

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 6047(e), 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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☒ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ 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)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SHOPMAN'S LOCAL 499 PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1964</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1964</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1964</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SHOPMANS LOCAL 499</u> <u>860 CURTIS ST</u> <u>TOLEDO, OH 43609</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-6685472</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-241-1261</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-6685472</u>	2c Plan Sponsor's telephone number <u>419-241-1261</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>34-6685472</u>					
2c Plan Sponsor's telephone number <u>419-241-1261</u>					
2d Business code (see instructions) <u>332900</u>					

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.	01/20/2016	THOMAS WALSH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/20/2016	THOMAS WALSH
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	283
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		6a(1)	173
a(2) Total number of active participants at the end of the plan year		6a(2)	164
b Retired or separated participants receiving benefits		6b	54
c Other retired or separated participants entitled to future benefits.....		6c	46
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	264
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	10
f Total. Add lines 6d and 6e		6f	274
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	4
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ <u>1</u> A (Insurance Information)	
		(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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan SHOPMAN'S LOCAL 499 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHOPMANS LOCAL 499	D Employer Identification Number (EIN) 34-6685472	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	420654	274	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	5984

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PENSION INNOVATIONS & CONSULTING
7558 KINGS POITE RD
TOLEDO, OH 43617-1870

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	5984	REFERRAL/SERVICE FEE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	7933100

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year.....	7b	
c Additions: (1) Contributions deposited during the year.....	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions.....	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions.....	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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 SHOPMAN'S LOCAL 499 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHOPMANS LOCAL 499	D Employer Identification Number (EIN) 34-6685472

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	
1a Enter the valuation date: Month 01 Day 01 Year 2014	
b Assets	
(1) Current value of assets	1b(1) 7698102
(2) Actuarial value of assets for funding standard account.....	1b(2) 7698102
c (1) Accrued liability for plan using immediate gain methods	1c(1) 8875605
(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) 8012963
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) 13142349
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 448014
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 405904
(3) Expected plan disbursements for the plan year	1d(3) 475204

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	Date
DAVID A. STOCKLAS	14-05460
Type or print name of actuary	Most recent enrollment number
PRINCIPAL FINANCIAL GROUP	412-394-9380
Firm name	Telephone number (including area code)
P.O. BOX 9394, DES MOINES, IA 50306	
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	7698102
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	56	3768180
(2) For terminated vested participants	57	1340752
(3) For active participants:		
(a) Non-vested benefits		428228
(b) Vested benefits		7605189
(c) Total active	168	8033417
(4) Total	281	13142349
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	58.57 %

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
01/09/2014	23159	0	03/03/2014	6321	0
01/27/2014	4944	0	03/05/2014	20261	0
02/03/2014	9366	0	03/14/2014	296	0
02/07/2014	10398	0	03/17/2014	4824	0
02/10/2014	19288	0	04/01/2014	6598	0
02/11/2014	406	0	04/07/2014	310	0
Totals ▶			3(b)	409349	3(c) 0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5.	4a	S
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	96.1 %
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, were any adjustable benefits reduced? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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 ☐ Reorganization | j ☐ Other (specify): | | |

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.64 %
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☒ No ☐ N/A	Post-retirement ☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		

2 Operational information as of beginning of this plan year:

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

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
04/17/2014	20051	0	06/03/2014	9696	0
04/21/2014	4891	0	06/09/2014	434	0
04/28/2014	7690	0	06/17/2014	4894	0
05/19/2014	5313	0	06/30/2014	7121	0
05/27/2014	24109	0	07/02/2014	18287	0
05/29/2014	18264	0	07/14/2014	350	0
Totals ▶			3(b)		3(c)

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5.	4a	
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	%
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, were any adjustable benefits reduced? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date.....	4e	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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 ☐ Reorganization | j ☐ Other (specify): | | |

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	%
b Rates specified in insurance or annuity contracts	Pre-retirement Post-retirement ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A	
c Mortality table code for valuation purposes:		

2 Operational information as of beginning of this plan year:

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

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
08/06/2014	23132	0	09/12/2014	349	0
08/08/2014	8975	0	09/29/2014	7847	0
08/11/2014	5199	0	10/03/2014	4923	0
09/02/2014	7151	0	10/08/2014	24835	0
09/04/2014	20088	0	10/10/2014	4935	0
09/08/2014	5355	0	10/13/2014	362	0
Totals ▶			3(b)		3(c)

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5.	4a	
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	%
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, were any adjustable benefits reduced? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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 ☐ Reorganization | j ☐ Other (specify): | | |

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	%
b Rates specified in insurance or annuity contracts	Pre-retirement Post-retirement ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A	
c Mortality table code for valuation purposes:		

2 Operational information as of beginning of this plan year:

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

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
12/08/2014	347		12/01/2014	9148	0
12/03/2014	21403	0			
11/03/2014	10973	0			
11/05/2014	21263	0			
11/10/2014	440	0			
11/24/2014	5353	0			
Totals ▶			3(b)		3(c)

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5.	4a	
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	%
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, were any adjustable benefits reduced? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date.....	4e	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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 ☐ Reorganization | j ☐ Other (specify): | | |

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	%
b Rates specified in insurance or annuity contracts	Pre-retirement Post-retirement ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A	
c Mortality table code for valuation purposes:		

(1) Males.....	6c(1)	A		A	
(2) Females	6c(2)	A		A	
d Valuation liability interest rate.....	6d	7.00%		7.00 %	
e Expense loading	6e	36.4%	☐ N/A	%	☐ N/A
f Salary scale	6f	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	38.0 %			
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.6 %			

