$336,690	\$0	\$0	\$0	-\$2,581,288	\$832,575	\$14,786,977
11/01/2032	10/31/2033	\$382,461	\$117,940	\$0	-\$2,132,219	-\$319,833	-\$319,833	\$0	\$0	\$0	-\$2,452,052	\$766,873	\$13,602,199
11/01/2033	10/31/2034	\$378,636	\$117,940	\$0	-\$2,022,460	-\$303,369	-\$303,369	\$0	\$0	\$0	-\$2,325,829	\$704,372	\$12,477,318
11/01/2034	10/31/2035	\$374,850	\$9,495	\$0	-\$1,932,203	-\$289,830	-\$289,830	\$0	\$0	\$0	-\$2,222,033	\$641,001	\$11,280,631
11/01/2035	10/31/2036	\$371,101	\$0	\$0	-\$1,837,673	-\$275,651	-\$275,651	\$0	\$0	\$0	-\$2,113,324	\$576,793	\$10,115,202
11/01/2036	10/31/2037	\$367,390	\$0	\$0	-\$1,729,676	-\$259,451	-\$259,451	\$0	\$0	\$0	-\$1,989,127	\$515,316	\$9,008,781
11/01/2037	10/31/2038	\$363,717	\$0	\$0	-\$1,621,999	-\$243,300	-\$243,300	\$0	\$0	\$0	-\$1,865,299	\$457,121	\$7,964,319
11/01/2038	10/31/2039	\$360,079	\$0	\$0	-\$1,516,704	-\$227,506	-\$227,506	\$0	\$0	\$0	-\$1,744,210	\$402,304	\$6,982,493
11/01/2039	10/31/2040	\$356,479	\$0	\$0	-\$1,411,737	-\$211,761	-\$211,761	\$0	\$0	\$0	-\$1,623,498	\$350,972	\$6,066,447
11/01/2040	10/31/2041	\$352,914	\$0	\$0	-\$1,317,544	-\$197,632	-\$197,632	\$0	\$0	\$0	-\$1,515,176	\$302,948	\$5,207,133
11/01/2041	10/31/2042	\$349,385	\$0	\$0	-\$1,222,433	-\$183,365	-\$183,365	\$0	\$0	\$0	-\$1,405,798	\$258,121	\$4,408,840
11/01/2042	10/31/2043	\$345,891	\$0	\$0	-\$1,128,298	-\$169,245	-\$169,245	\$0	\$0	\$0	-\$1,297,543	\$216,667	\$3,673,855
11/01/2043	10/31/2044	\$342,432	\$0	\$0	-\$1,036,121	-\$155,418	-\$155,418	\$0	\$0	\$0	-\$1,191,539	\$178,680	\$3,003,428
11/01/2044	10/31/2045	\$339,008	\$0	\$0	-\$948,293	-\$142,244	-\$142,244	\$0	\$0	\$0	-\$1,090,537	\$144,150	\$2,396,048
11/01/2045	10/31/2046	\$335,618	\$0	\$0	-\$864,378	-\$129,657	-\$129,657	\$0	\$0	\$0	-\$994,035	\$113,006	\$1,850,637
11/01/2046	10/31/2047	\$332,261	\$0	\$0	-\$784,073	-\$117,611	-\$117,611	\$0	\$0	\$0	-\$901,684	\$85,199	\$1,366,414
11/01/2047	10/31/2048	\$328,939	\$0	\$0	-\$707,888	-\$106,183	-\$106,183	\$0	\$0	\$0	-\$814,071	\$60,669	\$941,950
11/01/2048	10/31/2049	\$325,649	\$0	\$0	-\$637,392	-\$95,609	-\$95,609	\$0	\$0	\$0	-\$733,001	\$39,281	\$573,880
11/01/2049	10/31/2050	\$322,393	\$0	\$0	-\$570,840	-\$85,626	-\$85,626	\$0	\$0	\$0	-\$656,466	\$20,908	\$260,715
11/01/2050	10/31/2051	\$319,169	\$0	\$0	-\$508,978	-\$76,347	-\$76,347	\$0	\$0	\$0	-\$585,325	\$5,441	\$0

Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See Template 4A instructions for Sheet 4A-4 or Sheet 4A-5, except provide the projection used to determine the intermediate SFA amount.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001
MPRA Plan?	
If a MPRA Plan, which method yields the greatest amount of SFA?	
SFA Measurement Date:	09/30/2022
Fair Market Value of Assets as of the SFA Measurement Date:	\$8,307,995
SFA Amount as of the SFA Measurement Date under the method calculated in this Sheet:	\$21,266,220
Non-SFA Interest Rate:	5.58%
SFA Interest Rate:	3.36%

On this Sheet, show payments INTO the plan as positive amounts, and payments OUT of the plan as negative amounts.

