

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LOCAL 917 PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 11/01/1961
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES LOCAL 917 PENSION FUND 22 NORTH TYSON AVENUE, 1ST FLOOR FLORAL PARK, NY 11001
2b	Employer Identification Number (EIN) 13-6086164
2c	Plan Sponsor's telephone number 516-326-3371
2d	Business code (see instructions) 812930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/04/2025	RALPH NATALE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/04/2025	ROY KOHN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1559
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 145 6a(2) 145 6b 644 6c 459 6d 1248 6e 135 6f 1383 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 11

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

Round off amounts to nearest dollar.

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

A Name of plan LOCAL 917 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES LOCAL 917 PENSION FUND	D Employer Identification Number (EIN) 13-6086164

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 11 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 6638750
(2) Actuarial value of assets for funding standard account	1b(2) 6638750
c (1) Accrued liability for plan using immediate gain methods	1c(1) 27108152
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 27108152
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 38594931
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 317391
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 3037065
(3) Expected plan disbursements for the plan year	1d(3) 3026021

Statement by Enrolled Actuary

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

SIGN HERE	07/23/2025
Signature of actuary DEWEY A. DENNIS	Date 23-05712
Type or print name of actuary FIRST ACTUARIAL CONSULTING, INC.	Most recent enrollment number 212-395-9555
Firm name 1501 BROADWAY, SUITE 1728 NEW YORK, NY 10036-5601	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	6678110
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	805	24502994
(2) For terminated vested participants	466	12865505
(3) For active participants:		
(a) Non-vested benefits		6429
(b) Vested benefits		1220003
(c) Total active	132	1226432
(4) Total	1403	38594931
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	17.30 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/23/2024	9875		07/16/2024	9875	
02/01/2024	29485		09/19/2024	29485	
04/16/2024	9875		10/15/2024	9875	
04/29/2024	29485				
05/01/2024	517901				
Totals ▶			3(b)	645856	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 127955

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	24.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	2050
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☒		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☒ Yes ☐ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☒ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.15 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males.....	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		3.5 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)		317391
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-858746	-88117
4	4099987	420707
5	823561	109586

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any.....	9a	9143754
b Employer's normal cost for plan year as of valuation date	9b	317391

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	17954245	2431766
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 832504**e** Total charges. Add lines 9a through 9d**9e** 12725415**Credits to funding standard account:****f** Prior year credit balance, if any**9f****g** Employer contributions. Total from column (b) of line 3**9g** 645856**h** Amortization credits as of valuation date**9h** 6628597 1396993**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 119899**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)** 22241868**(2)** "RPA '94" override (90% current liability FFL)**9j(2)** 29419815**(3)** FFL credit**9j(3)****k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 2162748**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m****n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n** 10562667**o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10** 10562667**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024		
A Name of plan LOCAL 917 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 917 PENSION FUND	D Employer Identification Number (EIN) 13-6086164	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ALLSPRING GLOBAL INVESTMENTS
94-3382001

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO
33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST CORPORATION
36-2723087

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

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

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

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	53312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST ACTUARIAL CONSULTING TEAM LLC

26-3842522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	51744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	37333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ARCHER, BYINGTON, GLENNON & LEVINE

26-0873462

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL COUNSEL	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS, SAYLES AND COMPANY

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	9634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024					
A Name of plan LOCAL 917 PENSION FUND				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 917 PENSION FUND				D Employer Identification Number (EIN) 13-6086164	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST S&P 500 INDEX FUND					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.					
c EIN-PN 45-6138589-003		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1169040	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024		
A Name of plan LOCAL 917 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 917 PENSION FUND	D Employer Identification Number (EIN) 13-6086164	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	8698	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	68763	253526
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22071654	1714509
(2) U.S. Government securities	1c(2)		567099
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		17068110
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	349829	1169040
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6149993	6970391
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	13170	17210
f Total assets (add all amounts in lines 1a through 1e)	1f	28662107	27759885
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	34697	49081
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	34697	49081
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	28627410	27710804

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	645856	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		645856
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	256371	
(B) U.S. Government securities	2b(1)(B)	6378	
(C) Corporate debt instruments	2b(1)(C)	197404	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		460153
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	345992	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		345992
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	193437	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		193437

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		159085
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		474406
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2278929

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2572369	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2572369
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	35741	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	20858	
(4) IQPA audit fees.....	2i(4)	32454	
(5) Investment advisory and investment management fees	2i(5)	48726	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	51748	
(8) Legal fees	2i(8)	30000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2614	
(11) Other expenses	2i(11)	401025	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		623166
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3195535

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-916606
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 544486.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024					
A Name of plan LOCAL 917 PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 917 PENSION FUND				D Employer Identification Number (EIN) 13-6086164	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	4
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **PERSONNEL COORDINATORS, INC.**

b EIN **22-2640148**

c Dollar amount contributed by employer **173031**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **16** Year **2026**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **578.70**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer **AF GROUP**

b EIN **11-0457730**

c Dollar amount contributed by employer **186161**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **1.64**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **STANDARD PARKING**

b EIN **16-1171179**

c Dollar amount contributed by employer **95988**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **BARNEY'S SERVICE STATION**

b EIN **11-2665261**

c Dollar amount contributed by employer **2165**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **04** Day **30** Year **2020**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **180.38**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer **CARMEL GARAGE INC.**

b EIN **11-2866035**

c Dollar amount contributed by employer **2253**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **28** Year **2026**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **83.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer **WELCOME PARKING**

b EIN **20-4198686**

c Dollar amount contributed by employer **16342**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **1.54**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer HEALTH FUND 917

b EIN 13-6129427

c Dollar amount contributed by employer 14272

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2024

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 600.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer LOCAL 917 IBT

b EIN 13-5279293

c Dollar amount contributed by employer 21408

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2024

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 600.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer RSTR MOTORS

b EIN 65-1241140

c Dollar amount contributed by employer 3241

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 15 Year 2013

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 101.28

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer SPCA OF WESTCHESTER

b EIN 13-1740069

c Dollar amount contributed by employer 7347

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 31 Year 2025

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 524.80

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

946

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

995

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

1016

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

15a

0.96

b The corresponding number for the second preceding plan year

15b

0.97

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

0

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 4.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 75.0 %

High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 2.0 % Other: 19.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



LOCAL 917 PENSION FUND

FINANCIAL STATEMENTS

OCTOBER 31, 2024





LOCAL 917 PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 917 Pension Fund

Opinion

We have audited the accompanying financial statements of Local 917 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of October 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of October 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.





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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedule Required by ERISA

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

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

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

Calibre CPA Group, PLLC

New York, NY
August 5, 2025



LOCAL 917 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

OCTOBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments - at fair value		
Cash equivalents	\$ 994,967	\$ -
U.S. Government securities	567,099	-
Corporate bonds	17,068,110	-
Collective trust fund	1,169,040	349,829
Mutual funds	6,970,391	6,149,993
Total investments - at fair value	<u>26,769,607</u>	<u>6,499,822</u>
Receivables		
Interest and dividends	188,160	-
Employer contributions	26,006	29,403
Withdrawal liability	39,360	39,360
Total receivables	<u>253,526</u>	<u>68,763</u>
Cash	<u>719,542</u>	<u>22,080,352</u>
Prepaid expenses and other assets	<u>17,210</u>	<u>13,170</u>
Total assets	<u>27,759,885</u>	<u>28,662,107</u>
Liabilities		
Accounts payable and accrued expenses	41,333	30,000
Due to affiliated fund	<u>7,748</u>	<u>4,697</u>
Total liabilities	<u>49,081</u>	<u>34,697</u>
Net assets available for benefits	<u>\$ 27,710,804</u>	<u>\$ 28,627,410</u>

See accompanying notes to financial statements.



LOCAL 917 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED OCTOBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 826,928	\$ (99,854)
Interest and dividends	806,145	420,038
	<u>1,633,073</u>	<u>320,184</u>
Less: investment expenses	<u>48,726</u>	<u>24,486</u>
Net investment income	1,584,347	295,698
 Employer contributions	517,901	486,290
PBGC Special Financial Assistance	-	22,134,992
Withdrawal liability income	<u>127,955</u>	<u>157,440</u>
 Total additions	<u>2,230,203</u>	<u>23,074,420</u>
 Deductions		
Benefits paid to participants	2,572,369	2,643,588
Payment to PBGC (See Note 12)	313,841	-
Administrative expenses	<u>260,599</u>	<u>234,423</u>
 Total deductions	<u>3,146,809</u>	<u>2,878,011</u>
 Net change	(916,606)	20,196,409
 Net assets available for benefits		
Beginning of year	<u>28,627,410</u>	<u>8,431,001</u>
 End of year	<u>\$ 27,710,804</u>	<u>\$ 28,627,410</u>

See accompanying notes to financial statements.



LOCAL 917 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

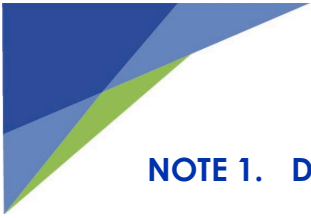
The following brief description of the Local 917 Pension Fund (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a multiemployer defined benefit pension plan established under the provisions of an Agreement and Declaration of Trust effective November 1, 1961, as amended, between the Teamsters Local Union 917 (the Union), affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America and various employers, primarily in the parking, automotive, and transport industry, who are parties to collective bargaining agreements with the Union requiring contributions to the Plan. The Union and the employers agreed to participate in the operation of the trust fund for the purpose of providing and maintaining pension benefits for the eligible employees of participating employers who are members of the Union. The Plan is administered by a Board of Trustees (Trustees) consisting of union and employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - The Plan provides various forms of retirement pension benefits to eligible participants and beneficiaries as defined in the Plan Document. These include regular pensions, service pensions, early retirement pensions, disability pensions, and deferred vested pensions for those who meet specific eligibility requirements. Benefits are payable in the form of life annuities, joint and survivor annuities, and mandatory lump sum payments for benefit amounts valued under \$5,000.

The Plan requires (unless waived) participant and spousal benefits providing for actuarially reduced pensions to participants during their lifetime, after which the surviving spouse receives 50% or 75% of the calculated benefit for life.

All benefit accruals were frozen for all pension credits earned under the Plan on or after September 1, 2005. Participants will continue to earn vesting and pension credits for service performed after September 1, 2005, if participants continue to work in covered employment. The benefit accrual rate applied to those pension credits earned for work in covered employment on or after September 1, 2005 will be zero for purposes of determining the benefit amount.



NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Funding Policy - Funding to provide the benefits are made through contributions by participating employers monthly on behalf of each covered employee as provided for in the applicable prevailing collective bargaining agreements or participation agreements with the Union. Contributions are also made by the Plan's sponsoring Union and the Plan and other affiliated plans in their capacity as employers. Contributions by participants are not permitted under the Plan. The Plan's actuary has certified that the minimum funding requirements of ERISA have not been met for the years ended October 31, 2024 and 2023, as the Plan is currently operating under the terms of a rehabilitation plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recorded when earned and expenses are recorded as incurred, regardless of when cash is exchanged.

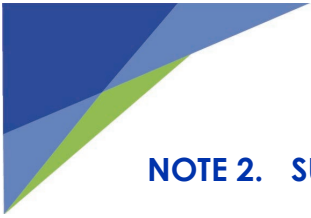
Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent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

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers.

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

Employer Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Withdrawal Liability Receivable - Withdrawal liability amounts due from former contributing employers are accrued at year end based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related benefit funds in accordance with a time allocation study.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

New Accounting Pronouncement Adopted - During the year ended October 31, 2024, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments - Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The ASU requires employee benefit plans to immediately recognize the estimated expected credit losses over the life of a financial instrument, including contributions and withdrawal liability receivables. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events. The Plan adopted the ASU effective November 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

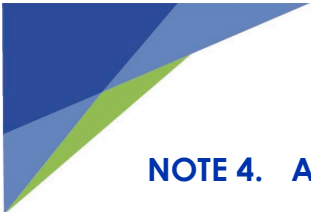
NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by letter dated January 19, 2016, that the Plan meets the requirements of Internal Revenue Code (IRC) Section 401(a) and is exempt from federal income taxes under IRC Section 501(a). The Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered to contributing employers. Accumulated plan benefits include benefits expected to be paid to (a) pensioners or their beneficiaries, (b) inactive participants with rights to immediate or deferred pensions or their beneficiaries and, (c) active participants or their beneficiaries.



NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

Benefits under the Plan vary in amount, depending on the pension for which the participant qualifies, based on the number of pension credits or years of vesting service attained, the participant's age at retirement and the pension option selected.

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

The significant actuarial assumptions used in the valuation as of October 31, 2023 are as follows:

Mortality Rates: Healthy: Pri-2012 Blue Collar Dataset Employee / Retiree Amount-Weighted Mortality projected with scale MP-2021.
Disabled: Pri-2012 Total Dataset Disabled Amount-Weighted Mortality projected with scale MP-2021.