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-296391	-30413
5	-1408800	-187459

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 Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach 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	0
b Employer's normal cost for plan year as of valuation date.....	9b	190451
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	4794815 563600
(2) Funding waivers.....	9c(2)	0 0
(3) Certain bases for which the amortization period has been extended	9c(3)	0 0
d Interest as applicable on lines 9a, 9b, and 9c	9d	52784
e Total charges. Add lines 9a through 9d.....	9e	806835
Credits to funding standard account:		
f Prior year credit balance, if any	9f	1509602
g Employer contributions. Total from column (b) of line 3	9g	409349
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	2107710 316067
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	142406
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	3078985

(2) "RPA '94" override (90% current liability FFL)	9j(2)	4561878	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		2377424
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		1570589
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2014 plan year	9o(1)	0
(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)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
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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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan SHOPMAN'S LOCAL 499 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHOPMANS LOCAL 499	D Employer Identification Number (EIN) 34-6685472

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 PRINCIPAL LIFE INSURANCE COMPANY 42-0127290

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

(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)

PRINCIPAL FINANCIAL ADVISORS

52-1523364

(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 51	INVESTMENT ADVOSORY	8774	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

CLIFTON LARSON ALLEN LLP

41-0746749

(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	ACCOUNTANT	12205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBISON, CUPHEY & O'CAN

34-4437851

(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?
13 29 50	CONTRACT ADMINSTRATOR	8266	Yes ☐ No ☒	Yes ☐ No ☐	0	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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	42922	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

(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

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>SHOPMAN'S LOCAL 499 PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SHOPMANS LOCAL 499</u>	D Employer Identification Number (EIN) <u>34-6685472</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN EQUITY INCOME SA R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE ISNURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>390561</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN BOND MARKET INDEX SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-122</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>897232</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL DIV REAL ASSET SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-123</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>385333</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN HIGH YIELD I SEP ACCT R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-101</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>394617</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE PLUS BOND I SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-115</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL OVERSEAS SEP ACCT R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-116</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>618623</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LARGECCAP GROWTH I SA-R6</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>42-0127290-066</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>782812</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE II SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-096	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122467
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-026	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120401
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALL CAP GROWTH I SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122461
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 408921
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MORTGAGE SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2666837
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 352114
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL I SEPARATE ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE III SA R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-022	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121316
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL EMERG MARKETS SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-013	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153587
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP VALUE SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 395818

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>SHOPMAN'S LOCAL 499 PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHOPMANS LOCAL 499</u>		D Employer Identification Number (EIN) <u>34-6685472</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(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)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(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)		
	(10) Value of interest in pooled separate accounts	1c(10)	7698102	7933100
	(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)		
	(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		
f Total assets (add all amounts in lines 1a through 1e)	1f	7698102	7933100

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7698102	7933100
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	409352	
(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)		409352

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(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)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		413661
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		823013

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	508353	
(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)		508353
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	20471	
(2) Contract administrator fees.....	2i(2)	42922	
(3) Investment advisory and management fees.....	2i(3)	8774	
(4) Other.....	2i(4)	7495	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		79662
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		588015

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		234998
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CLIFTONLARSONALLEN

(2) EIN: 41-0746749

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		X	
4c			
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.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?		X	
4g			
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?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			

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

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 section 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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>SHOPMAN'S LOCAL 499 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHOPMANS LOCAL 499</u>	D Employer Identification Number (EIN) <u>34-6685472</u>

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	<u>0</u>
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): <u>42-0127290</u>		
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	<u>8</u>

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
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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
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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.
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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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer **ALRO**

b EIN **38-1300597**

c Dollar amount contributed by employer

258250

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) **1.20**

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

a Name of contributing employer **ART IRON**

b EIN **34-4178620**

c Dollar amount contributed by employer

101755

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 09 Day 14 Year 2014

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) **1.20**

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

a Name of contributing employer **ALRO STEEL CORP**

b EIN **38-1300597**

c Dollar amount contributed by employer

239010

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 20 Year 2016

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) **1.15**

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

a Name of contributing employer **ARY IRON, INC**

b EIN **34-4178620**

c Dollar amount contributed by employer

96782

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 09 Day 11 Year 2015

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) **1.15**

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

a Name of contributing employer **ARLO STEEL CORP**

b EIN **38-1300597**

c Dollar amount contributed by employer

230426

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 08 Day 03 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) **1.10**

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

a Name of contributing employer **ART IRON, INC**

b EIN **34-4178620**

c Dollar amount contributed by employer

105619

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 09 Day 11 Year 2015

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) **1.15**

(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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer ART IRON, INC

b EIN 34-4178620

c Dollar amount contributed by employer 101700

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 09 Day 11 Year 2011

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) 1.15

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

a Name of contributing employer ART IRON, INC.

b EIN 34-4178620

c Dollar amount contributed by employer 95313

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 09 Day 11 Year 2010

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) 1.15

(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):

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):

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	0
b The plan year immediately preceding the current plan year	14b	0
c The second preceding plan year	14c	0

- 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
b The corresponding number for the second preceding plan year	15b	0

- 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	
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) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
Toledo, Ohio

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**
December 31, 2014 and 2013



CliftonLarsonAllen

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Shopmen's Local No. 499 Pension Plan
Toledo, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Shopmen's Local No. 499 Pension Plan (the Plan), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis as described in Note 1; this includes determining that the modified cash basis is an acceptable basis for the preparation of financial statements in the circumstances. Management is also responsible 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by Principal Life Insurance Company, the custodian for the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the Plan administrator by the custodian is complete and accurate.