SFA Measurement Date / Plan Year Start Date	Plan Year End Date	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
		Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Make-up Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from SFA Assets	SFA Investment Income Based on SFA Interest Rate	Projected SFA Assets at End of Plan Year (prior year assets + (7) + (8))	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from Non-SFA Assets	Non-SFA Investment Income Based on Non-SFA Interest Rate	Projected Non-SFA Assets at End of Plan Year (prior year assets + (1) + (2) + (3) + (10) + (11))
09/30/2022	10/31/2022	\$41,013	\$0	\$0	-\$330,268	-\$27,500	-\$330,000	-\$357,768	\$57,737	\$20,966,189	\$0	\$37,678	\$8,386,686
11/01/2022	10/31/2023	\$477,888	\$173,288	\$0	-\$3,123,914	-\$330,000	-\$330,000	-\$3,453,914	\$642,844	\$18,155,119	\$0	\$486,082	\$9,523,944
11/01/2023	10/31/2024	\$463,647	\$173,288	\$0	-\$3,031,799	-\$330,000	-\$330,000	-\$3,361,799	\$550,060	\$15,343,380	\$0	\$549,180	\$10,710,060
11/01/2024	10/31/2025	\$449,738	\$173,288	\$0	-\$2,968,660	-\$330,000	-\$330,000	-\$3,298,660	\$456,729	\$12,501,449	\$0	\$615,013	\$11,948,099
11/01/2025	10/31/2026	\$436,246	\$173,288	\$0	-\$2,898,549	-\$330,000	-\$330,000	-\$3,228,549	\$362,510	\$9,635,410	\$0	\$683,754	\$13,241,386
11/01/2026	10/31/2027	\$423,158	\$173,288	\$0	-\$2,802,024	-\$330,000	-\$330,000	-\$3,132,024	\$267,959	\$6,771,345	\$0	\$755,588	\$14,593,420
11/01/2027	10/31/2028	\$410,464	\$173,288	\$0	-\$2,711,479	-\$330,000	-\$330,000	-\$3,041,479	\$173,366	\$3,903,231	\$0	\$830,710	\$16,007,882
11/01/2028	10/31/2029	\$398,150	\$173,288	\$0	-\$2,606,192	-\$330,000	-\$330,000	-\$2,936,192	\$78,904	\$1,045,943	\$0	\$909,325	\$17,488,644
11/01/2029	10/31/2030	\$394,168	\$173,288	\$0	-\$2,475,386	-\$330,000	-\$330,000	-\$1,045,943	\$0	\$0	-\$1,759,443	\$958,374	\$17,255,032
11/01/2030	10/31/2031	\$390,226	\$165,364	\$0	-\$2,361,358	-\$330,000	-\$330,000	\$0	\$0	\$0	-\$2,691,358	\$899,415	\$16,018,680
11/01/2031	10/31/2032	\$386,324	\$130,686	\$0	-\$2,244,598	-\$336,690	-\$336,690	\$0	\$0	\$0	-\$2,581,288	\$832,575	\$14,786,977
11/01/2032	10/31/2033	\$382,461	\$117,940	\$0	-\$2,132,219	-\$319,833	-\$319,833	\$0	\$0	\$0	-\$2,452,052	\$766,873	\$13,602,199
11/01/2033	10/31/2034	\$378,636	\$117,940	\$0	-\$2,022,460	-\$303,369	-\$303,369	\$0	\$0	\$0	-\$2,325,829	\$704,372	\$12,477,318
11/01/2034	10/31/2035	\$374,850	\$9,495	\$0	-\$1,932,203	-\$289,830	-\$289,830	\$0	\$0	\$0	-\$2,222,033	\$641,001	\$11,280,631
11/01/2035	10/31/2036	\$371,101	\$0	\$0	-\$1,837,673	-\$275,651	-\$275,651	\$0	\$0	\$0	-\$2,113,324	\$576,793	\$10,115,202
11/01/2036	10/31/2037	\$367,390	\$0	\$0	-\$1,729,676	-\$259,451	-\$259,451	\$0	\$0	\$0	-\$1,989,127	\$515,316	\$9,008,781
11/01/2037	10/31/2038	\$363,717	\$0	\$0	-\$1,621,999	-\$243,300	-\$243,300	\$0	\$0	\$0	-\$1,865,299	\$457,121	\$7,964,319
11/01/2038	10/31/2039	\$360,079	\$0	\$0	-\$1,516,704	-\$227,506	-\$227,506	\$0	\$0	\$0	-\$1,744,210	\$402,304	\$6,982,493
11/01/2039	10/31/2040	\$356,479	\$0	\$0	-\$1,411,737	-\$211,761	-\$211,761	\$0	\$0	\$0	-\$1,623,498	\$350,972	\$6,066,447
11/01/2040	10/31/2041	\$352,914	\$0	\$0	-\$1,317,544	-\$197,632	-\$197,632	\$0	\$0	\$0	-\$1,515,176	\$302,948	\$5,207,133
11/01/2041	10/31/2042	\$349,385	\$0	\$0	-\$1,222,433	-\$183,365	-\$183,365	\$0	\$0	\$0	-\$1,405,798	\$258,121	\$4,408,840
11/01/2042	10/31/2043	\$345,891	\$0	\$0	-\$1,128,298	-\$169,245	-\$169,245	\$0	\$0	\$0	-\$1,297,543	\$216,667	\$3,673,855
11/01/2043	10/31/2044	\$342,432	\$0	\$0	-\$1,036,121	-\$155,418	-\$155,418	\$0	\$0	\$0	-\$1,191,539	\$178,680	\$3,003,428
11/01/2044	10/31/2045	\$339,008	\$0	\$0	-\$948,293	-\$142,244	-\$142,244	\$0	\$0	\$0	-\$1,090,537	\$144,150	\$2,396,048
11/01/2045	10/31/2046	\$335,618	\$0	\$0	-\$864,378	-\$129,657	-\$129,657	\$0	\$0	\$0	-\$994,035	\$113,006	\$1,850,637
11/01/2046	10/31/2047	\$332,261	\$0	\$0	-\$784,073	-\$117,611	-\$117,611	\$0	\$0	\$0	-\$901,684	\$85,199	\$1,366,414
11/01/2047	10/31/2048	\$328,939	\$0	\$0	-\$707,888	-\$106,183	-\$106,183	\$0	\$0	\$0	-\$814,071	\$60,669	\$941,950
11/01/2048	10/31/2049	\$325,649	\$0	\$0	-\$637,392	-\$95,609	-\$95,609	\$0	\$0	\$0	-\$733,001	\$39,281	\$573,880
11/01/2049	10/31/2050	\$322,393	\$0	\$0	-\$570,840	-\$85,626	-\$85,626	\$0	\$0	\$0	-\$656,466	\$20,908	\$260,715
11/01/2050	10/31/2051	\$319,169	\$0	\$0	-\$508,978	-\$76,347	-\$76,347	\$0	\$0	\$0	-\$585,325	\$5,441	\$0