Retirement Rates - Actives:	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	50-61	3%	65-69	30%
	62-64	15%	70+	100%

Inactive vested participants are assumed to retire on a regular pension.

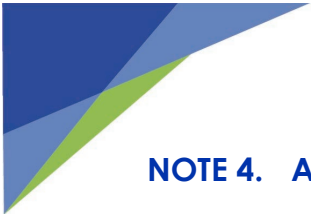
Termination Rates:	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	20	17.94%	45	8.43%
	25	17.22%	50	5.06%
	30	15.83%	55	1.73%
	35	13.70%	60	0.16%
	40	11.25%		

Net Investment Return: 6.00% per annum.

Administrative Expenses: \$317,391 payable at the beginning of the year.

Assumption Changes –

- Mortality rates were changed from RP-2000 mortality table set forward three years projected with scale AA on a fully generational basis for healthy participants and RP-2000 disabled mortality table for disabled participants to Pri-2012 Blue Collar Dataset Employee/Retiree Amount-Weighted Mortality projected with scale MP-2021 for healthy participants and Pri-2012 Total Dataset Disabled Amount-Weighted Mortality projected with scale MP-2021 for disabled participants.
- The interest rate assumption was lowered from 6.50% to 6.00% per annum.



NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of November 1, 2023. Had the valuation been performed as of October 31, 2023, there would be no material differences.

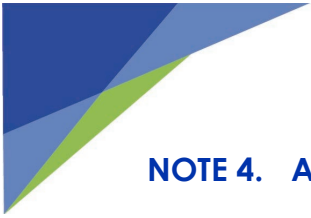
The actuarial present value of accumulated plan benefits as of October 31, 2023 is shown below:

Actuarial present value of vested benefits	
Participants currently receiving benefits	\$ 19,258,567
Participants entitled to deferred benefits	9,063,306
Other participants	<u>819,927</u>
Total vested benefits	29,141,800
Actuarial present value of non-vested benefits	<u>5,115</u>
Actuarial present value of accumulated plan benefits	<u><u>\$ 29,146,915</u></u>

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Present value of accumulated benefits as of November 1, 2022	<u>\$ 26,272,645</u>
Changes during the year attributable to	
Decrease in discount period at 6.50%	1,623,158
Benefits paid	(2,643,588)
Assumption changes	4,557,586
Additional benefits earned, including experience gains and losses	<u>(662,886)</u>
Net change	<u>2,874,270</u>
Present value of accumulated benefits as of October 31, 2023	<u><u>\$ 29,146,915</u></u>

Since information on the accumulated plan benefits at October 31, 2024, and changes therein for the year then ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of October 31, 2024, and changes in its financial status for the year then ended. As permitted under accounting standards, the financial statements present the complete financial status as of October 31, 2023.



NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

Pension Protection Act Filings

For the years ended October 31, 2024 and 2023, the Plan was certified by its actuary to be in Critical Status (informally known as the red zone), within the meaning of the Pension Protection Act of 2006 (PPA), as amended. The Plan was certified as being in Critical Status because it received Special Financial Assistance (SFA) from the Pension Benefit Guaranty Corporation (PBGC) during the prior year and because of this, PBGC rules mandate the Plan be certified as being in Critical Status through the 2051 plan year.

The Plan was initially certified to be in Critical Status for the 2011 plan year and a Rehabilitation Plan was adopted on March 21, 2012.

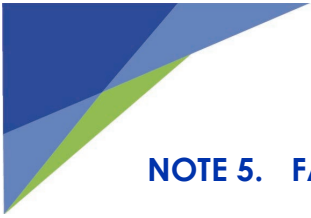
NOTE 5. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability; and• inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

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

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



NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value that are consistent with the market approach and/or income approach, depending on the type of security and the particular circumstance. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. The income approach uses valuation techniques to discount estimated future cash flows to present value.

Accounting standards permit the Plan, as a practical expedient, to estimate the fair value of their investment in certain entities that calculate net asset value (NAV) per share by using the NAV as reported by the management of the entity.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2024 and 2023.

Cash equivalents - Cash equivalents consist of money market funds that are valued at cost, which approximates fair value and treasury bills that are valued at cost plus accrued interest.

U.S. Government securities - Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds - Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available with comparable securities of issuers with similar credit ratings.

Collective trust fund - Valued at the NAV per share at year end as reported by the collective trust. The NAV, as provided by the trust, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

Mutual funds - Valued at the daily closing price reported by in the active market in which the funds are traded. The mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price and are deemed to be actively traded.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2024 and 2023:

Description	Assets at Fair Value as of October 31, 2024			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 994,967	\$ -	\$ 994,967	\$ -
U.S. Government securities	567,099	-	567,099	-
Corporate bonds	17,068,110	-	17,068,110	-
Mutual funds	<u>6,970,391</u>	<u>6,970,391</u>	-	-
Total assets in fair value hierarchy	25,600,567	<u>\$ 6,970,391</u>	<u>\$ 18,630,176</u>	<u>\$ -</u>
Investments measured at NAV*	1,169,040			
Total assets at fair value	<u>\$ 26,769,607</u>			

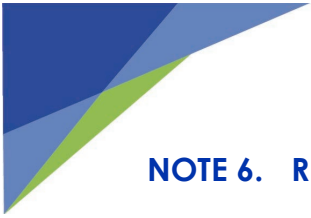
Description	Assets at Fair Value as of October 31, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 6,149,993	<u>\$ 6,149,993</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV*	349,829			
Total assets at fair value	<u>\$ 6,499,822</u>			

*In accordance with accounting standards, investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented in these tables is intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate NAV

The table below summarizes investments measured at fair value based on NAV per share as of October 31, 2024 and 2023. The investment entity is measured at fair value by using the NAV practical expedient and files U.S. Department of Labor Form 5500 as a direct filing entity (DFE). Accordingly, disclosure of the significant investment strategy for this entity is not required. There were no unfunded commitments towards this investment entity at year end.

Description	Fair Value		Redemption Frequency	Redemption Notice Period
	October 31, 2024	2023		
Collective trust fund				
NT S&P 500 Index Fund	<u>\$ 1,169,040</u>	<u>\$ 349,829</u>	Daily	1 Day



NOTE 6. RISKS AND UNCERTAINTIES

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

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

NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office space and administration as well as certain professional fees with other related benefit funds. As part of a cost sharing arrangement, the Plan's affiliated Health Fund 917 acts as paying agent for certain common administrative expenses. Consequently, the Plan reimburses its affiliated Health Fund 917 for its estimated allocable share of these common administrative expenses as determined by the Trustees under a cost sharing agreement. Allocable administrative expenses include payroll and payroll taxes, employee benefits, occupancy costs, as well as other administrative expenses.

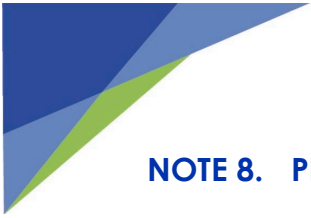
Reimbursable administrative expenses for the years ended October 31, 2024 and 2023 totaled \$97,013 and \$63,477, respectively. Reimbursements due to Health Fund 917 on October 31, 2024 and 2023 totaled \$7,748 and \$4,697, respectively. These amounts were subsequently reimbursed by the Plan.

The Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.

NOTE 8. PLAN TERMINATION

Although they have not expressed any intention to do so, the Trustees reserve the right to terminate the Plan. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations.

The Pension Benefit Guaranty Corporation (PBGC) provides financial assistance to plans that become insolvent and guarantees certain benefits provided by insolvent plans. Generally, the PBGC guarantees a portion of vested normal age retirement benefits,



NOTE 8. PLAN TERMINATION (CONTINUED)

early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

NOTE 9. ASSESSED WITHDRAWAL LIABILITY

The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Plan may enter into settlement agreements with former participating employers with payment plan arrangements for assessment amounts owed to the Plan.

During the years ended October 31, 2024 and 2023, the Plan recognized withdrawal liability income of \$127,955 and \$157,440, respectively on the statements of changes in net assets available for benefits.

NOTE 10. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plans

The Plan's office employees, which it shares with other affiliated benefit funds, are covered by multiemployer defined benefit pension plans including this Plan. The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.
- If an employer chooses to stop participating in this multiemployer plan, the employer may be required to pay an amount, referred to as a withdrawal liability, based on the underfunded status of the Plan.



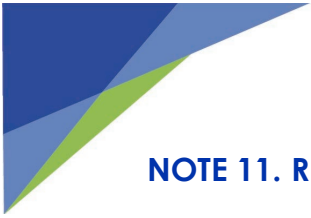
NOTE 10. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)

The Plan's participation in these multiemployer plans for the annual periods ended October 31, 2024 and 2023, is outlined in the table below. The "EIN" and "Pension Plan Number" rows provide the Employer Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the Local 816 Labor and Management Pension Trust Fund and Local 917 Pension Fund year ends at January 31, 2025 and 2024, respectively, and October 31, 2024 and 2023, respectively. The zone status is based on information that the Plan received from the multiemployer plans and is certified by the multiemployer plans' actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP"/"RP" Status row indicates plans for which a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The "Surcharge Imposed" row indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of contributions for the years ended October 31, 2024 and 2023. Contributions reported below represent the Plan's proportionate share of the contributions made to this multiemployer plan.

Legal Name of Plan:	Local 816 Labor and Management Pension Trust Fund	Local 917 Pension Fund
EIN:	13-1869789	13-6086164
Pension Plan Number:	001	001
PPA Zone Status:		
2024	Neither Endangered or Critical (Green)	Critical Status (Red)
#NAME?	Neither Endangered or Critical (Green)	Critical Status (Red)
FIP / RP Status:	N/A	Implemented
Contributions:		
FYE October 31, 2024	\$2,878	\$1,544
FYE October 31, 2023	\$2,651	\$1,469
Surcharge Imposed:	No	No

Welfare Plan That Provides Postretirement Benefits

The Plan's office staff also contributes to Health Fund 917, which provides postretirement health benefits. Benefits include medical, hospitalization, drug, optical, and dental benefits for active participants and postretirement death benefits to a closed group of participants in the fund. Contributions made by the Plan for the years ended October 31, 2024 and 2023 totaled \$4,736 and \$4,539, respectively.



NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended October 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total additions per the financial statements	\$ 2,230,203	\$ 23,074,420
Add: investment expenses	<u>48,726</u>	<u>24,486</u>
Total income per the Form 5500	<u>\$ 2,278,929</u>	<u>\$ 23,098,906</u>

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended October 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total deductions per the financial statements	\$ 3,146,809	\$ 2,878,011
Add: investment expenses	<u>48,726</u>	<u>24,486</u>
Total expenses per the Form 5500	<u>\$ 3,195,535</u>	<u>\$ 2,902,497</u>

NOTE 12. THE AMERICAN RESCUE PLAN ACT OF 2021

The American Rescue Plan Act (ARPA) was passed by the U.S. Senate and the House of Representatives and signed into law by the President on March 11, 2021. Legislation to help struggling multiemployer pension funds is included in ARPA. This legislation would create a special financial assistance program under which cash payments would be made by the PBGC to financially troubled multiemployer pension plans so that such plans may continue paying full benefits. The financial assistance paid to eligible plans would be paid in a single, lump sum payment in the amount sufficient to pay all benefits due, without reductions, and administrative expenses through the plan year ending in 2051. This funding is not a loan and there is no requirement to pay back any financial assistance received. The Plan applied to the PBGC for special financial assistance and the application was approved on August 25, 2023. The Plan received \$22,134,992 on September 21, 2023. On August 30, 2024, due to an independent audit conducted by the PBGC, the Plan repaid the PBGC \$313,841 due to the inadvertent inclusion of deceased participants in the original application to the PBGC.