Board of Trustees
Shopmen's Local No. 499 Pension Plan

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Other Matter

The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 31, 2014, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Toledo, Ohio
January 7, 2016

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
Investments at fair value	<u>\$ 7,933,100</u>	<u>\$ 7,698,102</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 7,933,100</u></u>	<u><u>\$ 7,698,102</u></u>

The accompanying notes are an integral part of the financial statements.

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
Years Ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS		
Investment income:		
Net appreciation in fair value of pooled separate accounts	\$ 413,660	\$ 874,361
Less investment expenses	<u>21,445</u>	<u>21,446</u>
Net investment income	392,215	852,915
Employers' contributions	<u>409,352</u>	<u>407,747</u>
Total additions	<u>801,567</u>	<u>1,260,662</u>
DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS		
Benefits paid to participants or their beneficiaries	508,353	612,968
Administrative expenses	<u>58,216</u>	<u>47,855</u>
Total deductions	<u>566,569</u>	<u>660,823</u>
Net increase	234,998	599,839
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>7,698,102</u>	<u>7,098,263</u>
End of year	<u>\$ 7,933,100</u>	<u>\$ 7,698,102</u>

The accompanying notes are an integral part of the financial statements.

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies followed in preparing the financial statements of Shopmen's Local No. 499 Pension Plan (the Plan) are presented below.

Basis of Accounting

The accompanying financial statements of the Plan are presented on the modified cash basis, which is a comprehensive basis of accounting other than generally accepted accounting principles. Consequently, such financial statements are not presented in conformity with generally accepted accounting principles for employee benefit plans due to the recording of employers' contributions, investment income, and expenses on a cash basis.

Use of Estimates in Preparing Financial Statements

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded when received.

The net appreciation (depreciation) in fair value of pooled separate accounts includes realized and unrealized gains and losses on investments purchased, sold, and held during the year, as well as interest and dividends.

Payment of Benefits

Benefit payments to participants or their beneficiaries are recorded upon payment.

Administrative Expenses

Administrative expenses represent recordkeeping and actuarial services from Principal, as well as other administrative expenses.

Subsequent Events

Management evaluated subsequent events through January 7, 2016, the date the financial statements were available to be issued. Events or transactions occurring after December 31, 2014, but prior to January 7, 2016 that provided additional evidence about conditions that existed at December 31, 2014, have been recognized in the financial statements for the year ended December 31, 2014. Events or transactions that provided evidence about conditions that did not exist at December 31, 2014 but arose before the financial statements were available to be issued, have not been recognized in the financial statements for the year ended December 31, 2014.

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 2 - DESCRIPTION OF THE PLAN

The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit pension plan. All employees of the participating employers who are members of a bargaining unit represented by Local No. 499 are eligible to participate in the Plan. Non-union employees may participate in the Plan if their participation is proposed to and accepted by the Joint Board of Trustees. All participants are credited with partial or full years of service based on hours worked during the year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Employer Contributions

Contributions to the Plan are determined by negotiation between the participating employers and Local No. 499, based on a specific rate per hour worked.

Benefits

Under the terms of the Plan, participants are eligible for monthly benefit payments upon reaching age 65 with a minimum of five years of service. Monthly benefit payments are determined by multiplying the applicable benefit factor (as stated in the Plan) by years of credited service. The Plan also provides for early retirement, disability retirement, and pre-retirement death benefits, including lump-sum distributions for terminated participants. Effective September 30, 2013, the Plan was amended to disallow lump sum benefits in the event of a disability.

Vesting

Participants are fully vested in their benefit after five years of service or attainment of age 65, whichever occurs first.

NOTE 3 - SUMMARY OF INFORMATION CERTIFIED BY THE CUSTODIAN

Principal Life Insurance Company (Principal), the custodian for the Plan, has discretionary authority over purchases and sales of the Plan's investments, subject to certain guidelines established by the Joint Board of Trustees.

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 3 - SUMMARY OF INFORMATION CERTIFIED BY THE CUSTODIAN (CONTINUED)

The Joint Board of Trustees has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Pooled separate accounts of \$7,933,100 at December 31, 2014, and \$7,698,102 at December 31, 2013.
- Net appreciation in fair value of pooled separate accounts of \$413,660 and \$874,361 for the years ended December 31, 2014 and 2013, respectively.

The Plan's independent auditors did not perform any auditing procedures with respect to the preceding information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE 4 - INVESTMENTS

The fair value of individual investments that represent 5% or more of the Plan's net assets available for plan benefits at December 31, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Principal Life Insurance Company:		
Pooled separate accounts:		
Bond and Mortgage	\$ 2,666,837	\$ 1,723,004
Bond Market Index	897,232	*
Large Cap Growth I	782,812	755,635
Overseas	618,623	388,364
US Property	408,921	*
Core Plus Bond I	*	1,731,193
Diversified Real Asset	*	385,789

* Did not represent 5% of net assets available for benefits as of the date indicated

NOTE 5 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820-10 (ASC 820-10) defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 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.

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The fair value measurement level of the asset or liability 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.