Reconciliation - Details for the "basic method" under § 4262.4(a)(1) for non-MPRA plans, or for the "increasing assets method" under § 4262.4(a)(2)(i) for MPRA plans for which the requested amount of SFA is determined under that method

See Template 4A instructions for Sheet 4A-4 or Sheet 4A-5, except provide the projection used to determine the intermediate SFA amount.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001
MPRA Plan?	
If a MPRA Plan, which method yields the greatest amount of SFA?	
SFA Measurement Date:	09/30/2022
Fair Market Value of Assets as of the SFA Measurement Date:	\$8,307,995
SFA Amount as of the SFA Measurement Date under the method calculated in this Sheet:	\$21,785,655
Non-SFA Interest Rate:	5.58%
SFA Interest Rate:	3.36%

On this Sheet, show payments INTO the plan as positive amounts, and payments OUT of the plan as negative amounts.

SFA Measurement Date / Plan Year Start Date	Plan Year End Date	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
		Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Make-up Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from SFA Assets	SFA Investment Income Based on SFA Interest Rate	Projected SFA Assets at End of Plan Year (prior year assets + (7) + (8))	Benefit Payments (from (4) and (5)) and Administrative Expenses (from (6)) Paid from Non-SFA Assets	Non-SFA Investment Income Based on Non-SFA Interest Rate	Projected Non-SFA Assets at End of Plan Year (prior year assets + (1) + (2) + (3) + (10) + (11))
09/30/2022	10/31/2022	\$41,013	\$0	\$0	-\$330,268	-\$27,500	-\$357,768	\$59,169	\$21,487,057	\$0	\$37,678	\$8,386,686	
11/01/2022	10/31/2023	\$477,888	\$184,170	\$0	-\$3,123,914	-\$330,000	-\$3,453,914	\$660,345	\$18,693,488	\$0	\$487,690	\$9,536,435	
11/01/2023	10/31/2024	\$463,647	\$110,208	\$0	-\$3,031,799	-\$330,000	-\$3,361,799	\$568,149	\$15,899,838	\$0	\$547,692	\$10,657,982	
11/01/2024	10/31/2025	\$449,738	\$110,208	\$0	-\$2,968,660	-\$330,000	-\$3,298,660	\$475,426	\$13,076,604	\$0	\$609,922	\$11,827,850	
11/01/2025	10/31/2026	\$436,246	\$110,208	\$0	-\$2,898,549	-\$330,000	-\$3,228,549	\$381,835	\$10,229,890	\$0	\$674,859	\$13,049,163	
11/01/2026	10/31/2027	\$423,158	\$110,208	\$0	-\$2,802,024	-\$330,000	-\$3,132,024	\$287,933	\$7,385,799	\$0	\$742,677	\$14,325,206	
11/01/2027	10/31/2028	\$410,464	\$110,208	\$0	-\$2,711,479	-\$330,000	-\$3,041,479	\$194,011	\$4,538,332	\$0	\$813,559	\$15,659,436	
11/01/2028	10/31/2029	\$398,150	\$110,208	\$0	-\$2,606,192	-\$330,000	-\$2,936,192	\$100,243	\$1,702,383	\$0	\$887,697	\$17,055,490	
11/01/2029	10/31/2030	\$394,168	\$110,208	\$0	-\$2,475,386	-\$330,000	-\$2,475,386	\$0	\$0	-\$1,103,003	\$951,633	\$17,408,497	
11/01/2030	10/31/2031	\$390,226	\$110,208	\$0	-\$2,361,358	-\$330,000	-\$2,361,358	\$0	\$0	-\$2,691,358	\$905,957	\$16,123,530	
11/01/2031	10/31/2032	\$386,324	\$91,480	\$0	-\$2,244,598	-\$336,690	-\$2,244,598	\$0	\$0	-\$2,581,288	\$836,999	\$14,857,045	
11/01/2032	10/31/2033	\$382,461	\$82,558	\$0	-\$2,132,219	-\$319,833	-\$2,132,219	\$0	\$0	-\$2,452,052	\$769,557	\$13,639,569	
11/01/2033	10/31/2034	\$378,636	\$82,558	\$0	-\$2,022,460	-\$303,369	-\$2,022,460	\$0	\$0	-\$2,325,829	\$705,232	\$12,480,167	
11/01/2034	10/31/2035	\$374,850	\$6,647	\$0	-\$1,932,203	-\$289,830	-\$1,932,203	\$0	\$0	-\$2,222,033	\$641,001	\$11,280,631	
11/01/2035	10/31/2036	\$371,101	\$0	\$0	-\$1,837,673	-\$275,651	-\$1,837,673	\$0	\$0	-\$2,113,324	\$576,793	\$10,115,202	
11/01/2036	10/31/2037	\$367,390	\$0	\$0	-\$1,729,676	-\$259,451	-\$1,729,676	\$0	\$0	-\$1,989,127	\$515,316	\$9,008,781	
11/01/2037	10/31/2038	\$363,717	\$0	\$0	-\$1,621,999	-\$243,300	-\$1,621,999	\$0	\$0	-\$1,865,299	\$457,121	\$7,964,319	
11/01/2038	10/31/2039	\$360,079	\$0	\$0	-\$1,516,704	-\$227,506	-\$1,516,704	\$0	\$0	-\$1,744,210	\$402,304	\$6,982,493	
11/01/2039	10/31/2040	\$356,479	\$0	\$0	-\$1,411,737	-\$211,761	-\$1,411,737	\$0	\$0	-\$1,623,498	\$350,972	\$6,066,447	
11/01/2040	10/31/2041	\$352,914	\$0	\$0	-\$1,317,544	-\$197,632	-\$1,317,544	\$0	\$0	-\$1,515,176	\$302,948	\$5,207,133	
11/01/2041	10/31/2042	\$349,385	\$0	\$0	-\$1,222,433	-\$183,365	-\$1,222,433	\$0	\$0	-\$1,405,798	\$258,121	\$4,408,840	
11/01/2042	10/31/2043	\$345,891	\$0	\$0	-\$1,128,298	-\$169,245	-\$1,128,298	\$0	\$0	-\$1,297,543	\$216,667	\$3,673,855	
11/01/2043	10/31/2044	\$342,432	\$0	\$0	-\$1,036,121	-\$155,418	-\$1,036,121	\$0	\$0	-\$1,191,539	\$178,680	\$3,003,428	
11/01/2044	10/31/2045	\$339,008	\$0	\$0	-\$948,293	-\$142,244	-\$948,293	\$0	\$0	-\$1,090,537	\$144,150	\$2,396,048	
11/01/2045	10/31/2046	\$335,618	\$0	\$0	-\$864,378	-\$129,657	-\$864,378	\$0	\$0	-\$994,035	\$113,006	\$1,850,637	
11/01/2046	10/31/2047	\$332,261	\$0	\$0	-\$784,073	-\$117,611	-\$784,073	\$0	\$0	-\$901,684	\$85,199	\$1,366,414	
11/01/2047	10/31/2048	\$328,939	\$0	\$0	-\$707,888	-\$106,183	-\$707,888	\$0	\$0	-\$814,071	\$60,669	\$941,950	
11/01/2048	10/31/2049	\$325,649	\$0	\$0	-\$637,392	-\$95,609	-\$637,392	\$0	\$0	-\$733,001	\$39,281	\$573,880	
11/01/2049	10/31/2050	\$322,393	\$0	\$0	-\$570,840	-\$85,626	-\$570,840	\$0	\$0	-\$656,466	\$20,908	\$260,715	
11/01/2050	10/31/2051	\$319,169	\$0	\$0	-\$508,978	-\$76,347	-\$508,978	\$0	\$0	-\$585,325	\$5,441	\$0	