NOTE 13. SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 5, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



Schedule MB, line 6 – Summary of Plan Provisions

<i>Plan Year</i>	Period from November 1st to October 31st														
<i>Participation</i>	An employee in covered employment becomes a Participant of the plan on the November 1st or May 1st following the completion of a 12-consecutive month period in which he works at least 1,000 hours.														
<i>Pension Credit</i>	For service after October 31, 1995, Pension Credits are granted on the basis of the hours worked during the Plan Year according to the following schedule: <table><tr><td><u>Hours Worked During Plan Year</u></td><td><u>Pension Credits Earned</u></td></tr><tr><td>less than 380</td><td>0.0</td></tr><tr><td>381-499</td><td>0.2</td></tr><tr><td>500-899</td><td>0.4</td></tr><tr><td>900-1,290</td><td>0.6</td></tr><tr><td>1,291-1,699</td><td>0.8</td></tr><tr><td>1,700 or more</td><td>1.0</td></tr></table>	<u>Hours Worked During Plan Year</u>	<u>Pension Credits Earned</u>	less than 380	0.0	381-499	0.2	500-899	0.4	900-1,290	0.6	1,291-1,699	0.8	1,700 or more	1.0
<u>Hours Worked During Plan Year</u>	<u>Pension Credits Earned</u>														
less than 380	0.0														
381-499	0.2														
500-899	0.4														
900-1,290	0.6														
1,291-1,699	0.8														
1,700 or more	1.0														
<i>Vesting Service</i>	One year of Vesting Service is granted for each Plan Year in which a Participant works at least 1,000 hours.														
<i>Vesting</i>	100% after 5 years of Vesting Service.														
<i>Accrued Benefit</i>	Effective September 1, 2005, accrued benefits for all plan participants were frozen. A monthly accrued benefit is equal to the sum of (1) 'Benefit Accrual Rate Pre-02' times Pension Credits earned up to the earlier of expiration of the CBA in effect on 11/15/00 or 11/1/02 and (2) 'Benefit Accrual Rate Post-02' times the remaining Pension Credits. The maximum Pension Credits recognized are 25 for Non-Fuel Oil Group employees and Non-Motor Carrier Group employees, and 40 for Motor Carrier Group employees. There is no limit on Pension Credits recognized for Fuel Oil Group employees. The 'Benefit Accrual Rate Pre-02' and 'Benefit Accrual Rate Post-02' depend on the contribution rates of a contributing employer. Contribution rate increases effective on or after July 1, 2005, will not result in an increase in the accrual rate.														
<i>Regular Pension</i>	Eligibility: Age 65 for all except Fuel Oil Group employees, age 55 for Fuel Oil Group employees, and 10 Pension Credits with at least 5 Pension Credits earned during the contribution period. Amount: Accrued Benefit, rounded to the next highest multiple of \$0.50.														

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<i>Early Retirement Pension (not applicable for Fuel Oil Group employees)</i>	Eligibility: Age 55 and 10 Pension Credits with at least 5 Pension Credits earned during the contribution period. Amount: Accrued Benefit reduced for each month by which the annuity starting date precedes the date a Participant attains age 65 by 0.25% between ages 60 and 65 and by 0.50% between ages 55 and 60, rounded to the next highest multiple of \$0.50. After April 30, 2012, for any participant who was not an active participant in the Plan immediately prior to retiring, the amount of an Early Retirement Pension is reduced for each month on an actuarially equivalent basis to a Regular Pension.
<i>Service Pension (applicable only for Motor Carrier Group employees)</i>	Eligibility: 25 Pension Credits. Amount: Accrued Benefit, rounded to the next highest multiple of \$0.50.
<i>Deferred Pension</i>	Eligibility: 5 years of Vesting Service. Amount: Accrued Benefit, rounded to the next highest multiple of \$0.50, payable at age 65 or age 55 in case of Fuel Oil Group employees.
<i>Disability Benefit</i>	Eligibility: Age 45, 10 Pension Credits with at least 5 Pension Credits earned during the contribution period, worked at least 100 days in prior 12 months and total and permanent disability. Amount: Accrued Benefit, rounded to the next highest multiple of \$0.50.
<i>Pre-Retirement Death Benefit for Married Participants</i>	Eligibility: 5 years of Vesting Service and married for at least one year. Amount: 50% of the benefit a Participant would have received had he terminated his employment the day before he died and elected the 50% Joint-and-Survivor option payable at the earliest age the Participant would have been eligible for benefit.
<i>Normal Form of Benefit</i>	50% Joint and Survivor Annuity for married Participants (actuarially reduced). For non-married Participants, Life Annuity in case of Non-Fuel Oil Group and Non-Motor Carrier Group employees, in case of Fuel Oil Group employees Life Annuity with 60 payments guaranteed, and in case of Motor Carrier Group employees Life Annuity with 18 payments guaranteed. For all terminated vested Participants as of April 30, 2012, the Normal Form of Benefit for single Participants is a Life Annuity.

<i>Plan Name:</i>	Local 917 Pension Fund
<i>EIN/PN:</i>	13-6086164/001
<i>Plan Sponsor:</i>	Board of Trustees Local 917 Pension Fund



LOCAL 917 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

YEAR ENDED OCTOBER 31, 2024

ATTACHMENT TO 2023 FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Name: Local 917 Pension Fund
Plan Sponsor's Name: Board of Trustees of Local 917 Pension Fund

EIN: 13-6086164
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	PIMCO	ALL ASSET INSTITUTIONAL FUND	\$ 5,992,407	\$ 5,266,184
	NORTHERN TRUST	S&P 500 INDEX FUND NON LENDING	\$ 819,489	\$ 1,169,040
	ALLSPRING	CORE BOND FUND - R6	\$ 1,931,028	\$ 1,704,207
	AMALGAMATED BANK HELD ASSETS		\$ 18,436,739	\$ 18,630,176
		TOTAL	\$ 27,179,663	\$ 26,769,607



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
LOCAL 917 PEN FD-LOOMIS SALYES & COMPANY
TRADE DATE
As of 10/31/24

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Account Number: [REDACTED]

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CASH EQUIVALENTS									
SHORT TERM INVESTMENT FUNDS									
DREYFUS GOVERNMENT CASH MANAGEMENT Cusip: AB0662242	USD	259,419.78	1.00	259,419.78	259,419.78	0.00	1,268.26	4.76	4.76
Total SHORT TERM INVESTMENT FUNDS	USD			259,419.78	259,419.78	0.00	1,268.26	4.76	4.76
U.S. TREASURY BILLS									
US TREASURY BILL 01/23/2025 Cusip: 912797JR9	USD	190,000.00	98.98	188,056.30	185,218.14	2,838.16	0.00	5.02	5.09
US TREASURY BILL 12/12/2024 Cusip: 912797LP0	USD	150,000.00	99.48	149,217.00	148,539.13	677.87	0.00	4.58	4.60
US TREASURY BILL 12/19/2024 Cusip: 912797LQ8	USD	200,000.00	99.39	198,786.00	195,826.67	2,959.33	0.00	5.11	5.19
US TREASURY BILLS 11/21/2024 Cusip: 912797LE5	USD	200,000.00	99.74	199,488.00	196,537.23	2,950.77	0.00	5.19	5.27
Total U.S. TREASURY BILLS	USD			735,547.30	726,121.17	9,426.13	0.00	5.00	5.07
Total CASH EQUIVALENTS	USD			994,967.08	985,540.95	9,426.13	1,268.26	4.94	4.99
GOVERNMENT & AGENCIES									
U.S. TREASURY NOTES									
U.S. TREASURY BONDS 7.625% 2/15/25 Cusip: 912810ET1	USD	195,000.00	100.91	196,774.50	198,382.03	-1,607.53	3,151.53	7.56	7.50
U.S. TREASURY NOTE 1.75% 03/15/2025 Cusip: 91282CED9	USD	220,000.00	99.00	217,789.00	215,410.94	2,378.06	499.86	1.77	1.79
U.S. TREASURY NOTE 4.00% 12/15/2025 Cusip: 91282CGA3	USD	105,000.00	99.68	104,664.00	103,991.02	672.98	1,595.08	4.01	4.04
Total U.S. TREASURY NOTES	USD			519,227.50	517,783.99	1,443.51	5,246.47	4.41	4.43



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVERNMENT STRIPS									
U.S. TREASURY STRIPS 11/15/2025 Cusip: 912820Y43	USD	50,000.00	95.74	47,871.50	47,032.00	839.50	0.00	4.70	4.79
Total GOVERNMENT STRIPS	USD			47,871.50	47,032.00	839.50	0.00	4.70	4.79
Total GOVERNMENT & AGENCIES	USD			567,099.00	564,815.99	2,283.01	5,246.47	4.44	4.46
CORPORATE OBLIGATIONS									
CORPORATE BONDS									
ABBVIE INC 3.6% 05/14/2025 Cusip: 00287YAAQ2	USD	200,000.00	99.37	198,736.00	197,230.00	1,506.00	3,340.00	3.62	3.65
ABBVIE INC SR GLBL NT 2.95% 11/21/2026 Cusip: 00287YBVO	USD	130,000.00	97.00	126,097.40	124,779.20	1,318.20	1,704.44	3.04	3.07
AIR LEASE CORP FR 3.125% 12/01/2030 Cusip: 00914AAK8	USD	45,000.00	89.48	40,266.00	39,880.35	385.65	585.94	3.49	3.53
AMAZON.COM INC 3.15% 08/22/2027 Cusip: 023135BC9	USD	30,000.00	96.79	29,035.80	28,733.70	302.10	181.13	3.25	3.29
AMCOR FLEXIBLES NORTH 2.69% 05/25/2031 Cusip: 02344AAA6	USD	165,000.00	86.62	142,926.30	140,325.90	2,600.40	1,923.35	3.11	3.16
AMERICAN HOMES 4 RENT 2.375% 07/15/2031 Cusip: 02666TAC1	USD	160,000.00	84.21	134,739.20	131,896.00	2,843.20	1,118.89	2.82	2.88
AMERICAN HONDA FIN 5.65% 11/15/2028 Cusip: 02665WEV9	USD	50,000.00	103.41	51,706.50	51,609.00	97.50	1,302.64	5.46	5.47
AMERICAN HONDA FIN 5.8% 10/03/2025 Cusip: 02665WEQ0	USD	180,000.00	101.13	182,035.80	181,366.20	669.60	812.00	5.74	5.76
AMERIPRISE FINANCIAL INC 3% 4/2/2025 Cusip: 03076CAK2	USD	185,000.00	99.27	183,649.50	182,038.15	1,611.35	447.08	3.02	3.05



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.) CORPORATE BONDS (Cont.)									
APPALACHIAN PWR CO SR 4.5% 08/01/2032 Cusip: 037735DA2	USD	225,000.00	95.75	215,442.00	210,861.00	4,581.00	2,531.25	4.70	4.80
ARES CAPITAL CORP SR 3.2% 11/15/2031 Cusip: 04010LBC6	USD	170,000.00	85.12	144,697.20	141,774.90	2,922.30	2,508.44	3.76	3.84
ARIZONA PUB SVC CO SR 6.35% 12/15/2032 Cusip: 040555DE1	USD	50,000.00	107.35	53,675.50	53,257.00	418.50	1,199.44	5.92	5.96
ASSURED GTY US HLDGS 3.15% 06/15/2031 Cusip: 04621WAD2	USD	270,000.00	88.86	239,932.80	236,174.40	3,758.40	3,213.00	3.54	3.60
AXA EQUITABLE HOLDINGS I 4.35% 04/20/28 Cusip: 054561AJ4	USD	180,000.00	98.08	176,536.80	175,635.00	901.80	239.25	4.44	4.46
BLACKSTONE PRIVATE 4.00% 01/15/2029 Cusip: 09261HAR8	USD	100,000.00	94.23	94,230.00	92,524.00	1,706.00	1,177.78	4.24	4.32
BLACKSTONE SECD LENDING 2.85% 09/30/2028 Cusip: 09261XAG7	USD	105,000.00	90.36	94,873.80	93,286.20	1,587.60	257.69	3.15	3.21
BLUE OWL CAPITAL 5.95% 03/15/2029 Cusip: 69121KAH7	USD	90,000.00	100.30	90,270.90	89,613.90	657.00	684.25	5.93	5.98
BORGWARNER INC 2.65% 07/01/27 Cusip: 099724AL0	USD	150,000.00	94.88	142,323.00	140,550.00	1,773.00	1,325.00	2.79	2.83
BP CAP MKTS AMER 4.97% 10/17/2029 Cusip: 10373QBZ2	USD	130,000.00	100.88	131,147.90	130,681.20	466.70	251.26	4.93	4.94
CHENIERE CORPUS CRISTI HD 5.125% 6/30/27 Cusip: 16412XAG0	USD	40,000.00	100.64	40,256.00	40,064.80	191.20	689.03	5.09	5.12
CHOICE HOTELS INTL INC 3.7% 12/01/29 Cusip: 169905AF3	USD	105,000.00	92.74	97,380.15	95,256.00	2,124.15	1,618.75	3.99	4.08



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
CNH INDUSTRIAL CAPITAL 5.5% 01/12/2029 Cusip: 12592BAR5	USD	65,000.00	102.29	66,487.20	66,106.95	380.25	1,082.43	5.38	5.41
COMCAST CORP 3.375% 08/15/2025 Cusip: 20030NBNO	USD	205,000.00	99.01	202,968.45	201,244.40	1,724.05	1,460.63	3.41	3.44
CREDIT SUISSE USA 7.125% 07/15/2032 Cusip: 22541LAE3	USD	230,000.00	112.07	257,756.40	256,772.00	984.40	4,825.21	6.36	6.38
CVS HEALTH CORP 1.3% 08/21/27 Cusip: 126650DM9	USD	50,000.00	90.57	45,286.50	44,705.00	581.50	126.39	1.44	1.45
CVS HEALTH CORP 1.75% 08/21/30 Cusip: 126650DN7	USD	120,000.00	82.44	98,923.20	98,834.40	88.80	408.33	2.12	2.12
D R HORTON INC SR 1.3% 10/15/2026 Cusip: 23331ABQ1	USD	180,000.00	93.95	169,102.80	165,720.60	3,382.20	104.00	1.38	1.41
DEUTSCHE TELEKOM INT 9.250% 6/01/32 Cusip: 25156PAD5	USD	85,000.00	125.52	106,687.75	106,416.60	271.15	3,276.04	7.37	7.39
DEVON ENERGY CORPORA 7.950% 4/15/32 Cusip: 251799AA0	USD	120,000.00	115.06	138,067.20	138,214.80	-147.60	424.00	6.91	6.90
DUKE ENERGY CAROLINAS 6.45% 10/15/2032 Cusip: 264399ED4	USD	215,000.00	108.56	233,393.25	231,982.85	1,410.40	616.33	5.94	5.98
E.I. DU PONT DE NEMOURS 1.7% 07/15/25 Cusip: 263534CN7	USD	240,000.00	97.91	234,988.80	231,825.60	3,163.20	1,201.33	1.74	1.76
EBAY INC. SR GLBL NT 6.3% 11/22/2032 Cusip: 278642BB8	USD	125,000.00	108.02	135,028.75	133,910.00	1,118.75	3,478.13	5.83	5.88
EL PASO CORPORATION 7.75% 01/15/32 DTD 01/11/02 Cusip: 28368EAE6	USD	125,000.00	114.56	143,205.00	142,706.25	498.75	2,852.43	6.76	6.79