Following is a description of the valuation methodologies used for assets of the Plan measured at fair value at December 31, 2014 and 2013:

Pooled Separate Accounts: Valued at the net asset value of the account, which is based on the fair value of the underlying assets held by the custodian at the measurement date. Underlying assets include common stock, mutual funds and fixed income securities. Certain underlying assets are quoted on national or international security exchanges.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

<u>2014</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Balanced/asset allocation	\$ -	\$ 385,333	\$ -	\$ 385,333
Fixed income	-	4,367,607	-	4,367,607
International equity	-	772,210	-	772,210
Large U.S. equity	-	1,921,304	-	1,921,304
Small/mid U.S. equity	-	486,646	-	486,646
Total pooled separate accounts	\$ -	\$ 7,933,100	\$ -	\$ 7,933,100
<u>2013</u>				
Pooled separate accounts:				
Balanced/asset allocation	\$ -	\$ 385,789	\$ -	\$ 385,789
Fixed income	-	4,222,170	-	4,222,170
International equity	-	776,185	-	776,185
Large U.S. equity	-	1,851,329	-	1,851,329
Small/mid U.S. equity	-	462,629	-	462,629
Total pooled separate accounts	\$ -	\$ 7,698,102	\$ -	\$ 7,698,102

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate NAV per share (or its equivalent) as of December 31:

	<u>2014</u> <u>Fair</u> <u>value</u>	<u>2013</u> <u>Fair</u> <u>value</u>	<u>Unfunded</u> <u>commitments</u>	<u>Redemption</u> <u>frequency</u>	<u>Redemption</u> <u>notice period</u>
Pooled separate accounts:					
Balanced/asset allocation	\$ 385,333	\$ 385,789	\$ -	Daily	Daily
Fixed income	4,367,607	4,222,107	-	Daily	Daily
International equity	772,210	776,185	-	Daily	Daily
Large U.S. equity	1,921,304	1,851,329	-	Daily	Daily
Small/mid U.S. equity	486,646	462,629	-	Daily	Daily

Following is a description of the nature and risks of the categories of assets by major security type:

Balanced/Asset Allocation: The asset class is generally comprised of a combination of fixed income and equity investment options. These investment options may include balanced, asset allocation, target-date, and target-risk investment options. Although typically lower risk than investment options that invest solely in equities, all investment options in this category have the potential to lose value.

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

Fixed Income: This asset is generally comprised of investment options that invest in bonds, or debt of a company or government entity (including U.S. and Non-U.S.). It may also include real estate investment options that directly own property. These investment options typically carry more risk than short-term fixed income investment options (including for real estate investment options, liquidity risk), but less overall risk than equities.

International Equity: This asset class is comprised of investment options that invest in stocks, or shares of ownership in companies with their principal place of business or office outside the United States. These investment options often carry more risk than U.S. equity investment options but may have the potential for higher returns. There may be an appropriate choice for long-term investors who are seeking the potential for growth.

Large U.S. Equity: This asset class is generally comprised of investment options that invest in stocks, or shares of ownership in large, well-established, U.S. companies. These investment options typically carry more risk than fixed income investment options but have the potential for higher returns over longer time periods. They may be an appropriate choice for long-term investors who are seeking the potential for growth.

Small/Mid U.S. Equity: This asset class is generally comprised of investment options that invest in stocks, or shares of ownership in small to medium-sized U.S. companies. These investment options typically carry more risk than larger U.S. equity investment options but have the potential for higher returns. They may be an appropriate choice to long-term investors who are seeking the potential for growth.

NOTE 6 - CONTRIBUTIONS

As described in Note 8, actuarial valuations are performed annually in order to determine the adequacy of the hourly contribution rates. Contributions for 2014 and 2013 were sufficient to meet the minimum funding requirements of ERISA.

NOTE 7 - PLAN TERMINATION

Upon termination of a particular collective bargaining agreement with an employer, a determination of the employer's withdrawal liability is made (based on actual contributions paid, benefits accrued, earnings of the Plan, etc.). Upon termination of all collective bargaining agreements, the Plan may be terminated. In the event of termination of the Plan or termination of the participation of an employer, the Plan's assets or portion of such assets will be allocated to the extent possible by the Joint Board of Trustees (after providing for expenses of the Plan) for the exclusive benefit of participants and retired participants as provided by ERISA.

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 7 - PLAN TERMINATION (CONTINUED)

Under provisions of ERISA, if the Plan is terminated, the individual employers may be obligated to make termination payments to the Plan and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC).

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor pensions. However, the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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 sponsors of the Plan and the level of benefits guaranteed by the PBGC.

NOTE 8 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, beneficiaries of participants who have died, and present participants or their beneficiaries. Actuarial computations for the Plan were made by consulting actuaries of The Principal Financial Group, using the "Entry Age Normal Cost" method. Significant assumptions underlying the actuarial computations include assumed interest rate of 6.75% for 2014 and 7.0% for 2013, respectively; retirement at normal retirement age; and assumed mortality and disability rate based upon established statistical data.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits, as determined by the consulting actuary as of December 31, 2014 and 2013, is summarized as follows:

	<u>2014</u>	<u>2013</u>
Vested benefits:		
Participants currently receiving payments	\$ 3,376,077	\$ 2,884,745
Other participants	<u>5,462,211</u>	<u>4,895,142</u>
	8,838,288	7,779,887
Nonvested benefits	<u>230,988</u>	<u>233,076</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 9,069,276</u>	<u>\$ 8,012,963</u>

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 8 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2014 and 2013 are summarized as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 8,012,963</u>	<u>\$ 7,835,689</u>
Increase (decrease) attributable to:		
Benefits accumulated and actuarial experience	250,690	241,744
Increase for interest due to decrease in discount period	560,907	548,498
Benefits paid	(508,353)	(612,968)
Change in assumptions	<u>753,069</u>	<u>-</u>
Net increase	<u>1,056,313</u>	<u>177,274</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 9,069,276</u>	<u>\$ 8,012,963</u>

On March 29, 2013, under the requirements of Internal Revenue Code 432, the Plan's actuary issued a letter of certification that the Plan is in endangered status (as defined in section 432) as of January 1, 2013, based on a funding ratio of below 80%.