Version Updates

Version

Date updated

v20220701p

v20220701p

07/01/2022

TEMPLATE 7

v20220701p

7a - Assumption/Method Changes for SFA Eligibility

File name: *Template 7 Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item (7)a. of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

Sheet 7a of Template 7 is not required if the plan is eligible for SFA under § 4262.3(a)(2) (MPRA suspensions) or § 4262.3(a)(4) (certain insolvent plans) of PBGC's special financial assistance regulation.

Sheet 7a of Template 7 is not required if the plan is eligible based on a certification of plan status completed before January 1, 2021.

Sheet 7a of Template 7 is not required if the plan is eligible based on a certification of plan status completed after December 31, 2020 but reflects the same assumptions as those in the pre-2021 certification of plan status.

Provide a table identifying which assumptions/methods used in determining the plan's eligibility for SFA differ from those used in the pre-2021 certification of plan status and brief explanations as to why using those assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable.

This table should identify all changed assumptions/methods (including those that are reflected in the Baseline provided in Template 5A or Template 5B) and should be an abbreviated version of information provided in Section D, Item (6)a. of the SFA filing instructions.

For example, if the mortality assumption used in the pre-2021 certification of plan status is the RP-2000 mortality table, and the plan proposes to change to the Pri-2012(BC) table, complete one line of the table as follows:

	(A)	(B)	(C)
Assumption/Method That Has Changed From Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption/method used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption/method used in showing the plan's eligibility for SFA (if different)	Brief explanation on why the assumption/method in (A) is no longer reasonable and why the assumption/method in (B) is reasonable
Base Mortality Assumption	RP-2000 mortality table	Pri-2012(BC) mortality table	Prior assumption is outdated. New assumption reflects more recently published experience for blue collar workers.

Add one line for each assumption/method that has changed from that used in the most recent certification of plan status completed prior to 1/1/2021.

Since this Template 7a is intended as an abbreviated version of more detailed information provided in Section D, Item (6)a. of the SFA filing instructions, it is not necessary to include full tables of rates at every age (e.g., for retirement, turnover, etc.). Instead, a high level description that focuses on what aspect of the assumption/method has changed is preferred.

TEMPLATE 7

v20220701p

7b - Assumption/Method Changes for SFA Amount

File name: *Template 7 Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item (7)b. of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

Provide a table identifying which assumptions/methods used in determining the amount of SFA differ from those used in the pre-2021 certification of plan status (except the non-SFA and SFA interest rates) and brief explanations as to why using those original assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable.

Please state if the changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions.

This table should identify all changed assumptions/methods except for the interest rates (including those that are reflected in the Baseline provided in Template 5A or Template 5B) and should be an abbreviated version of information provided in Section D, Item (6)b. of the SFA filing instructions.