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.) CORPORATE BONDS (Cont.)									
ENACT HLDGS INC SR 6.25% 05/28/2029 Cusip: 29249EAA7	USD	95,000.00	101.94	96,839.20	95,951.90	887.30	2,523.44	6.13	6.19
ENERGY TRANSFER L P 6.4% 12/01/2030 Cusip: 29273VAT7	USD	130,000.00	106.02	137,823.40	138,294.00	-470.60	3,466.67	6.04	6.02
ENTERPRISE PRODUCTS OPER 3.95% 02/15/27 Cusip: 29379VBL6	USD	195,000.00	98.64	192,344.10	191,127.30	1,216.80	1,626.08	4.00	4.03
EQUIFAX INC SR NT 5.1% 12/15/2027 Cusip: 294429AV7	USD	140,000.00	100.92	141,288.00	140,513.80	774.20	2,697.33	5.05	5.08
EQUINIX INC 1.55% 03/15/28 Cusip: 29444UBL9	USD	155,000.00	90.22	139,847.20	137,288.15	2,559.05	306.99	1.72	1.75
EQUINIX INC SR GLBL 1.8% 07/15/2027 Cusip: 29444UBG0	USD	40,000.00	92.77	37,108.00	36,530.00	578.00	212.00	1.94	1.97
EVERSOURCE ENERGY 5.85% 04/15/2031 Cusip: 30040WBA5	USD	195,000.00	103.65	202,119.45	200,245.50	1,873.95	507.00	5.64	5.70
EVERSOURCE ENERGY SR 5.95% 02/01/2029 Cusip: 30040WAW8	USD	35,000.00	103.85	36,346.10	36,060.85	285.25	520.63	5.73	5.77
EXTRA SPACE STORAGE 5.9% 01/15/2031 Cusip: 30225VAR8	USD	65,000.00	103.61	67,346.50	66,914.90	431.60	1,129.19	5.69	5.73
F&G ANNUITIES 6.5% 06/04/2029 Cusip: 30190AAF1	USD	95,000.00	101.32	96,254.00	95,820.80	433.20	2,521.46	6.42	6.44
FIDELITY NATL FINANCIAL 2.45% 03/15/31 Cusip: 31620RAK1	USD	170,000.00	85.35	145,100.10	141,130.60	3,969.50	532.19	2.87	2.95
FMC CORP 3.45% 10/01/2029 Cusip: 302491AU9	USD	40,000.00	91.96	36,783.20	36,432.40	350.80	115.00	3.75	3.79



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.) CORPORATE BONDS (Cont.)									
FORTUNE BRANDS 3.25% 09/15/2029 Cusip: 34964CAE6	USD	155,000.00	92.86	143,934.55	142,055.95	1,878.60	643.68	3.50	3.55
FS KKR CAP CORP SR 7.875% 01/15/2029 Cusip: 302635AM9	USD	90,000.00	106.22	95,600.70	93,995.10	1,605.60	2,086.88	7.41	7.54
GENERAL MTRS FINL CO 5.75% 02/08/2031 Cusip: 37045XER3	USD	95,000.00	101.82	96,729.95	96,475.35	254.60	1,259.41	5.65	5.66
GENERAL MTRS FINL CO INC 3.1% 01/12/2032 Cusip: 37045XDS2	USD	55,000.00	85.93	47,263.15	47,100.35	162.80	516.24	3.61	3.62
GILEAD SCIENCES INC 3.65% 03/01/2026 Cusip: 375558BF9	USD	215,000.00	98.75	212,310.35	210,351.70	1,958.65	1,307.92	3.70	3.73
GOLUB CAP BDC INC SR 6.00% 07/15/2029 Cusip: 38173MAE2	USD	95,000.00	100.12	95,111.15	94,119.35	991.80	1,678.33	5.99	6.06
HEALTHCARE TR OF AMERICA 3.1% 02/15/2030 Cusip: 42225UAG9	USD	145,000.00	90.07	130,597.15	128,304.70	2,292.45	948.94	3.44	3.50
HOST HOTELS & RESORTS LP 3.5% 09/15/30 Cusip: 44107TAZ9	USD	105,000.00	90.61	95,136.30	94,146.15	990.15	469.58	3.86	3.90
HUNTINGTON NATIONAL 5.65% 01/10/2030 Cusip: 44644MAJ0	USD	250,000.00	102.14	255,342.50	253,075.00	2,267.50	4,355.21	5.53	5.58
INDIANA MICHIGAN POWER 3.85% 05/15/2028 Cusip: 454889AS5	USD	20,000.00	97.00	19,400.20	19,177.60	222.60	355.06	3.97	4.02
INTERCONTINENTAL 3.1% 09/15/2027 Cusip: 45866FAF1	USD	55,000.00	96.15	52,883.43	52,196.65	686.78	217.86	3.22	3.27
INVITATION HOMES OPER 2.00% 08/15/2031 Cusip: 46188BAA0	USD	175,000.00	81.95	143,410.75	140,588.00	2,822.75	738.89	2.44	2.49



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CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
IPALCO ENTERPRISES 4.25% 05/01/2030 Cusip: 462613AP5	USD	100,000.00	94.58	94,577.00	93,592.00	985.00	2,125.00	4.49	4.54
JABIL INC 3% 01/15/31 Cusip: 466313AK9	USD	110,000.00	88.16	96,976.00	94,714.40	2,261.60	971.67	3.40	3.48
JEFFERIES GROUP LLC 2.625% 10/15/2031 Cusip: 47233JGT9	USD	230,000.00	84.64	194,681.20	189,469.40	5,211.80	268.33	3.10	3.19
JUNIPER NETWORKS 3.75% 08/15/2029 Cusip: 48203RAM6	USD	150,000.00	94.41	141,612.00	141,058.50	553.50	1,187.50	3.97	3.99
KEYSIGHT TECHNOLOGIES 3.00% 10/30/2029 Cusip: 49338LAF0	USD	155,000.00	91.33	141,561.50	139,569.75	1,991.75	12.92	3.28	3.33
KIMCO REALTY CORP 2.25% 12/01/2031 Cusip: 49446RAY5	USD	130,000.00	83.93	109,102.50	105,899.30	3,203.20	1,218.75	2.68	2.76
L3HARRIS TECH INC 3.85% 12/15/2026 Cusip: 502431AL3	USD	145,000.00	98.46	142,769.90	140,974.80	1,795.10	2,108.94	3.91	3.96
MOHAWK INDUSTRIES INC 5.85% 09/18/2028 Cusip: 608190AM6	USD	135,000.00	103.25	139,387.50	138,840.75	546.75	943.31	5.67	5.69
MOSAIC CO SR NT 5.375% 11/15/2028 Cusip: 61945CAH6	USD	140,000.00	101.74	142,431.80	141,559.60	872.20	3,469.86	5.28	5.32
MPLX LP SR NT 4.95% 09/01/2032 Cusip: 55336VBU3	USD	145,000.00	97.68	141,640.35	140,697.85	942.50	1,196.25	5.07	5.10
NATIONAL RURAL UTILS 5.6% 11/13/2026 Cusip: 63743HFK3	USD	20,000.00	101.92	20,383.80	20,275.40	108.40	522.67	5.49	5.52
NATIONAL RURAL UTILS 8.000% 3/01/32 Cusip: 637432CT0	USD	180,000.00	118.48	213,267.60	210,423.60	2,844.00	2,400.00	6.75	6.84



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CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
NMI HLDGS INC 6.00% 08/15/2029 Cusip: 629209AC1	USD	95,000.00	100.99	95,938.60	95,131.10	807.50	2,533.33	5.94	5.99
NUCOR CORP SR NT 3.95% 05/23/2025 Cusip: 670346AX3	USD	200,000.00	99.46	198,916.00	197,716.00	1,200.00	3,467.22	3.97	4.00
NUCOR CORP SR NT 4.3% 05/23/2027 Cusip: 670346AY1	USD	105,000.00	99.65	104,630.40	103,565.70	1,064.70	1,981.58	4.32	4.36
PACIFIC GAS & ELEC CO 5.9% 06/15/2032 Cusip: 694308KG1	USD	95,000.00	103.48	98,304.10	96,552.30	1,751.80	2,117.44	5.70	5.81
PARTNERRE FINANCE B LLC 3.7% 07/02/2029 Cusip: 70213BAB7	USD	45,000.00	94.94	42,720.75	42,313.50	407.25	550.38	3.90	3.93
PIIONEER NAT RES CO SR 1.125% 01/15/2026 Cusip: 723787AT4	USD	180,000.00	96.07	172,931.40	170,087.40	2,844.00	596.25	1.17	1.19
PIIONEER NAT RES CO SR NT 5.1% 03/29/2026 Cusip: 723787AV9	USD	65,000.00	100.75	65,487.50	65,101.40	386.10	294.67	5.06	5.09
PNC BK N A PITTSBURGH 3.1% 10/25/2027 Cusip: 69353RFG8	USD	250,000.00	95.93	239,832.50	235,975.00	3,857.50	129.17	3.23	3.28
PNC FINANCIAL SERVICES 2.6% 07/23/2026 Cusip: 693475AX3	USD	95,000.00	96.68	91,846.95	90,507.45	1,339.50	672.39	2.69	2.73
PRINCIPAL FINANCIAL GRP 2.125% 06/15/30 Cusip: 74251VAS1	USD	315,000.00	86.40	272,166.30	267,475.95	4,690.35	2,528.75	2.46	2.50
PUBLIC SVC ENTERPRISE 5.85% 11/15/2027 Cusip: 744573AV8	USD	55,000.00	103.08	56,692.90	56,356.85	336.05	1,483.63	5.68	5.71
REALTY INCOME CORP 3.2% 02/15/2031 Cusip: 756109CD4	USD	95,000.00	90.42	85,899.00	84,628.85	1,270.15	641.78	3.54	3.59



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CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
REINSURANCE GRP OF AMER 3.15% 06/15/30 Cusip: 759351AP4	USD	35,000.00	90.96	31,835.30	31,546.90	288.40	416.50	3.46	3.49
REINSURANCE GRP OF AMER 3.9% 05/15/2029 Cusip: 759351AN9	USD	20,000.00	95.94	19,188.00	18,992.40	195.60	359.67	4.07	4.11
RELIANCE STEEL & ALUM 2.15% 08/15/30 Cusip: 759509AG7	USD	165,000.00	85.55	141,159.15	139,594.95	1,564.20	748.92	2.51	2.54
S&P GLOBAL INC SR NT 2.95% 01/22/2027 Cusip: 78409VAM6	USD	180,000.00	96.81	174,250.80	172,119.60	2,131.20	1,460.25	3.05	3.09
SABINE PASS LIQUEFACTION 5.875% 06/30/26 Cusip: 785592AV8	USD	140,000.00	101.09	141,523.20	141,020.60	502.60	2,764.51	5.81	5.83
SEMPRA 3.25% 06/15/2027 Cusip: 816851BA6	USD	65,000.00	96.09	62,455.25	61,874.15	581.10	798.06	3.38	3.41
SIXTH STREET SPECIALTY 6.125% 03/01/2029 Cusip: 83012AAC3	USD	90,000.00	100.44	90,391.50	89,949.60	441.90	918.75	6.10	6.13
SOUTHERN CALIF EDISON 5.3% 03/01/2028 Cusip: 842400HU0	USD	15,000.00	101.83	15,274.05	15,162.90	111.15	132.50	5.20	5.24
SOUTHERN CALIF GAS CO 2.95% 04/15/2027 Cusip: 842434CW0	USD	180,000.00	96.24	173,226.60	171,298.80	1,927.80	236.00	3.07	3.10
SOUTHWEST AIRLINES CO 2.625% 2/10/2030 Cusip: 844741BF4	USD	160,000.00	88.71	141,939.20	140,220.80	1,718.40	945.00	2.96	3.00
TOYOTA MTR CR CORP 3.05% 03/22/2027 Cusip: 89236TJZ9	USD	205,000.00	97.01	198,874.60	196,215.75	2,658.85	677.35	3.14	3.19
UNUM GROUP 3.875% 11/5/2025 Cusip: 91529YALO	USD	145,000.00	98.80	143,262.90	142,017.35	1,245.55	2,746.94	3.92	3.96