Federal law requires pension plans in endangered status to adopt a funding improvement plan aimed at restoring the financial health of the plan. The funding improvement plan requires that the Plan's funded percentage improve to at least 33% of the way to 100% over a 10-year period. The target for this Plan under the law is currently projected to be a funded percentage of 81% by 2023. The Plan must also meet the Federal minimum funding requirements during this 10-year period.

On September 23, 2013, the Board of Trustees adopted a funding improvement plan. Under the funding improvement plan, benefits are frozen for a two year period and the hourly contribution rate increases 7% effective January 1, 2014. The Board of Trustees also approved the removal of a plan provision that provided for lump sum benefits in the event of a disability.

On November 19, 2013, the Board of Trustees adopted a funding improvement plan that replaced the plan previously adopted on September 23, 2013. Under the current funding improvement plan, the asset spread used in the calculation of the actuarial value of plan assets will be restarted using the market value at January 1, 2014 and future expected gains and losses will be spread over a four-year period. The removal of a Plan provision that provided for lump sum benefits in the event of a disability is still in effect.

During the plan year ended December 31, 2014, it was determined that the Plan's status changed from endangered to seriously endangered (as defined in section 432). Subsequent to December 31, 2014, it was determined that the Plan's status has returned to safe status for the plan year ended December 31, 2015.

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

All of the Plan's investments represent pooled separate accounts managed by Principal, the Plan's custodian. Therefore, these transactions qualify as party-in-interest. Fees paid by the Plan to Principal for investment and administrative expenses amounted to \$47,053 and \$33,107 for the years ended December 31, 2014 and 2013, respectively.

NOTE 10 - TAX STATUS

The Plan administrator has received a determination letter dated August 19, 2010, from the Internal Revenue Service stating that the Plan, as amended and restated effective December 18, 2001, is qualified under Section 401(a) of the Internal Revenue Code and exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Plan has since been amended; however, the Plan administrator believes that the Plan continues to qualify as a tax-exempt plan.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examination for year prior to 2011.

NOTE 11 - 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, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

SUPPLEMENTAL INFORMATION

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
FEIN: 34-6685472 – PLAN NO. 001
SCHEDULE H, LINE 4i –
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Principal Life Insurance Company	Bond and Mortgage	\$ 2,524,612	\$ 2,666,837
*	Principal Life Insurance Company	Bond Market Index	890,827	897,232
*	Principal Life Insurance Company	Large Cap Growth I	432,880	782,812
*	Principal Life Insurance Company	Overseas	510,800	618,623
*	Principal Life Insurance Company	U.S. Property	224,055	408,921
*	Principal Life Insurance Company	Large Cap Value	254,862	395,818
*	Principal Life Insurance Company	High Yield I	244,530	394,617
*	Principal Life Insurance Company	Equity Income	254,223	390,561
*	Principal Life Insurance Company	Div Real Asset	332,367	385,333
*	Principal Life Insurance Company	Large Cap S & P 500 Index	183,505	352,114
*	Principal Life Insurance Company	International Emerging Markets	122,655	153,587
*	Principal Life Insurance Company	Small Cap Value II	66,670	122,467
*	Principal Life Insurance Company	Small Cap Growth I	84,989	122,461
*	Principal Life Insurance Company	Mid Cap Value III	65,028	121,316
*	Principal Life Insurance Company	Mid Cap Growth III	<u>72,770</u>	<u>120,401</u>
	TOTAL ASSETS (HELD AT END OF YEAR)		<u>\$ 6,264,773</u>	<u>\$ 7,933,100</u>

* Party-in-interest, pooled separate account of custodian

NOTES:

- (1) The above information has been certified as complete and accurate by Principal Life Insurance Company, custodian.

SHOPMEN'S LOCAL NO. 499 PENSION PLAN
FEIN: 34-6685472 – PLAN NO. 001
SCHEDULE H, LINE 4j –
SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2014

(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(i) Net gain or (loss)
<u>Category 3:</u>				
Principal Life Insurance Company:				
* Pooled separate account:				
Bond Market Index	\$ 892,450	\$ 1,631	\$ 1,622	\$ 9
Core Plus Bond I	84,366	1,881,538	1,620,801	260,737
Bond and Mortgage	1,452,339	594,667	541,762	52,905

* Party-in-interest

NOTES:

- (1) The above data is based upon information which has been certified as complete and accurate by Principal Life Insurance Company, custodian.
- (2) The purchase price and selling price represent the fair value of the securities at the time of purchase or sale, respectively.
- (3) The above transactions were executed directly through Principal Life Insurance Company.
- (4) Columns (a), (e), (f), and (h) are not applicable.

Actuarial Valuation Assumptions

	<u>01/01/2014</u>	<u>01/01/2013</u>
Valuation Interest (net of investment expenses)		
Preretirement	7.00%	7.00%
Postretirement	7.00%	7.00%
Current Liability Mortality	IRS 2014 Prescribed Combined Table, Male and Female.	IRS 2013 Prescribed Combined Table, Male and Female.
RPA	3.64%	3.78%
Mortality		
Preretirement	RP-2000 Blue Collar Combined Mortality Table, male and female, projected to 2020 with scale AA.	RP-2000 Blue Collar Combined Mortality Table, male and female, projected to 2020 with scale AA.
Postretirement	RP-2000 Blue Collar Combined Mortality Table, male and female, projected to 2020 with scale AA.	RP-2000 Blue Collar Combined Mortality Table, male and female, projected to 2020 with scale AA.
Expenses	A dollar estimate of administrative expenses is included in normal cost.	A dollar estimate of administrative expenses is included in normal cost.
Retirement Age	Normal retirement age as defined in Summary of Plan Provisions.	Normal retirement age as defined in Summary of Plan Provisions.
Disability	1987 Commissioner's Group Disability Table, six month elimination period, male and female combined with mortality rates for disabled members receiving Social Security benefits used by the PBGC.	1987 Commissioner's Group Disability Table, six month elimination period, male and female combined with mortality rates for disabled members receiving Social Security benefits used by the PBGC.
Marriage	75% married; male is 3 years older than the female.	75% married; male is 3 years older than the female.

Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods
 Shopmen's Local 499 Pension Plan
 EIN 34-6685472 Plan No. 001

Withdrawal

2003 Society of Actuaries Small Plan
 Age Table, multiplied by 1.00.

2003 Society of Actuaries Small Plan
 Age Table, multiplied by .85.

Selected rates of withdrawal are shown
 below:

Selected rates of withdrawal are shown
 below:

<u>Age</u>	<u>Rate of withdrawal</u>	<u>Age</u>	<u>Rate of withdrawal</u>	<u>Age</u>	<u>Rate of withdrawal</u>	<u>Age</u>	<u>Rate of withdrawal</u>
20	24.30%	40	9.40%	20	20.66%	40	7.99%
25	19.50%	45	7.30%	25	16.58%	45	6.21%
30	15.50%	50	5.60%	30	13.18%	50	4.76%
35	12.10%	55	4.20%	35	10.29%	55	3.57%

Credited Hours

Each employee is assumed to work
 2,080 hours per future year.

Each employee is assumed to work
 2,080 hours per future year.

With the exception of the current liability interest rate, the actuarial valuation assumptions used in this report are the same as those used in the previous valuation. The current liability interest rate is within the acceptable range.

Actuarial Methods

	<u>01/01/2014</u>	<u>01/01/2013</u>
Actuarial cost method	Entry age normal	Entry age normal
Actuarial value of assets		
Principal Life Insurance Company accounts		
FPI grouped accounts	Market value is adjusted by spreading the expected value minus the actual value over four years. The first year is valued at market value.	Market value is adjusted by spreading the expected value minus the actual value over five years.
Deposits after the plan year end	Deposits received in the current plan year, but applied to the prior plan year, are included in plan assets. The actuarial value is the face value discounted at the valuation interest rate to the current valuation date.	Deposits received in the current plan year, but applied to the prior plan year, are included in plan assets. The actuarial value is the face value discounted at the valuation interest rate to the current valuation date.
Retirees	Assets and liabilities for retirees whose benefits are not guaranteed by your contract are included in your valuation.	Assets and liabilities for retirees whose benefits are not guaranteed by your contract are included in your valuation.

Total actuarial value of assets used in calculating deposit levels falls within the corridor limits defined by Revenue Regulation 1.412(c)(2)-1.

Schedule MB, line 8b - Schedule of Active Participant Data
 Shopmen's Local 499 Pension Plan
 EIN 34-6685472 Plan No. 001

	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 & up
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	2	12	0	0	0	0	0	0	0	0
25 to 29	2	6	2	0	0	0	0	0	0	0
30 to 34	1	8	2	4	0	0	0	0	0	0
35 to 39	3	8	3	4	6	0	0	0	0	0
40 to 44	1	6	1	4	3	1	0	0	0	0
45 to 49	1	3	1	6	8	2	2	0	0	0
50 to 54	0	2	1	2	7	3	2	0	3	0
55 to 59	0	4	1	2	3	4	2	0	2	0
60 to 64	0	0	2	1	7	2	5	1	1	6
65 to 69	0	0	0	1	0	2	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

Schedule MB, Line 11 - Change in Actuarial Assumptions

Shopmen's Local 499 Pension Plan

EIN 34-6685472 Plan No. 001

With the exception of the current liability interest rate, the actuarial valuation assumptions used in this report are the same as those used in the previous valuation. The current liability interest rate is within the acceptable range.

Schedule MB, Line 5l - Change in Actuarial Method

Shopmen's Local 499 Pension Plan

EIN 34-6685472 Plan No. 001

A change in funding method occurred due to the change in asset valuation method. This change is for the plan year beginning 01/01/2014.

IRS approval is required for all funding method changes. Automatic approval is granted under Revenue Procedure 2000-40 because there were no funding method changes in the prior four years.

Certification Of Status

Plan Name: Shopmen's Local 499 Pension Plan

EIN: 346685472

Plan Number: 001

Address: Shopmen's Local 499
860 Curtis Street
Toledo, OH 43696-0964
Ph (419)241-1261

Certification is for the plan year: January 1, 2014 – December 31, 2014

Status	☐ Endangered ☒ Seriously Endangered	☐ Critical	☐ Neither
Progress on Funding Improvement or Rehabilitation Plan :	☐ No If no, explain:	☒ Yes	☐ N/A

Actuarial Certification

This certification of status was prepared under my direction. To the best of my knowledge, it 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. In addition, the projections of assets and liabilities under section 432(b) of the Internal Revenue Code (IRC) were based on reasonable actuarial estimates, assumptions, and methods in accordance with IRC section 431(c)(3) and offer my best estimate of anticipated experience under the plan.

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.