For example, if the mortality assumption used in the pre-2021 certification of plan status is the RP-2000 mortality table, and the plan proposes to change to the Pri-2012(BC) table, complete one line of the table as follows:

	(A)	(B)	(C)
Assumption/Method That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption/method used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption/method used to determine the requested SFA amount (if different)	Brief explanation on why the assumption/method in (A) is no longer reasonable and why the assumption/method in (B) is reasonable
Base Mortality Assumption	RP-2000 mortality table	Pri-2012(BC) mortality table	Original assumption is outdated. New assumption reflects more recently published experience for blue collar workers.

For example, assume the plan is projected to be insolvent in 2029 in the pre-2021 certification of plan status. The plan changes its CBU assumption by extending the assumption to the later projection years as described in Paragraph A, "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions. Complete one line of the table as follows:

	(A)	(B)	(C)
Assumption/Method That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption/method used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption/method used to determine the requested SFA amount (if different)	Brief explanation on why the assumption/method in (A) is no longer reasonable and why the assumption/method in (B) is reasonable
CBU Assumption	Decrease from most recent plan year's actual number of CBUs by 2% per year to 2028	Same number of CBUs for each projection year to 2028 as shown in (A), then constant CBUs for all years after 2028.	Original assumption does not address years after original projected insolvency in 2029. Proposed assumption uses acceptable extension methodology.

Add one line for each assumption/method that has changed from that used in the most recent certification of plan status completed prior to 1/1/2021.

Since this Template 7b is intended as an abbreviated version of more detailed information provided in Section D, Item (6)b. of the SFA filing instructions, it is not necessary to include full tables of rates at every age (e.g., for retirement, turnover, etc.). Instead, a high level description that focuses on what aspect of the assumption/method has changed is preferred.

Template 7 - Sheet 7b

v20220701p

Assumption/Method Changes - SFA Amount

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001

	(A)	(B)	(C)
Assumption/Method That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption/method used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption/method used to determine the requested SFA amount (if different)	Brief explanation on why the assumption/method in (A) is no longer reasonable and why the assumption/method in (B) is reasonable
Mortality	RP-2000 mortality table, set forward three years projected with scale AA on a fully generational basis, and RP-2000 disabled mortality (no projection) for disabled members.	Pri-2012 amount-weighted blue collar mortality table for healthy participants and Pri-2012 amount-weighted disabled mortality table for Disabled members, with fully generational projection using scale MP-2021.	Assumption (A) is outdated. Assumption (B) reflects the most recent mortality assumptions published by the Society of Actuaries.
Administrative Expenses	\$317,391 payable at the beginning of the year; equivalent to \$330,000 payable at the end of each month throughout the year. Only applied through the plan year ending in 2027.	Same as described in (A), extended through the plan year ending in 2051, limited to 15% of benefit payments.	Assumption (A) does not extend beyond the pre-2021 certification projection period. Assumption (B) is an extension of assumption (A). Assumption (B) limits administrative expenses as described in PBGC SFA guidance 22-07.
New Entrant Profile	Terminating members are replaced by new members hired at the same age as the members they replace.	35% of new entrants are hired at age 25, 15% at age 35, 20% at age 45 and 30% at age 55. 10% of new entrants are female.	Assumption (A) is outdated. Assumption (B) reflects the most recent plan experience.
Contribution Rates	As in effect on November 1, 2019, increasing 5% per year under the Fund's rehabilitation plan.	As negotiated by July 9, 2021.	Assumption (A) is outdated. Assumption (B) reflects current rates and is in accordance with § 4262.4(c)(3) of the PBGC's SFA regulation.
Contribution Base Units (CBUs)	CBUs decrease at the rate of 5% per year. Only applied through the plan year ending in 2027.	CBUs decrease 3% per year through the plan year ending October 31, 2029, and 1% per year thereafter.	Assumption (A) does not extend beyond the pre-2021 certification projection period. Assumption (B) is in accordance with PBGC SFA guidance 22-07.
Terminated Vested members over Normal Retirement Age	Terminated vested members over Normal Retirement Age were assumed to take their benefit on the valuation date. No delayed retirement increase was applied. For those past their Required Beginning Date for a Required Minimum Distribution, no lump sum for missed payments was valued.	Retirement benefits are adjusted for delayed retirement to the valuation date (November 1, 2021) or the Required Beginning Date ("RBD"), if earlier. If the member has passed the RBD, a lump sum is payable on the SFA measurement date equaling the accumulated missed payments from RBD through November 1, 2021. Interest is applied to the missed payments at 4% per annum. A lump sum for missed payments was not valued if a member started to collect or died prior to the SFA measurement date. Benefits for members over age 85 as of September 30, 2022 are not included in the cashflow.	Assumption (A) does not reflect the plan's experience. Assumption (B) better reflects anticipated plan experience. Assumption (B) is in accordance with PBGC SFA guidance 22-07.
Withdrawal Liability Payments	Employers paying quarterly withdrawal liability payments were assumed to make them when due through the plan year ending in 2027. No future withdrawals are assumed.	A&A Brake made a lump sum payment during December 2022, as negotiated, in lieu of its remaining quarterly payments. Two other employers currently making quarterly payments are assumed to make them when due with a 70% probability of collection. One-third of the decline in projected CBUs each year is assumed due to employer withdrawal. Withdrawal liability payments from future withdrawn employers are assumed to be made for 20 years with a 70% probability of collection.	Assumption (A) is outdated. Assumption (B) better reflects anticipated plan experience.

Version Updates

v20220802p

Version

Date updated

v20220802p

08/02/2022 Cosmetic changes to increase the size of some rows

v20220701p

07/01/2022

TEMPLATE 8

File name: *Template 8 Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

v20220802p

Contribution and Withdrawal Liability Details

Provide details of the projected contributions and withdrawal liability payments used to calculate the requested SFA amount. This should include total contributions, contribution base units (including identification of the base unit used (i.e., hourly, weekly)), average contribution rate(s), reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and any other identifiable contribution streams. For withdrawal liability, separately show amounts for currently withdrawn employers and for future assumed withdrawals. Also provide the projected number of active participants at the beginning of each plan year.