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ASSET HOLDINGS STATEMENT
LOCAL 917 PEN FD-LOOMIS SALYES & COMPANY
TRADE DATE
As of 10/31/24

Account Number: XXXXXX Page 40

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
VALERO ENERGY CORP 4.35% 06/01/2028 Cusip: 91913YAV2	USD	50,000.00	98.64	49,319.50	48,799.50	520.00	906.25	4.41	4.46
VALERO ENERGY CORP 7.500% 4/15/32 Cusip: 91913YAE0	USD	50,000.00	113.23	56,615.00	56,904.00	-289.00	166.67	6.62	6.59
VENTAS RLTY LTD 2.5% 09/01/2031 Cusip: 92277GAW7	USD	190,000.00	85.05	161,598.80	158,182.60	3,416.20	791.67	2.94	3.00
VIRGINIA ELEC & PWR CO 3.75% 05/15/2027 Cusip: 927804GH1	USD	90,000.00	98.10	88,285.50	87,354.00	931.50	1,556.25	3.82	3.86
WALT DISNEY COMPANY 3% 02/13/2026 Cusip: 25468PDK9	USD	200,000.00	98.07	196,146.00	193,974.00	2,172.00	1,300.00	3.06	3.09
WALT DISNEY COMPANY 3.375% 11/15/26 Cusip: 254687DK9	USD	40,000.00	98.07	39,226.40	38,720.40	506.00	622.50	3.44	3.49
WEC ENERGY GROUP INC 1.8% 10/15/30 Cusip: 92939UAE6	USD	175,000.00	84.30	147,519.75	144,523.75	2,996.00	140.00	2.14	2.18
WESTLAKE CHEMICAL CORP 3.6% 8/15/2026 Cusip: 960413AT9	USD	190,000.00	97.88	185,970.10	184,136.60	1,833.50	1,444.00	3.68	3.71
WEYERHAEUSER 4% 11/15/29 Cusip: 962166BX1	USD	105,000.00	96.02	100,816.80	99,676.50	1,140.30	1,936.67	4.17	4.21
WEYERHAEUSER CO SR 4.00% 04/15/2030 Cusip: 962166BY9	USD	25,000.00	95.74	23,935.00	23,625.25	309.75	44.44	4.18	4.23
Total CORPORATE BONDS	USD			12,645,344.23	12,502,269.70	143,074.53	132,236.53	4.12	4.17
FOREIGN CORPORATE BONDS									
AON PLC 3.875% 12/15/2025 Cusip: 00185AAK0	USD	90,000.00	99.08	89,174.70	88,455.60	719.10	1,317.50	3.91	3.94



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ASSET HOLDINGS STATEMENT
LOCAL 917 PEN FD-LOOMIS SALYES & COMPANY
TRADE DATE
As of 10/31/24

Account Number: XXXXXXXXXX Page **41**

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.) FOREIGN CORPORATE BONDS (Cont.)									
ARCELORMITTAL SA 6.8% 11/29/2032 Cusip: 03938LBF0	USD	90,000.00	108.42	97,579.80	96,496.20	1,083.60	2,584.00	6.27	6.34
ATHENE HOLDING LTD 6.15% 04/03/2030 Cusip: 04686JAB7	USD	225,000.00	104.63	235,410.75	234,978.75	432.00	1,076.25	5.88	5.89
BANCO BILBAO VIZCAYA 1.125% 09/18/2025 Cusip: 05946KAJ0	USD	200,000.00	96.91	193,822.00	190,542.00	3,280.00	268.75	1.16	1.18
BANCO SANTANDER S.A 5.294% 08/18/2027 Cusip: 05964HAS4	USD	200,000.00	100.74	201,486.00	200,138.00	1,348.00	2,147.01	5.25	5.29
BANCO SANTANDER S.A. 3.8% 02/23/2028 Cusip: 05964HAF2	USD	200,000.00	96.36	192,726.00	190,286.00	2,440.00	1,435.56	3.94	3.99
BANK MONTREAL MEDIUM 5.266% 12/11/2026 Cusip: 06368LC53	USD	45,000.00	101.39	45,623.70	45,272.70	351.00	921.55	5.19	5.23
BANK MONTREAL MEDIUM 5.717% 09/25/2028 Cusip: 06368LWU6	USD	70,000.00	103.39	72,374.40	71,948.10	426.30	400.19	5.53	5.56
BANK NOVA SCOTIA B 1.35% 06/24/2026 Cusip: 0641594A1	USD	200,000.00	94.96	189,926.00	186,568.00	3,358.00	952.50	1.42	1.45
BROOKFIELD FINANCE INC 3.9% 01/25/28 Cusip: 11271LAC6	USD	205,000.00	97.54	199,952.90	196,951.70	3,001.20	2,132.00	4.00	4.06
CANADIAN IMPERIAL BK 5.001% 04/28/2028 Cusip: 13607LNG4	USD	30,000.00	100.71	30,212.70	30,024.30	188.40	12.50	4.97	5.00
CANADIAN IMPERIAL BK 5.986% 10/03/2028 Cusip: 13607LWV1	USD	65,000.00	104.43	67,878.85	67,436.85	442.00	302.63	5.73	5.77
CENOVUS ENERGY INC 2.65% 01/15/2032 Cusip: 15135UAW9	USD	170,000.00	84.03	142,844.20	142,398.80	445.40	1,326.47	3.15	3.16



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ASSET HOLDINGS STATEMENT
LOCAL 917 PEN FD-LOOMIS SALYES & COMPANY
TRADE DATE
As of 10/31/24

Account Number: XXXXXX Page 42

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
FOREIGN CORPORATE BONDS (Cont.)									
CGI INC SR GLBL NT 1.45% 09/14/2026 Cusip: 12532HAC8	USD	205,000.00	94.05	192,792.25	189,163.75	3,628.50	388.08	1.54	1.57
DEUTSCHE TEL FIN 8.750% 6/15/30 Cusip: 25156PAC7	USD	70,000.00	117.74	82,420.80	82,425.70	-4.90	2,313.89	7.43	7.43
ENBRIDGE INC SR NT 6.2% 11/15/2030 Cusip: 29250NBV0	USD	175,000.00	106.16	185,787.00	185,167.50	619.50	5,003.06	5.84	5.86
ESSENT GROUP LTD SR 6.25% 07/01/2029 Cusip: 29669JAA7	USD	95,000.00	102.33	97,208.75	96,203.65	1,005.10	1,979.17	6.11	6.17
JBS USA LUX S A 3.00% 05/15/2032 Cusip: 46590XAP1	USD	115,000.00	84.20	96,824.25	95,575.35	1,248.90	1,590.83	3.56	3.61
LLOYDS BANKING GROUP 4.55% 08/16/2028 Cusip: 539439AT6	USD	200,000.00	98.88	197,754.00	196,300.00	1,454.00	1,895.83	4.60	4.64
MIZUHO FINANCIAL GROUP 3.17% 09/11/2027 Cusip: 60687YAM1	USD	200,000.00	95.98	191,952.00	189,246.00	2,706.00	880.56	3.30	3.35
NATIONAL GRID PLC 5.602% 06/12/2028 Cusip: 636274AD4	USD	140,000.00	102.36	143,305.40	142,381.40	924.00	3,028.19	5.47	5.51
NATL BANK OF CANADA 5.6% 12/18/2028 Cusip: 63307A2X2	USD	250,000.00	102.69	256,735.00	255,110.00	1,625.00	5,172.22	5.45	5.49
NATWEST GROUP PLC SR 4.8% 04/05/2026 Cusip: 780097BA8	USD	320,000.00	99.98	319,932.80	317,891.20	2,041.60	1,109.33	4.80	4.83
NUTRIEN LTD SR 5.2% 06/21/2027 Cusip: 67077MBC1	USD	130,000.00	101.36	131,770.60	130,687.70	1,082.90	2,441.11	5.13	5.17
RENAISSANCERE HLDGS 3.6% 04/15/2029 Cusip: 75968NAD3	USD	250,000.00	94.79	236,975.00	233,720.00	3,255.00	400.00	3.80	3.85



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ASSET HOLDINGS STATEMENT
LOCAL 917 PEN FD-LOOMIS SALYES & COMPANY
TRADE DATE
As of 10/31/24

Account Number: XXXXXXXXXX Page **43**

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.) FOREIGN CORPORATE BONDS (Cont.)									
SIRIUSPOINT LTD SR GBL 7.00% 04/05/2029 Cusip: 82969BAA0	USD	90,000.00	102.72	92,447.10	93,717.90	-1,270.80	455.00	6.81	6.72
SUMITOMO MITSUI FIN GRP 5.8% 07/13/2028 Cusip: 86562MDB3	USD	230,000.00	103.26	237,502.60	236,605.60	897.00	4,002.00	5.62	5.64
TELUS CORPORATION SR 3.4% 05/13/2032 Cusip: 87971MBW2	USD	65,000.00	89.34	58,073.60	57,187.00	886.60	1,031.33	3.81	3.86
TRANSCANADA PIPELINES 4.25% 05/15/2028 Cusip: 89352HAW9	USD	145,000.00	98.12	142,272.55	141,232.90	1,039.65	2,841.60	4.33	4.36
Total FOREIGN CORPORATE BONDS	USD			4,422,765.70	4,384,112.65	38,653.05	49,409.11	4.45	4.48
Total CORPORATE OBLIGATIONS	USD			17,068,109.93	16,886,382.35	181,727.58	181,645.64	4.21	4.25
Total Asset Holdings	USD			18,630,176.01	18,436,739.29	193,436.72	188,160.37	4.25	4.30

Schedule MB, line 8b(2) – Schedule of Active Participant Data

Age	Pension Credits										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up	
Under 25	1	10									11
25 to 29	2	8									10
30 to 34	3	8		1							12
35 to 39	1	3	3	4	1						12
40 to 44	1	1	3	1	2						8
45 to 49		3	3	2	2						10
50 to 54	2		4	2	3		2	1			14
55 to 59	1	1	7	3	2		3				17
60 to 64	2	3	4	1	4	2		7	2		25
65 to 69		3	1		1	1	1	2		1	10
70 & up			1	1			1				3
Total	13	40	26	15	15	3	7	10	2	1	132

Plan Name: Local 917 Pension Fund

EIN/PN: 13-6086164/001

Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 4b – Actuarial Certification of Status

Form 15315 (December 2022)	Department of the Treasury - Internal Revenue Service Annual Certification for Multiemployer Defined Benefit Plans	OMB Number 1545-2111
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This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)
Complete all entries in accordance with the instructions

For calendar plan year _____ or fiscal plan year beginning November 1, 2023 and ending October 31, 2024

Part I – Basic Plan Information

1a. Name of plan Local 917 Pension Fund		1b. Three-digit plan number (PN) 001
1c. Plan sponsor's name Local 917 Pension Fund		1d. Employer identification number (EIN) 13-6086164
1e. Plan sponsor's telephone number (516) 326-3371 ext 233	1f. Plan sponsor's address, city, state, ZIP code 22 N. Tyson Ave. 1st Floor, Floral Park NY, 11001	

Part II – Plan Actuary's Information

2a. Plan actuary's name Dewey A. Dennis	2b. Plan actuary's firm name First Actuarial Consulting, Inc.
2c. Plan actuary's firm address, city, state, ZIP code 1501 Broadway, Suite 1728, New York NY 10036	
2d. Plan actuary's enrollment number 23-05712	2e. Plan actuary's telephone number (212) 395-9555 x103

Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

☐ Neither endangered nor critical	☐ Not endangered due to special rule in IRC Section 432(b)(5)
☐ Endangered	☐ Critical due to election under IRC Section 432(b)(4)
☐ Seriously endangered	☐ Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)
☒ Critical	
☐ Critical and declining	

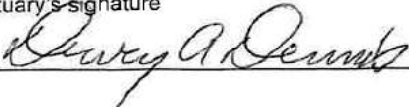
Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	☐	☐	☒
Rehabilitation Plan	☐	☐	☒

Part V – Sign Here**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature 	Date 11/29/2024
--	--------------------

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status

First Actuarial Consulting, Inc.

Telephone: (212) 395-9555
Facsimile: (212) 869-2233
E-Mail: ddennis@factuarial.com

1501 Broadway
Suite 1728
New York, NY 10036

MEMORANDUM

To: Secretary of the Treasury

From: Dewey A. Dennis

CC: Ana Tang, Fund Administrator, Local 917 Pension Fund

Date: January 29, 2024

Subject: Local 917 Pension Fund – Status as of 11/1/2023

Plan Identification:

Name of the Plan: Local 917 Pension Fund
EIN/Plan Number: 13-6086164/001
Plan Sponsor: Local 917 Pension Fund
Phone: (516) 326-3371 ext 233
Plan Year: 2023 (beginning 11/1/2023 and ending 10/31/2024)

The above captioned pension fund was approved to receive Special Financial Assistance (SFA) under Section 4262 of the Employee Retirement Income Security Act of 1974 (ERISA) on August 25, 2023.