01/31/2014

David A. Stocklas, EA, MAAA
Enrollment No. 11-05460
Principal Financial Group
Liberty Center
1001 Liberty Ave. Suite 300
Pittsburgh, PA 15222
412 394-9380

Date

Actuarial Valuation Assumptions

Valuation Interest (net of investment expenses)	Preretirement	7.00%
	Postretirement	7.00%
Mortality	Preretirement	RP-2000 Combined Mortality Table, male and female, projected to 2020 with scale AA.
	Postretirement	RP-2000 Combined Mortality Table, male and female, projected to 2020 with scale AA.
Expenses	A dollar estimate of administrative expenses is included in normal cost. Future annual expenses are assumed to be \$69,300.	
Retirement Age	Normal retirement age as defined in Summary of Plan Provisions.	
Disability	1987 Commissioner's Group Disability Table, six month elimination period, male and female combined with mortality rates for disabled members receiving Social Security benefits used by the PBGC.	
Marriage	75% married; male is 3 years older than the female.	
Withdrawal	2003 Society of Actuaries Small Plan Age Table, multiplied by 1.00. (For selected rates see the most recent Actuarial Valuation Report)	
Credited Hours	Each employee is assumed to work 2,080 hours per future year.	
Active Participant Group	The active participant group is assumed to remain constant with new participants being replaced as members are assumed to terminate employment, retire, die, or become disabled.	
	New participants are assumed to have one year of service when they enter the group. 50% of new entrants will be males at age 30, 30% males at age 40, 15% will be males at age 50, and 5% will be females at age 36.	
Future benefit payments	Stream of payments at the specified decrement.	
Anticipated changes:	To the best of our knowledge, no changes in plan provisions, mergers, spin-offs, or significant demographic changes will occur in the upcoming plan year.	
Cost Method	Entry age normal	

Anticipated employer contributions:	Future contributions were assumed to continue indefinitely at \$407,750. There are no significant demographic changes anticipated. Actual contributions were used in prior years.
Plan assets and liabilities:	Assets were as of January 1, 2014. Liabilities were projected forward from the January 1, 2013 valuation.
Projected industry activity:	Assumed to be unchanged in future years.

FUNDING IMPROVEMENT PLAN
For
Shopmen's Local 499 Pension Plan
Adopted effective November 19, 2013

This Funding Improvement Plan is presented in accordance with the Pension Protection Act of 2006 (PPA) and its related regulations.

I. Introduction of Legal Authority and Administration

This Funding Improvement Plan is adopted pursuant to Section 305 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 432 of the Internal Revenue Code of 1986 ("Code") by the Board of Trustees of the Pension Plan ("Plan"). This Funding Improvement Plan is adopted in conjunction with the Plan and the Trust Agreement for the Plan. The Board of Trustees has the sole and absolute discretion to interpret the Funding Improvement Plan within the constraints of the Plan Document and the Trust Agreement. In the event of a conflict between the Funding Improvement Plan and the Plan or Trust Agreement, The Plan document or Trust Agreement will control unless clearly amended by the Funding Improvement Plan adoption.

II. Funding Improvement Period/Emergence From Endangered Status

The funding improvement period is the 10-year period beginning on January 1, 2014, the first day of the first plan year following November 19, 2013.

Accordingly, the Funding Improvement Period will commence December 31, 2013. The Board of Trustees intend for the Plan to emerge from Endangered Status by December 31, 2023. To achieve this planned emergence from Endangered Status, the Board of Trustees is hereby instituting a series of contribution rate increases and benefit reductions detailed below.

III. Operation of Funding Improvement Plan through Collective Bargaining Agreement Expiration

The minimum contribution rate schedule contained in this adopted Funding Improvement Plan must remain in effect for the duration of that collective bargaining agreement.

IV. Annual Review Required

The Board of Trustees, as part of this Funding Improvement Plan, shall at least annually, review and assess the Funding Improvement Plan and the goal of emergence from Endangered Status by December 31, 2023, and such review shall include information on whether the Plan is making the scheduled progress in meeting the requirements of this Funding Improvement Plan. The progress of this Funding Improvement Plan shall be updated within the Plan's annual report as required by ERISA. In the event the Board of Trustees do not believe that such Plan may emerge from Endangered Status using the actuarial assumptions within the Adopted Schedule, the Board of Trustees may make such changes to the Funding Improvement Plan as required, subject to applicable laws, regulations and collective bargaining agreements.

V. Adopted Schedule

A series of options were presented to the Board of Trustees that offered schedules containing contribution rate increases combined with a series of benefit adjustments, a contribution increase maintaining the current Plan benefits, and a series of benefit adjustments maintaining the current contribution levels (see Exhibit A to this Funding Improvement Plan).

The Board of Trustees adopted: (1) a method change to change the asset spread method to use the market value of assets in the first plan year and spread future expected gains and losses over a four year period; and (2) an amendment to the Plan eliminating a lump sum benefit payment in the event of a Disability Pension.

VI. Actuarial Assumptions

The actuarial calculations are based on the January 1, 2013 Actuarial Valuation. The market value of Plan assets on January 1, 2013, was \$7,098,263, and the actuarial value was \$5,813,515. The employer contributions for 2012 were \$387,832.

For purposes of projecting Endangered Status emergence, the following were assumed:

- Future contributory hours would remain unchanged from hours worked in 2012;
- 7.0% annual investment return;
- All demographic assumptions detailed in the January 1, 2013 Actuarial Valuation are met;
- Increases in contribution rates starting January 1, 2013.

All estimates used herein are subject to the uncertainties of a regular actuarial valuation; the costs are inexact because they are based on assumptions that are themselves necessarily inexact, even though we consider them reasonable. Thus, the emerging costs may vary from those used for assumptions in this Funding Improvement Plan based on actual experience.