The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001

Unit (e.g. hourly, weekly)	Hourly**
----------------------------	----------

All Other Sources of Non-Investment Income

SFA Measurement Date / Plan Year Start Date	Plan Year End Date	Total Contributions*	Total Contribution Base Units	Average Contribution Rate	Reciprocity Contributions (if applicable)	Additional Rehab Plan Contributions (if applicable)	Other - Explain if Applicable	Withdrawal Liability Payments for Currently Withdrawn Employers	Withdrawal Liability Payments for Projected Future Withdrawals	Projected Number of Active Participants (Including New Entrants) at the Beginning of the Plan Year
09/30/2022	10/31/2022	\$41,013	22,103	\$1.86				\$0	\$0	131
11/01/2022	10/31/2023	\$477,888	257,274	\$1.86				\$184,170	\$3,099	127
11/01/2023	10/31/2024	\$463,647	249,556	\$1.86				\$110,208	\$6,190	123
11/01/2024	10/31/2025	\$449,738	242,069	\$1.86				\$110,208	\$9,262	120
11/01/2025	10/31/2026	\$436,246	234,807	\$1.86				\$110,208	\$12,297	116
11/01/2026	10/31/2027	\$423,158	227,763	\$1.86				\$110,208	\$15,297	112
11/01/2027	10/31/2028	\$410,464	220,930	\$1.86				\$110,208	\$18,254	109
11/01/2028	10/31/2029	\$398,150	214,302	\$1.86				\$110,208	\$21,128	108
11/01/2029	10/31/2030	\$394,168	212,159	\$1.86				\$110,208	\$23,806	107
11/01/2030	10/31/2031	\$390,226	210,037	\$1.86				\$110,208	\$24,627	106
11/01/2031	10/31/2032	\$386,324	207,937	\$1.86				\$91,480	\$25,402	105
11/01/2032	10/31/2033	\$382,461	205,858	\$1.86				\$82,558	\$26,153	104
11/01/2033	10/31/2034	\$378,636	203,799	\$1.86				\$82,558	\$26,887	103
11/01/2034	10/31/2035	\$374,850	201,761	\$1.86				\$6,647	\$27,602	102
11/01/2035	10/31/2036	\$371,101	199,744	\$1.86				\$0	\$28,301	101
11/01/2036	10/31/2037	\$367,390	197,746	\$1.86				\$0	\$28,982	100
11/01/2037	10/31/2038	\$363,717	195,769	\$1.86				\$0	\$29,648	99
11/01/2038	10/31/2039	\$360,079	193,811	\$1.86				\$0	\$30,300	98
11/01/2039	10/31/2040	\$356,479	191,873	\$1.86				\$0	\$30,943	97
11/01/2040	10/31/2041	\$352,914	189,954	\$1.86				\$0	\$31,579	96
11/01/2041	10/31/2042	\$349,385	188,055	\$1.86				\$0	\$32,210	95
11/01/2042	10/31/2043	\$345,891	186,174	\$1.86				\$0	\$29,735	94
11/01/2043	10/31/2044	\$342,432	184,312	\$1.86				\$0	\$27,261	93
11/01/2044	10/31/2045	\$339,008	182,469	\$1.86				\$0	\$24,801	92
11/01/2045	10/31/2046	\$335,618	180,644	\$1.86				\$0	\$22,371	91
11/01/2046	10/31/2047	\$332,261	178,838	\$1.86				\$0	\$19,970	90
11/01/2047	10/31/2048	\$328,939	177,050	\$1.86				\$0	\$17,607	89
11/01/2048	10/31/2049	\$325,649	175,279	\$1.86				\$0	\$15,320	88
11/01/2049	10/31/2050	\$322,393	173,526	\$1.86				\$0	\$13,223	87
11/01/2050	10/31/2051	\$319,169	171,791	\$1.86				\$0	\$12,977	87

* Total contributions shown here should be contributions based upon CBUs and should not include items separately shown in any columns under "All Other Sources of Non-Investment Income."

** For the employers contributing on a monthly basis, to convert the CBUs to an hourly basis the projected number of months was divided by 12 and then multiplied by 2,080.

Version Updates

v20230727

Version

Date updated

v20230727

07/27/2023

TEMPLATE 10

v20230727

Pre-2021 Zone Certification, Baseline Details, and Final SFA Assumption Summaries

File name: *Template 10 Plan Name*, where "Plan Name" is an abbreviated version of the plan name.

Provide a table identifying and summarizing which assumptions/methods were used in each of the pre-2021 certification of plan status, the Baseline details (Template 5A or Template 5B), and the final SFA calculation (Template 4A or Template 4B).

This table should identify all assumptions/methods used, including those that are reflected in the Baseline provided in Template 5A or Template 5B and any assumptions not explicitly listed. Please identify the source (file and page number) of the pre-2021 certification of plan status assumption. Additionally, please select the appropriate assumption change category per SFA assumption guidance*. Please complete all rows of Template 10. If an assumption on Template 10 does not apply to the application, please enter "N/A" and explain as necessary in the "comments" column. If the application contains assumptions not listed on Template 10, create additional rows as needed.

See the table below for a brief example of how to fill out the requested information in summary form. In the example the first row demonstrates how one would fill out the information for a change in the mortality assumption used in the pre-2021 certification of plan status, where the RP-2000 mortality table was the original assumption, and the plan proposes to change to the Pri-2012(BC) table.