As called for under Internal Revenue Code Section 432(b)(7), a plan that received SFA under Section 4262 of ERISA, shall be deemed to be in critical status for plan years beginning with the plan year in which the effective date for such assistance occurs and ending with the last plan year ending in 2051. Therefore, I certify that the above captioned pension fund is in critical status for the plan year beginning November 1, 2023.

Respectfully submitted,



Dewey A. Dennis, EA, MAAA
Enrolled Actuary No. 23-05712

January 29, 2024
Date of Signature

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Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 3(d) – Withdrawal Liability Amounts

<u>Payment Date</u>	<u>Periodic Amounts</u>	<u>Lump Sum Amounts</u>	<u>Total Amounts</u>
1/23/2024	\$9,875	\$0	\$9,875
2/1/2024	29,485	0	29,485
4/16/2024	9,875	0	9,875
4/29/2024	29,485	0	29,485
7/16/2024	9,875	0	9,875
9/19/2024	29,485	0	29,485
10/15/2024	9,875	0	9,875

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

	Date of First Charge or Credit	Remaining Period (years)	Outstanding Balance (beg. of year)	Amortization Charge or Credit
1. <u>Amortization charges</u>				
(a) Plan amendment	11/1/1994	1.00	\$1,562	\$1,562
(b) Plan amendment	11/1/1994	1.00	38,344	38,344
(c) Plan amendment	11/1/1995	2.00	30,350	15,688
(d) Plan amendment	11/1/1995	2.00	81,773	42,269
(e) Plan amendment	11/1/1996	3.00	84,579	30,121
(f) Assumption change	11/1/1997	4.00	298,713	82,419
(g) Plan amendment	11/1/1997	4.00	62,022	17,113
(h) Plan amendment	11/1/1998	5.00	109,602	24,982
(i) Plan amendment	11/1/1999	6.00	621,049	121,770
(j) Plan amendment	11/1/2000	7.00	45,149	7,829
(k) Plan amendment	11/1/2001	8.00	94,701	14,822
(l) Plan amendment	11/1/2002	9.00	41,984	6,022
(m) Plan amendment	11/1/2003	10.00	71,034	9,452
(n) Assumption change	11/1/2004	11.00	593,964	74,027
(o) Plan amendment	11/1/2004	11.00	35,778	4,459
(p) ENIL recognized in 2008	11/1/2008	14.00	2,844,579	303,984
(q) Actuarial loss	11/1/2009	1.00	121,198	121,198
(r) ENIL recognized in 2010	11/1/2010	14.00	2,592,796	277,078
(s) ENIL recognized in 2011	11/1/2011	14.00	949,859	101,506
(t) ENIL recognized in 2012	11/1/2012	14.00	897,863	95,950
(u) ENIL recognized in 2013	11/1/2013	14.00	317,700	33,951
(v) Actuarial loss	11/1/2014	6.00	375,347	73,595
(w) Actuarial loss	11/1/2015	7.00	472,954	82,017
(x) Actuarial loss	11/1/2016	8.00	706,246	110,536
(y) Actuarial loss	11/1/2017	9.00	1,048,574	150,413
(z) Actuarial loss	11/1/2018	10.00	15,063	2,004
(aa) Actuarial loss	11/1/2019	11.00	305,507	38,076
(ab) Actuarial loss	11/1/2020	12.00	172,407	20,286
(ac) Assumption change	11/1/2023	15.00	4,099,987	420,707
(ad) Asset Method Change	11/1/2023	10.00	<u>823,561</u>	<u>109,586</u>
Total Charges			\$17,954,245	\$2,431,766
2. <u>Amortization credits</u>				
(a) Relief Method change	11/1/2008	15.00	\$1,667,125	\$171,067
(b) ENIL recognized in 2009	11/1/2009	14.00	748,953	80,036
(c) Actuarial gain	11/1/2010	2.00	1,156,676	597,895
(d) Actuarial gain	11/1/2011	3.00	130,974	46,643
(e) Plan amendment	11/1/2012	4.00	552,503	152,443
(f) Actuarial gain	11/1/2012	4.00	384,302	106,034
(g) Assumption change	11/1/2012	4.00	124,557	34,367
(h) Actuarial gain	11/1/2013	5.00	73,148	16,673

Plan Name: Local 917 Pension Fund**EIN/PN:** 13-6086164/001**Plan Sponsor:** Board of Trustees Local 917 Pension Fund

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases (cont'd)

	Date of First Charge or Credit	Remaining Period (years)	Outstanding Balance (beg. of year)	Amortization Charge or Credit
(i) Actuarial gain	11/1/2021	13.00	\$839,417	\$93,866
(j) Actuarial gain	11/1/2022	14.00	92,196	9,852
(k) Actuarial gain	11/1/2023	15.00	<u>858,746</u>	<u>88,117</u>
Total Charges			\$6,628,597	\$1,396,993

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

The changes below were made to better conform with anticipated Fund experience.

1. Mortality rates were changed from the RP-2000 mortality table set forward three years projected with scale AA on a fully generational basis for healthy participants and the RP-2000 disabled mortality table for disabled participants, to the Pri-2012 Blue Collar Dataset Employee/Retiree Amount-Weighted Mortality projected fully generationally with scale MP-2021 for healthy participants and the Pri-2012 Total Dataset Disabled Amount-Weighted Mortality projected fully generationally with scale MP-2021 for disabled participants.
2. The interest rate used for funding was lowered from 7.50% to 7.00%.

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Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Interest Rates Valuation: 7.00% per annum
RPA '94 Current Liability: 3.15% per annum
Withdrawal Liability: 5.06% first 20 years, 4.37% thereafter

Mortality The Pri-2012 Blue Collar Dataset Employee/Retiree Amount-Weighted Mortality table projected fully generationally with scale MP-2021 for healthy participants. The Pri-2012 Total Dataset Disabled Amount-Weighted Mortality table projected fully generationally with scale MP-2021 for disabled participants. For RPA '94 Current Liability, the table specified in IRC Section 431(c)(6)(D)(iv)&(v) was used.

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

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

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:

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 \$317,391 payable at the beginning of the year.

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

<i>Marriage</i>	75% of participants are assumed to be married. Husbands are assumed to be three years older than wives.
<i>Form of Payment</i>	Participants are assumed to elect the normal form.
<i>New Entrants</i>	No new entrants or rehired employees are assumed in the future.
<i>Future Increases in Maximum Benefits</i>	It is assumed that maximum benefit and plan compensation limitations under Internal Revenue Code will not increase in the future.
<i>Future Increases in Benefits</i>	None.
<i>Benefits Not Included in the Valuation</i>	None.

Actuarial Methods

<i>Cost Method</i>	The Unit Credit cost method is employed in this valuation. Under this method, an “accrued benefit” is calculated as of the beginning of the year and is projected as of the end of the year for each benefit that may be payable in the future. The “accrued benefit” is based on the plan’s accrual formula and upon service as of the beginning or end of the year. For benefits where the plan’s accrual formula is not relevant, benefits are assumed to accrue on a straight-line basis over the period during which the employee earns credited service. The actuarial accrued liability is the present value of the “accrued benefit” as of the beginning of the year for employed participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the “accrued benefit” as of the beginning and the “accrued benefit” projected to the end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.
<i>Asset Method</i>	The Market Value of Assets excluding SFA assets are used for the Fund’s asset method for minimum funding purposes and actuarial certification purposes as of November 1, 2023. For withdrawal liability purposes, the value of assets used to determine the unfunded vested benefits of the Plan is the market value of plan assets including the SFA assets, less the excludable portion of SFA assets of the Plan for this plan year, as determined under PBGC rules and guidelines.

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

Changes in Assumptions and Methods Since the Prior Valuation

Mortality rates were changed from the RP-2000 mortality table set forward three years projected with scale AA on a fully generational basis for healthy participants and the RP-2000 disabled mortality table for disabled participants, to the Pri-2012 Blue Collar Dataset Employee/Retiree Amount-Weighted Mortality projected fully generationally with scale MP-2021 for healthy participants and the Pri-2012 Total Dataset Disabled Amount-Weighted Mortality projected fully generationally with scale MP-2021 for disabled participants.

The interest rate used for funding was lowered from 7.50% to 7.00%.

The asset valuation method was changed from the Five-Year Weighted Average of Assets Gains/Losses Method to the Fair Market Value of Assets. Under this new method, the Actuarial Value of Assets as of November 1, 2023, is set to the Fair Market Value of Assets.

There were no other changes to the actuarial assumptions or methods from the Plan's prior actuarial valuation.

Modelling Disclosure ASOP 56

FACT utilizes ProVal, an actuarial valuation program leased from Winklevoss Technologies to calculate the liabilities, normal costs and projected benefit payments. Winklevoss Technologies employs actuaries who are experts in the development of actuarial software and is utilized by many of the actuarial consulting firms worldwide. The ProVal software is customized by our staff to value the benefits described in this report. We have used ProVal in accordance with its original intended purpose and have reviewed the results from ProVal as it relates to the Plan.

REHABILITATION PLAN
LOCAL 917 PENSION FUND

I. INTRODUCTION

The Pension Protection Act of 2006 (“PPA”) requires an annual actuarial status determination for multiemployer pension plans including the Local 917 Pension Fund (the “Fund”). On January 28, 2012, the Fund was certified by its actuary to be in critical status for the plan year beginning on November 1, 2011 and ending on October 31, 2012 (the “2011 Plan Year”). The Fund remains in critical status as of the 2022 plan year, but continues to meet the annual standard for satisfying the requirements of the Rehabilitation Plan.

The PPA requires that the Board of Trustees of a multiemployer pension plan that is in critical status develop a rehabilitation plan that is intended to improve the plan's funding. A rehabilitation plan sets forth the actions to be taken by the pension plan's trustees, as well as the collective bargaining parties, to enable the plan to emerge from critical status or forestall possible insolvency. The rehabilitation plan must be based on reasonably anticipated experience and reasonable actuarial assumptions regarding investment income and other experience of the Plan over a period of future years. These requirements are set forth in Section 305(e)(3) of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”) and Section 432(e)(3) of the Internal Revenue Code of 1986, as amended (“the Code”).

II. STATE OF THE PLAN

Due to the stock market declines in 2001 and 2002 and other macroeconomic factors affecting the Fund, active membership in this Fund has been declining and all future accruals ceased in this Plan as of September 2005. In response to this declining funded status, contribution rates to the Fund have been increased over the years even though no new benefits have been earned on any of the contributions coming into the Fund. Because increased contributions were required and no additional benefits were being earned and other outside factors, several employers left the Fund and were assessed withdrawal liability. In 2000, the number of active participants in the Fund was 1,159 and as of November 1, 2010, the Fund's active membership was down to 358. Historically, the Fund has generally had success in collecting withdrawal liability payments as they become due, but the economic downturn in 2008 and into early 2009 exacerbated the problems this Fund has faced, providing increased challenges for the Fund to meet its future benefit responsibilities.

Under the Worker, Retiree and Employer Relief Act, this Fund elected to be in Seriously Endangered Status in 2008 before the full extent of the economic downturn had been realized. The Funding Improvement Plan (the “FIP”) under PPA that year called for six years of 15% annual increases in contribution level from the employers in the Fund at that time. The combination of the increased contributions required under the FIP and the economic downturn which forced employers to lay off employees or close down altogether forced more employers out the door, putting a bigger burden on the remaining employers. The Trustees now feel it is impractical to burden the remaining employers with contribution increases needed to salvage this Fund and believe that if these new contribution requirements were to be imposed on the

remaining employers, most or all of them would be forced to withdraw from the Fund, making matters worse.

III. REHABILITATION PLANS GENERALLY

A rehabilitation plan consists of either (i) actions (including increases in employer contributions to, and/or reductions in benefits under, the plan) that, based on reasonably anticipated experience and reasonable actuarial assumptions, are formulated to enable the plan to emerge from critical status no later than the end of a 10-year “rehabilitation period”; or (ii) reasonable measures implemented by the plan’s trustees that are expected to enable the plan to emerge from critical status after such 10-year period, or to forestall possible plan insolvency, if the trustees determine that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the plan cannot reasonably be expected to emerge from critical status by the end of the 10-year rehabilitation period.

The 10-year rehabilitation period begins with the first plan year that begins two years after adoption of the rehabilitation plan, or, if earlier, the first plan year after the expiration of collective bargaining agreements (in effect when the actuarial certification for the first critical year was due) covering at least 75% of the plan’s active participants. In the case of this Plan, the 10-year rehabilitation period began November 1, 2014.