	(A)	(B)	(C)	(D)	(E)														
	Source of (B)	Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Baseline Assumption/Method Used	Final SFA Assumption/Method Used	Category of assumption change from (B) to (D) per SFA Assumption Guidance														
Base Mortality - Healthy	2019 Company XYZ AVR.pdf p. 55	RP-2000 mortality table	Pri-2012(BC) mortality table	Same as baseline	Acceptable Change														
Contribution Base Units	2020 Company XYZ ZC.pdf p. 19	125,000 hours projected to insolvency in 2024	125,000 hours projected through the SFA projection period in 2051	100,000 hours projected with 3.0% reductions annually for 10 years and 1.0% reductions annually thereafter	Generally Acceptable Change														
Assumed Withdrawal Payments -Future Withdrawals	2020 Company XYZ ZC.pdf p. 20	None assumed until insolvency in 2024	None assumed through the SFA projection period in 2051	Same as baseline	Other Change														
Retirement - Actives	2019 Company XYZ AVR.pdf p. 54	<table border="1" style="font-size: small;"> <thead> <tr> <th>Age</th> <th>Actives</th> </tr> </thead> <tbody> <tr><td>55</td><td>10%</td></tr> <tr><td>56</td><td>20%</td></tr> <tr><td>57</td><td>30%</td></tr> <tr><td>58</td><td>40%</td></tr> <tr><td>59</td><td>50%</td></tr> <tr><td>60+</td><td>100%</td></tr> </tbody> </table>	Age	Actives	55	10%	56	20%	57	30%	58	40%	59	50%	60+	100%	Same as Pre-2021 Zone Cert	Same as baseline	No Change
Age	Actives																		
55	10%																		
56	20%																		
57	30%																		
58	40%																		
59	50%																		
60+	100%																		

Add additional lines if needed.

*<https://www.pbgc.gov/sites/default/files/sfa/sfa-assumptions-guidance.pdf>

Template 10

v20230727

Pre-2021 Zone Certification, Baseline Details, and Final SFA Assumption Summaries

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001

	(A)	(B)	(C)	(D)	(E)	
	Source of (B)	Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Baseline Assumption/Method Used	Final SFA Assumption/Method Used	Category of assumption change from (B) to (D) per SFA Assumption Guidance	Comments
SFA Measurement Date	N/A	N/A	09/30/2022	09/30/2022	N/A	
Census Data as of	2019Zone20200129 Local 917 PF.pdf page 6	11/01/2018	11/01/2021	11/01/2021	N/A	

DEMOGRAPHIC ASSUMPTIONS

Base Mortality - Healthy	2019Zone20200129 Local 917 PF.pdf page 2	RP-2000 mortality table set forward three years	Pri-2012 amount-weighted BC mortality table	same as baseline	Acceptable Change	
Mortality Improvement - Healthy	2019Zone20200129 Local 917 PF.pdf page 2	Scale AA	Scale MP-2021	same as baseline	Acceptable Change	
Base Mortality - Disabled	2019Zone20200129 Local 917 PF.pdf page 2	RP-2000 disabled mortality table	Pri-2012 amount-weighted disabled retiree mortality table	same as baseline	Acceptable Change	
Mortality Improvement - Disabled	2019Zone20200129 Local 917 PF.pdf page 2	None	Scale MP-2021	same as baseline	Acceptable Change	
Retirement - Actives	2019Zone20200129 Local 917 PF.pdf page 2	Age Actives 50-61 3% 62-64 15% 65-69 30% 70+ 100%	Same as Pre-2021 Zone Cert	same as baseline		
Retirement - TVs	2019Zone20200129 Local 917 PF.pdf page 2	Inactive vested participants are assumed to retire on a Regular Pension.	Same as Pre-2021 Zone Cert	same as baseline		
Turnover	2019Zone20200129 Local 917 PF.pdf page 2	Sample Rates: Age Rate 20 17.94% 30 15.83% 40 11.25% 50 5.06% 60 0.16%	Same as Pre-2021 Zone Cert	same as baseline		

Template 10

v20230727

Pre-2021 Zone Certification, Baseline Details, and Final SFA Assumption Summaries

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001

	(A)	(B)	(C)	(D)	(E)	
	Source of (B)	Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Baseline Assumption/Method Used	Final SFA Assumption/Method Used	Category of assumption change from (B) to (D) per SFA Assumption Guidance	Comments
Disability	2019Zone20200129 Local 917 PF.pdf page 2	Sample Rates: Age Rate 20 0.05% 30 0.05% 40 0.09% 50 0.40% 60 1.74%	Same as Pre-2021 Zone Cert	same as baseline		
Optional Form Elections - Actives	2019Zone20200129 Local 917 PF.pdf page 2	Participants are assumed to elect the normal form for married and single participants.	Same as Pre-2021 Zone Cert	same as baseline		
Optional Form Elections - TVs	2019Zone20200129 Local 917 PF.pdf page 2	Participants are assumed to elect the normal form for married and single participants.	Same as Pre-2021 Zone Cert	same as baseline		
Marital Status	2019Zone20200129 Local 917 PF.pdf page 2	75% married	Same as Pre-2021 Zone Cert	same as baseline		
Spouse Age Difference	2019Zone20200129 Local 917 PF.pdf page 2	Husbands 3 years older than wives	Same as Pre-2021 Zone Cert	same as baseline		
Active Participant Count	2019Zone20200129 Local 917 PF.pdf page 3	5% decline per year through 10/31/2027	5% decline per year through 10/31/2027	3% decline per year through 10/31/2029, and 1% decline per year thereafter.	Generally Acceptable Change	
New Entrant Profile	2019Zone20200129 Local 917 PF.pdf page 3	Terminating members are replaced by new members hired at the same age as the members they replace.	10% assumed to be female, with the following age distribution: Age Weighting 25 35% 35 15% 45 20% 55 30%	same as baseline	Acceptable Change	
Missing or Incomplete Data	N/A	No assumption	Same as Pre-2021 Zone Cert	same as baseline		

Template 10

v20230727

Pre-2021 Zone Certification, Baseline Details, and Final SFA Assumption Summaries

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001

	(A)	(B)	(C)	(D)	(E)	
	Source of (B)	Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Baseline Assumption/Method Used	Final SFA Assumption/Method Used	Category of assumption change from (B) to (D) per SFA Assumption Guidance	Comments
"Missing" Terminated Vested Participant Assumption	<i>2019Zone20200129 Local 917 PF.pdf page 2</i>	Terminated vested members over normal retirement age were assumed to take their benefit on the valuation date. No delayed retirement increase was applied. In addition, no lump sum for missed payments was valued for those over their required beginning date for a minimum required distribution.	Same as Pre-2021 Zone Cert	Retirement benefits are adjusted for delayed retirement to the valuation date (November 1, 2021) or the Required Beginning Date ("RBD"), if earlier. If the member has passed the RBD, a lump sum is payable on the SFA measurement date equalling the accumulated missed payments from RBD through November 1, 2021. Interest is applied to the missed payments at 4% per annum. A lump sum for missed payments was not valued if a member started to collect or died prior to the SFA measurement date. Benefits for members over age 85 as of September 30, 2022 are not included in the cashflow.	Acceptable Change	
Treatment of Participants Working Past Retirement Date	<i>2019Zone20200129 Local 917 PF.pdf page 2</i>	Assumed to retire in accordance with retirement rates detailed above	Same as Pre-2021 Zone Cert	same as baseline		
Assumptions Related to Reciprocity	N/A	None	Same as Pre-2021 Zone Cert	same as baseline		
Other Demographic Assumption 1						
Other Demographic Assumption 2						

Template 10

v20230727

Pre-2021 Zone Certification, Baseline Details, and Final SFA Assumption Summaries

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001

	(A)	(B)	(C)	(D)	(E)	
	Source of (B)	Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Baseline Assumption/Method Used	Final SFA Assumption/Method Used	Category of assumption change from (B) to (D) per SFA Assumption Guidance	Comments
Other Demographic Assumption 3						

NON-DEMOGRAPHIC ASSUMPTIONS

Contribution Base Units	<i>2019Zone20200129 Local 917 PF.pdf page 3</i>	5% decline per year through 10/31/2027	5% decline per year through 10/31/2027	3% decline per year through 10/31/2029, and 1% decline per year thereafter, with 1/3 of the decline due to employer withdrawals.	Generally Acceptable Change	
Contribution Rate	<i>2019Zone20200129 Local 917 PF.pdf page 3</i>	assumed to increase 5% annually through 10/31/2027	Rates in effect as negotiated by July 9, 2021	same as baseline	Acceptable Change	
Administrative Expenses	<i>2019Zone20200129 Local 917 PF.pdf page 2</i>	\$317,391 payable at the beginning of the year; equivalent to \$330,000 payable at the end of each month throughout the year. Only applied through the plan year ending in 2027.	\$330,000 payable at the end of each month throughout the year, extended through the plan year ending in 2051, limited to 15% of benefit payments.	same as baseline	Acceptable Change	
Assumed Withdrawal Payments - Currently Withdrawn Employers	<i>2019Zone20200129 Local 917 PF.pdf page 3</i>	Employers paying quarterly withdrawal liability payments were assumed to make them when due through the plan year ending in 2027.	Employers paying quarterly withdrawal liability payments were assumed to make them when due through the plan year ending in 2027.	Employers paying quarterly withdrawal liability payments were assumed to make them when due with a 70% probability of collection.	Other Change	
Assumed Withdrawal Payments -Future Withdrawals	N/A	None	None	Future employer withdrawals from the plan are assumed to account for one-third of the decline in CBUs each year. Future withdrawal liability payments are assumed to continue for 20 years with the probability of collection 70%.	Other Change	
Other Assumption 1						

Template 10

v20230727

Pre-2021 Zone Certification, Baseline Details, and Final SFA Assumption Summaries

PLAN INFORMATION

Abbreviated Plan Name:	Local 917 PF
EIN:	13-6086164
PN:	001

	(A)	(B)	(C)	(D)	(E)	
	Source of (B)	Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Baseline Assumption/Method Used	Final SFA Assumption/Method Used	Category of assumption change from (B) to (D) per SFA Assumption Guidance	Comments
Other Assumption 2						
Other Assumption 3						

CASH FLOW TIMING ASSUMPTIONS

Benefit Payment Timing	2019Zone20200129 Local 917 PF.pdf page 5	equal monthly installments at the beginning of each month	Same as Pre-2021 Zone Cert	same as baseline		
Contribution Timing	2019Zone20200129 Local 917 PF.pdf page 5	equal monthly installments at the end of each month	Same as Pre-2021 Zone Cert	same as baseline		
Withdrawal Payment Timing	2019Zone20200129 Local 917 PF.pdf page 3	quarterly each November, February, May and August	Same as Pre-2021 Zone Cert	same as baseline		
Administrative Expense Timing	2019Zone20200129 Local 917 PF.pdf page 2	Full amount at the beginning of each plan year	equal monthly installments at the end of each month	same as baseline	Other Change	
Other Payment Timing						

Create additional rows as needed.