After extensive deliberations and consultations with the Fund actuary and legal counsel, as well as an in-depth review of a variety of possible alternatives, the Board of Trustees of the Fund (the “Board”) concluded that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Plan cannot reasonably be expected to emerge from critical status by the end of a 10-year rehabilitation period. Further information regarding that conclusion is described in greater detail below.

Accordingly, the Board adopted this Rehabilitation Plan on March 21, 2012 as the best long-term option for improving the funded status of the Plan and determined that it is in the best interest of the Fund and its participants and beneficiaries. The Rehabilitation Plan consists of a single schedule, known as the “default schedule” required by the PPA, and employs reasonable measures to enable the Fund to forestall insolvency. As required under the PPA, the Trustees review and, if appropriate, update the Rehabilitation Plan annually. This 2022 Rehabilitation Plan is based on the Plan information as of November 1, 2022, and on reasonable assumptions about how the Plan’s assets and liabilities will change in the coming years.

IV. BENEFIT MODIFICATIONS

A. *Description of Benefit Modifications*

1. Effective May 1, 2012, early retirement subsidies for all terminated vested participants not in pay status as of April 30, 2012 were eliminated by providing an early retirement benefit that is actuarially equivalent to the Normal Retirement benefit. The Fund’s Rules and Regulations were amended to clarify that elimination of the subsidy applies to terminated vested participants with an Annuity Starting Date on and after May 1, 2012 whose coverage under the Fund

terminated before age 55. Coverage terminates when there is a separation from Covered Employment as defined in Article III of the Rules and Regulations - the last day of service covered under the Plan that immediately precedes a one-year break in service, unless the break in service is subsequently repaired. Terminated vested participants age 55 or older with at least 10 years of pension credit at the time coverage under the Fund terminates will continue to have their benefit determined based on the subsidized early retirement factors.

2. Effective May 1, 2012, the period certain payment form (the 60-Month Guarantee and the 18 month Survivor's Benefit) was eliminated for all terminated vested participants who retire on a Deferred Pension with an Annuity Starting Date on and after May 1, 2012.

V. EMPLOYER CONTRIBUTION INCREASES

A. *Employer Contribution Increases Required under the Rehabilitation Plan*

Effective on November 1, 2014, the first day of the plan year following two years after the adoption of the rehabilitation plan or, if earlier, the date on which collective bargaining agreements in effect on January 28, 2012 and covering at least 75% of the active participants in the Fund expire, each contributing employer will be required to increase contributions to the Fund by five (5%) percent per year, if not already adopted in a collective bargaining agreement reached in accordance with this rehabilitation plan. All new collective bargaining agreements reached on or after March 1, 2012 must include a contribution increase of at least 5% per year for 3 years, unless superseded by part B(3) of this section below.

Effective March 21, 2012, each contributing employer that contributes to the Fund on behalf of participants not covered by a collective bargaining agreement, shall be obligated to increase its contribution rate by five (5%) percent per year for 3 years, however the contribution rate shall not be required to be higher than \$3.33 per hour or \$578.70 per month.

Effective with the adoption of the 2020 updated Rehabilitation Plan, the requirement to increase contribution rates by 5% annually was eliminated as it became cost prohibitive to an extent that it resulted in the difficulty to retain employers in the Plan. Therefore, effective with the adoption of the 2020 Rehabilitation Plan update and carried forward to this year's update, the effective annual increase in contribution rate will be 0% per year unless negotiated by and between the bargaining parties. The sole purpose of eliminating the required increase is to retain the current employers contributing to the Fund and to incentivize new employers to enter into the Fund and to avoid insolvency. The necessity of an increase beyond what is set forth in any collective bargaining agreement and or participation agreement will continue to be reviewed annually.

B. *Effective Date of Contribution Increases*

Unless otherwise specifically provided herein, the contribution increases required by the Rehabilitation Plan will become effective upon the *earlier of*:

1. the effective date of a collective bargaining agreement (or an amendment to that collective bargaining agreement) that adopts a contribution schedule that contains terms consistent with the Rehabilitation Plan contribution schedule, or
2. 180 days after the expiration date of a collective bargaining agreement providing for contributions to the Plan that was in effect on January 28, 2012, if by such date the bargaining parties have failed to adopt a contribution schedule that contains terms consistent with the contribution schedule set forth in this Rehabilitation Plan.
3. If any contributing employer increased or increases their contribution rate in 2011 or later by 15% as part of the prior Funding Improvement Plan, such employer will be deemed to have fulfilled their obligation to increase their contributions under this rehabilitation plan on the later of March 1, 2012 or the effective date of such contribution increase, thereby negating the need for any further contribution increase or employer surcharge under this rehabilitation plan.

C. *No Decrease Permitted in Employer Contributions Otherwise Required*

To the extent required under PPA, the Board has resolved that it will not permit contributing employers to decrease their contribution rates to the Fund in any collective bargaining agreement enacted during the rehabilitation plan adoption period.

VI. EMPLOYER SURCHARGES

The PPA requires that mandatory “surcharges” be imposed on every contributing employer beginning 30 days after the date on which the PPA-required notice of critical status is provided to the employer – in this case, surcharges begin March 29, 2012– and will continue until the employer’s collective bargaining agreement(s) (or other agreement(s) pursuant to which it is contributing) is amended to incorporate a contribution schedule that contains terms consistent with the Rehabilitation Plan.

The amount of the surcharge is as follows:

1. Effective for contributions earned on or after March 29, 2012 and before October 31, 2012, the surcharge is 5% of the employer’s contributions to the Plan; and
2. Effective for contributions earned on or after November 1, 2012, the surcharge is 10% of the employer’s contributions to the Plan. The 10% surcharge remains in effect for each plan year in which the Plan remains in critical status. The surcharge will no longer be applicable to any Employer that adopts a collective bargaining agreement in conformity with this Rehabilitation Plan.

The surcharge is due and payable on the same schedule as the contributions on which the surcharges are based. Surcharges are over and above the required employer contributions and, consistent with law, will not generate any benefit accruals for participants.

Where the bargaining parties fail to adopt the schedule in the Rehabilitation Plan by 180 days after the expiration of each collective bargaining agreement, the employer remains subject to all surcharges imposed under the PPA until such time as the bargaining parties adopt provisions (or, if later, such time as those provisions take effect) in the employer's collective bargaining agreement that contain terms consistent with the Rehabilitation Plan schedule. If there is an unreasonable delay in providing the Fund Office with an executed agreement that contains terms consistent with the Rehabilitation Plan schedule, the adoption date will be treated as the date of receipt by the Fund Office and the surcharge will be imposed through that date.

The law provides that employers on whom the Rehabilitation Plan default schedule is imposed (e.g., because the bargaining parties have not adopted the Rehabilitation Plan contribution schedule within 180 days after expiration of the collective bargaining agreement) will remain subject to the surcharges imposed under the PPA until such time as the collective bargaining parties adopt provisions in their collective bargaining agreements that contain terms consistent with the Rehabilitation Plan schedule. Thus, under the law, such employers would be subject to **both** the Rehabilitation Plan default schedule and the surcharge.

VII. REHABILITATION PLAN OBJECTIVES

This Rehabilitation Plan consists of reasonable measures adopted by the Board which, based on reasonable actuarial assumptions, can be expected to enable the Fund to delay a projected insolvency.

The objective of the Rehabilitation Plan is to delay any insolvency so that potential improvements in investment return or other material events, including further applicable legislative reforms, can provide an opportunity for the Fund to survive and continue to provide its promised benefits to its participants.

VIII. ALTERNATIVES CONSIDERED BY THE BOARD

The Board devoted a considerable amount of time and attention to considering the advantages and disadvantages of the alternatives that would enable the Fund to emerge from critical status by the end of the 10-year rehabilitation period. Some of the alternatives that were considered by the Board would have required compound annual increases of 15%. The Trustees concluded that, in view of the economic challenges facing the employers of the Fund, the prospect of these compound increases would cause the remaining participating employers either to flee from the Fund or become unable to continue in business and further undermine the Fund's stability.

After considering each of these alternatives, the Board concluded that each would be unreasonable and would involve considerable risk to the long-term health (and even viability) of the Fund.

In reaching this conclusion the Board considered the near-impossibility of emerging from critical status at the end of the 10-year rehabilitation period in view of the significant investment losses suffered by the Fund in 2008.

In addition, the magnitude of the employer contribution increases required by a default schedule intended to satisfy the requirements for a 10-year rehabilitation plan would almost certainly result in lower negotiated wages for participants and/or decreased employer contributions to other benefit plans covering these participants (such as the plan providing their health benefit coverage). If participants perceive a significant decrease in value in their total overall compensation – including wages, pension benefits and health benefits – the Board concluded that they would be likely to encourage their employers to withdraw from the Fund. Thus, the Board concluded that a further reduction in benefits would be inconsistent with the goal of presenting a viable plan with ongoing value to active participants. Such action could also lead to increased employer withdrawals or reductions in contributions, as the collective bargaining parties would see less benefit to ongoing participation.

The Board also considered eliminating disability benefits and early retirement benefits entirely (such that participants would not be permitted to receive retirement benefits prior to age 65, even on an actuarially equivalent basis) and eliminating pre-retirement death benefits for non-spousal beneficiaries. However, the Board chose not to do so due to (i) the Board's conclusion that the impact of eliminating these benefits on the projected solvency of the plan is *de minimis* and (ii) the fact that it would discourage further active participation in the Plan.

IX. DELINQUENT EMPLOYER CONTRIBUTIONS/WITHDRAWAL FROM THE PLAN

A contributing employer's failure to contribute to the Fund timely at the rates required by the Rehabilitation Plan schedule (once agreed to or imposed) will result in the deficient amounts being treated as delinquent employer contributions under the Fund. In addition, the contributing employer will be subject to excise taxes (equal to 100% of the unpaid contributions) as provided under the PPA. Additionally, this may result in a determination by the Board that the employer has failed to maintain (and thus has withdrawn from) the Fund, in which case such employer will then be subject to withdrawal liability under the terms of the Fund and Title IV of ERISA. Further, under the PPA, any failure to make a surcharge payment will also be treated as a delinquent contribution.

X. NOTICE GIVEN BEFORE BENEFIT REDUCTIONS BECOME EFFECTIVE

Pursuant to Section 432(e)(8)(C) of the Code, this notice is being given at least 30 days before the general effective date of the reduction in adjustable benefits under the Fund.

XI. NON-COLLECTIVELY BARGAINED PARTICIPANTS

In the case of an employer that contributes to the Fund on behalf of non-collectively bargained employees *only*, the rules contained in this Rehabilitation Plan shall be applied as if the employer were the bargaining party, and its participation agreement (or other operative agreement) were a collective bargaining agreement with a term ending on the first day of the plan year beginning after the employer is provided with the Rehabilitation Plan (*i.e.*, generally November 1, 2012).

XII. APPLICATION OF REHABILITATION PLAN TO FUTURE AGREEMENTS

The rules contained herein shall be applied upon the expiration of (or earlier amendment to or renegotiation of) the first collective bargaining agreement that conforms to the Rehabilitation Plan (the "Initial Compliant Collective Bargaining Agreement") and each subsequent compliant collective bargaining agreement (a "Subsequent Compliant Collective Bargaining Agreement"). Furthermore, it will be applied as if the Initial Compliant Collective Bargaining Agreement or Subsequent Compliant Collective Bargaining Agreement, as the case may be, were "in effect" at the time the Fund entered critical status; provided that, the contribution surcharges imposed under the PPA and this Rehabilitation Plan shall apply prospectively only and shall be based upon the contribution rate in the expired Initial Compliant Collective Bargaining Agreement or Subsequent Compliant Collective Bargaining Agreement, as the case may be.

XIII. REHABILITATION PLAN STANDARDS

The PPA requires that a plan set forth annual standards for meeting the requirements of its rehabilitation plan. However, the PPA does not currently define the standards applicable to a rehabilitation plan, such as this Rehabilitation Plan, that is not designed to emerge from critical status at the end of the 10-year rehabilitation period.

Until such time as these standards are more clearly defined pursuant to the PPA, the annual standard for satisfying the requirements of this Rehabilitation Plan will be a determination that, based on the updated actuarial projections each year using reasonable actuarial assumptions, the Rehabilitation Plan (as updated and amended from time to time), will enable the Fund to forestall possible insolvency.

The terms of the official plan documents will govern in the event of any contradiction between this notice and the Fund documents as adopted to incorporate the changes to the Fund described herein.

XIV. ANNUAL REVIEW AND UPDATE OF REHABILITATION PLAN

In consultation with the Fund's actuary, the Board will review the Rehabilitation Plan annually and amend it, as appropriate, to meet the objective of enabling the Fund to emerge from critical status or forestall plan insolvency. This will include an update of the contribution rates contained in its schedules to reflect the experience of the Fund. The annual review will include a thorough review of the Fund's funding status, including projections by the actuary of whether and when the Fund is expected to emerge from critical status or become insolvent. The Board will consider whether further benefit modifications or contribution rate increases are necessary to meet the stated objectives of the Rehabilitation Plan.

The Rehabilitation Plan may be amended for any benefit changes that may be required for the Fund to continue to satisfy all necessary legal requirements, to maintain its tax-qualified status under the Code, and to comply with other applicable law. Collective bargaining agreements that are entered into, renewed or extended after the date of any changes to the Rehabilitation Plan will be subject to the Rehabilitation Plan then in effect at the time of such entry, renewal or extension. Notwithstanding the foregoing, under current law the schedules of contribution rates provided by the Board, and agreed to by the bargaining parties in negotiating a

collective bargaining agreement, will remain in effect for the duration of that collective bargaining agreement.

XV. CONSTRUCTION AND MODIFICATIONS TO THIS REHABILITATION PLAN

This Rehabilitation Plan is intended to present only a summary of the law, the Fund and the upcoming changes to the Fund. It is not intended to serve as an exhaustive, complete description of the law, the Fund or the modifications discussed herein. Further, the Rehabilitation Plan is a discretionary act on the part of the Trustees and the Board reserves the right, in its sole and absolute discretion, to construe, interpret and/or apply the terms and provisions of this Rehabilitation Plan in a manner that is consistent with the PPA and other applicable law. Any and all constructions, interpretations and/or applications of the Fund (and other Plan documents) or the Rehabilitation Plan by the Board, in its sole and absolute discretion, shall be final and binding on all parties affected thereby. Subject to the PPA and other applicable law, and notwithstanding anything herein to the contrary, the Board further reserves the right to make any modifications to this Rehabilitation Plan that they, in their sole and absolute discretion, determine are necessary and/or appropriate (including, without limitation in the event of any omission or the issuance of any future legislative, regulatory or judicial guidance). No Employer or participant is intended to or shall receive any rights under this Rehabilitation Plan and shall have no rights to enforce any of its provisions, which rights shall solely be vested in the Trustees in their sole and absolute discretion.

This Rehabilitation Plan for the Local 917 Pension Fund is hereby adopted by:

Trustees

Date

Date

Date

Date

***Schedule MB, line 4c – Documentation Regarding Progress Under Funding
Improvement or Rehabilitation Plan***

Pursuant to Code Section 432(b)(3)(A)(ii) and ERISA Section 305(e)(3)(A)(ii), on March 21, 2012, the Board of Trustees adopted their Rehabilitation Plan to forestall insolvency as defined in ERISA Section 4245. The Rehabilitation Plan removed some adjustable benefits and requires annual contribution increases upon its adoption by employers. Currently, all active employers have adopted these provisions for the duration of their most recent collective bargaining agreement. This is the basis for our certification that the Plan is making the scheduled progress in meeting the requirements of its Rehabilitation Plan as discussed in ERISA Section 305(b)(3)(A)(ii).

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Local 917 Pension Fund

EIN 13-6086164 Plan No. 001

Attachment to 2023 Form 5500

Schedule R, Line 13e - Informtion on Contribution Rates and Base Units

Employer	EIN	Contribution Rate	Base Units	CBA Expires
Standard Parking	16-1171179	\$199.00	Monthly	6/30/2025
		\$1.39	Hourly	6/30/2025
		\$1.68	Hourly	6/30/2025
		\$1.78	Hourly	6/30/2025
		\$1.87	Hourly	6/30/2025
		\$2.27	Hourly	6/30/2025

Schedule MB, line 4f – Cash Flow Projections

<u>Plan Year (11/1)</u>	Fair Market Value of Assets at Beginning of Plan <u>Year</u>	<u>Contributions</u>	<u>Benefit Payments</u>	Administrative <u>Expenses</u>	Investment <u>Income</u>	Fair Market Value of Assets at End of Plan Year
2023	\$27,867,701	\$580,046	(\$3,031,799)	(\$330,000)	\$1,103,956	\$26,189,904
2024	26,189,904	569,207	(2,968,660)	(330,000)	1,073,524	24,533,975
2025	24,533,975	558,750	(2,898,549)	(330,000)	1,045,115	22,909,291
2026	22,909,291	548,663	(2,802,024)	(330,000)	1,019,465	21,345,395
2027	21,345,395	538,925	(2,711,479)	(330,000)	997,060	19,839,901
2028	19,839,901	529,485	(2,606,192)	(330,000)	978,273	18,411,467
2029	18,411,467	528,182	(2,475,386)	(330,000)	945,611	17,079,874
2030	17,079,874	525,062	(2,361,358)	(330,000)	888,472	15,802,050
2031	15,802,050	503,206	(2,244,598)	(336,690)	819,941	14,543,909
2032	14,543,909	491,172	(2,132,219)	(319,833)	752,991	13,336,020
2033	13,336,020	488,081	(2,022,460)	(303,369)	689,225	12,187,497
2034	12,187,497	409,099	(1,932,203)	(289,830)	625,625	11,000,188
2035	11,000,188	399,402	(1,837,673)	(275,651)	562,125	9,848,391
2036	9,848,391	396,373	(1,729,676)	(259,451)	501,431	8,757,068
2037	8,757,068	393,364	(1,621,999)	(243,300)	444,103	7,729,236
2038	7,729,236	390,379	(1,516,704)	(227,506)	390,237	6,765,642
2039	6,765,642	387,422	(1,411,737)	(211,761)	339,943	5,869,509
2040	5,869,509	384,493	(1,317,544)	(197,632)	293,054	5,031,880
2041	5,031,880	381,594	(1,222,433)	(183,365)	249,457	4,257,133
2042	4,257,133	375,625	(1,128,298)	(169,245)	209,232	3,544,447

Plan Name: Local 917 Pension Fund

EIN/PN: 13-6086164/001

Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 4f – Cash Flow Projections (cont'd)

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

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:

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. The increase in PBGC premium to \$52 per participant is reflected beginning with the 2031 plan year.

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.

Plan Name: Local 917 Pension Fund
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Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 4f – Cash Flow Projections (cont'd)

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) 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 CBUs is assumed to be the result of employer withdrawals.

<i>Contribution Rates</i>	<i>Employer</i>	<i>Contribution Rate</i>
	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	\$1.47 per hour

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 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 through August 2034, and its final payment of \$9,495 is

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 4f – Cash Flow Projections (cont'd)

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%.

***Benefit
Payments***

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

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 3 – Contributions Made to the Plan for the Plan Year

Unless otherwise noted, contributions (other than withdrawal liability payments) are paid in substantially equal monthly installments pursuant to collective bargaining agreements. The interest credited to the Funding Standard Account is therefore assumed to be equivalent to a May 1 contribution date.

The source of contributions for the Plan Year ending October 31, 2024, was a draft of the Fund auditor's report and supplemental schedules provided by the Fund Auditor.

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$463,647	\$116,399	\$580,046
2024	449,738	119,469	569,207
2025	436,246	122,504	558,750
2026	423,158	125,505	548,663
2027	410,464	128,461	538,925
2028	398,150	131,335	529,485
2029	394,168	134,014	528,182
2030	390,226	134,836	525,062
2031	386,324	116,882	503,206
2032	382,461	108,711	491,172

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2023	\$13,075	\$530,019	\$2,482,927	\$3,026,021
2024	29,715	564,728	2,346,581	2,941,024
2025	42,309	622,886	2,211,810	2,877,005
2026	49,907	658,526	2,079,085	2,787,518
2027	56,971	693,390	1,948,886	2,699,247
2028	61,853	702,943	1,821,677	2,586,473
2029	68,003	694,380	1,697,882	2,460,265
2030	69,411	702,686	1,577,859	2,349,956
2031	70,613	701,847	1,461,874	2,234,334
2032	74,546	699,138	1,350,126	2,123,810
2033	75,079	698,741	1,242,764	2,016,584
2034	74,979	713,646	1,139,898	1,928,523
2035	75,224	719,161	1,041,615	1,836,000
2036	74,673	706,949	947,970	1,729,592
2037	73,702	690,481	858,994	1,623,177
2038	72,057	672,144	774,712	1,518,913
2039	70,063	649,543	695,146	1,414,752
2040	68,546	632,330	620,325	1,321,201
2041	65,867	610,257	550,284	1,226,408
2042	62,983	584,344	485,059	1,132,386
2043	59,958	555,481	424,670	1,040,109
2044	56,815	526,060	369,120	951,995
2045	53,561	495,676	318,399	867,636
2046	50,217	464,085	272,468	786,770
2047	46,808	431,911	231,249	709,968
2048	43,363	400,855	194,618	638,836
2049	39,913	369,359	162,400	571,672
2050	36,484	338,406	134,366	509,256
2051	33,119	308,404	110,234	451,757
2052	29,852	279,570	89,684	399,106
2053	26,723	252,100	72,380	351,203
2054	23,762	226,144	57,972	307,878
2055	20,993	201,803	46,111	268,907
2056	18,432	179,131	36,456	234,019
2057	16,082	158,142	28,685	202,909
2058	13,939	138,820	22,499	175,258
2059	11,997	121,129	17,622	150,748
2060	10,245	105,021	13,810	129,076
2061	8,677	90,443	10,850	109,970

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

***Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments
(cont'd)***

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2062	\$7,283	\$77,337	\$8,563	\$93,183
2063	6,055	65,637	6,798	78,490
2064	4,984	55,270	5,438	65,692
2065	4,059	46,156	4,385	54,600
2066	3,267	38,207	3,566	45,040
2067	2,598	31,336	2,923	36,857
2068	2,038	25,451	2,414	29,903
2069	1,574	20,461	2,005	24,040
2070	1,195	16,275	1,672	19,142
2071	890	12,805	1,397	15,092
2072	649	9,964	1,168	11,781

Plan Name: Local 917 Pension Fund
EIN/PN: 13-6086164/001
Plan Sponsor: Board of Trustees Local 917 Pension Fund

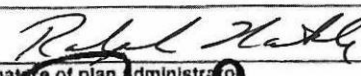
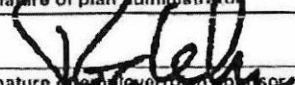
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 8057(h) and 8058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0080 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning <u>11/01/2023</u> and ending <u>10/31/2024</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan LOCAL 917 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 11/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 13-6086164 2c Plan Sponsor's telephone number 516-326-3371 2d Business code (see instructions) 812930
BOARD OF TRUSTEES LOCAL 917 PENSION FUND 22 NORTH TYSON AVENUE, 1ST FLOOR FLORAL PARK NY 11001	

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

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

SIGN HERE		08/04/2025	RALPH NATALE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		08/04/2025	ROY KOHN
	Signature of employer or plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the instructions for Form 5500. Form 5500 (2023)
v. 230728

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024		

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

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

A Name of plan Local 917 Pension Fund	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees Local 917 Pension Fund	D Employer Identification Number (EIN) 13-6086164

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 11 Day 1 Year 2023

b Assets

(1) Current value of assets.....	1b(1)	6,638,750
(2) Actuarial value of assets for funding standard account.....	1b(2)	6,638,750
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	27,108,152

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases.....	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method.....	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	27,108,152

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	38,594,931
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	317,391
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	3,037,065
(3) Expected plan disbursements for the plan year.....	1d(3)	3,026,021

Statement by Enrolled Actuary

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

SIGN HERE  Signature of actuary	<u>7/23/2025</u> Date 23-05712
Dewey A. Dennis Type or print name of actuary	Most recent enrollment number (212) 395-9555
First Actuarial Consulting, Inc. Firm name	Telephone number (including area code)
1501 Broadway, Suite 1728 New York NY 10036-5601 Address of the firm	

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

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

Schedule MB (Form 5500) 2023
v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	6,678,110
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	805	24,502,994
(2) For terminated vested participants	466	12,865,505
(3) For active participants:		
(a) Non-vested benefits		6,429
(b) Vested benefits		1,220,003
(c) Total active	132	1,226,432
(4) Total	1,403	38,594,931
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	17.30 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/23/2024	9,875		07/16/2024	9,875	
02/01/2024	29,485		09/19/2024	29,485	
04/16/2024	9,875		10/15/2024	9,875	
04/29/2024	29,485				
05/01/2024	517,901				
Totals ▶			3(b)	645,856	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					127,955

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	24.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☒		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		2050

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☒ Yes ☐ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☒ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.15 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	3.5 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	317,391
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-858,746	-88,117
4	4,099,987	420,707
5	823,561	109,586

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	9,143,754
b Employer's normal cost for plan year as of valuation date.....	9b	317,391

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	17,954,245	2,431,766
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 832,504**e** Total charges. Add lines 9a through 9d..... **9e** 12,725,415**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 0**g** Employer contributions. Total from column (b) of line 3..... **9g** 645,856**h** Amortization credits as of valuation date..... **9h** 6,628,597 1,396,993**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 119,899**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9j(1)	22,241,868	
9j(2)	29,419,815	
9j(3)		0

k (1) Waived funding deficiency

(2) Other credits

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

(3) Total as of valuation date

9o(1)	0
9o(2)(a)	0
9o(2)(b)	0
9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... **10** 10,562,667**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☒ Yes ☐ No