Future actuarial measurements may differ significantly from the current measurements used in this Funding Improvement Plan due to any of the following factors:

- Plan experience differing from that anticipated by the economic or demographic assumptions;
- Changes in economic or demographic assumptions;
- Increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as additional cost or contribution requirements based on the Plan's funded status); and
- Changes in plan provisions or applicable law.



**Plan Status
for the
Shopmen's Local #499 Pension Plan
4-20654**

Plan year beginning: January 1, 2014

Section I	Introduction Classification Status tests Analysis Critical and endangered status
Section II	Statement of Actuary
Section III	Actuarial Assumptions
Section IV	Indicators of Critical or Endangered Status Indicators of current status Indicators of meeting current benchmarks
Section V	Summary of Plan Provisions

Section I - Introduction

Introduction

The Pension Protection Act of 2006 requires that your actuary determine the classification of your plan each year. This report provides the status of your plan for the January 1, 2014 through December 31, 2014.

Since this is the second year that the Plan is in Endangered/Seriously Endangered status, PPA requires an annual update of the funding improvement plan to be filed with the Plan's annual report. This report provides documentation of the annual update.

Classification

Your plans status changed from Endangered to Seriously Endangered status as indicated below. Under the current Funding Improvement plan, the pension plan meets the required benchmarks for the 2014 plan year.

A plan is in...	If the plan's ...	Your plan passes/fails this test
Critical Status (Red Status)	Ø Market value of assets plus the present value of contributions for the upcoming 5 years is less than the present value of plan distributions for the upcoming 5 years.	Pass
	or Ø Current year normal cost plus interest on the unfunded liability is greater than current year contributions <i>and</i> current year present value of vested benefits for inactive/retired participants is greater than the present value of vested benefit for active participants <i>and</i> projected funding shows there will be a funding deficiency in the upcoming 5 years.	Pass
	or Ø Projected to have a funding deficiency within the upcoming 4 years (5 years if the current year funding ratio is less than 65%)	Pass
	or Ø Funding ratio is less than 65% <i>and</i> assets plus the present value of expected contributions for the upcoming 7 years is less than the present value of expected distributions.	Pass
Endangered Status (Yellow Status)	Ø Funding ratio is less than 80%.	Fail
	or Ø Projected to have a funding deficiency in the upcoming 7 years.	Fail
Seriously Endangered Status (Orange Status)	Ø Funding ratio is less than 80% <i>and</i> projected to have a funding deficiency in the upcoming 7 years (failed both of the tests under endangered status).	Fail
Safe (Green Status)	Plans that have passed the criteria listed above will fall into the safe status.	Fail

Analysis

Based on current assumptions the plan is in Seriously Endangered status for the 2014 plan year. The changes being made under Funding Improvement Plan will meet the required benchmarks. The changes under the Funding Improvement Plan appear to be sufficient to move the plan back into safe status next year, assuming that plan assumptions are met. However, if actual contribution hours (see assumptions below) or plan experience (e.g. investment returns) fall below expectations it could require a revision to the Funding Improvement Plan. This revision could include benefit reductions and/or contribution rate increases. Likewise, a substantial reduction in contribution levels due to withdrawing employers could also force a revision of the Funding Improvement Plan.

Assumptions

The assumptions used to determine your plan’s classification are the same as the assumptions used in the last valuation report. The two assumptions that have a major impact on projecting plan assets are the assumed rate of return and the expected future contributions. These two assumptions are as follows:

Assumed rate of investment return	7.00%
Expected future contributions	\$407,750

The assumed rate of investment return is our best estimate of your future investment earnings. In future years, how well this assumption is met will help determine if the plan passes the status tests.

Expected future contributions are the total of all contributions expected to be made for the plan year. We have based this amount on the assumption that the total amount contributed in the previous year would remain unchanged. PPA requires that these estimates be based on projected industry activity provided by the plan sponsor. If you suspect that future contribution amounts will be significantly increasing or decreasing we strongly urge you to contact us to update the studies. We can help you determine how this change will impact your plan’s classification.

For additional assumptions used in this report, see Section III.

Critical and Endangered Status

If a plan falls into the critical or endangered status the trustees are required to notify participants, bargaining parties, the PBGC, and the DOL. Plans in critical status must prepare a rehabilitation plan. Plans in endangered status must prepare a funding improvement plan. A rehabilitation or funding improvement plan includes such things as:

- Ø increases in contribution amounts (a 5% to 10% surcharge is imposed on contributions made until the next bargaining period when the increase in the hourly contribution level, per the funding improvement or rehabilitation plan, takes affect).
- Ø decreases in future benefit accruals.
- Ø the establishment of benchmarks to increase the plan's funding percentage.

A funding improvement or rehabilitation plan must be updated each year. A copy of the plan has to be filed with the plan's tax filing. In addition, the plan's actuary must certify each year that the plan is making progress in meeting the established benchmarks.

The penalties for failing to adopt a funding improvement or rehabilitation plan by the required deadline (240 days after receiving notice of the plans critical or endangered status) can be severe. The DOL can assess civil penalties of up to \$1100 per day for each day of non-compliance. Contributing employers who fail to comply with the contribution requirements in the plan may be assessed an additional excise tax.

For Additional Information

For additional information you may contact your actuarial analyst, Kathy Freese, by:

- Ø Phone – 1-800-543-4015 extension 76183, or 515-247-6183
- Ø Email – freese.kathy@principal.com

Actuarial Certification

This certification of status was prepared under my direction. To the best of my knowledge, it 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. In addition, the projections of assets and liabilities under section 432(b) of the Internal Revenue Code (IRC) were based on reasonable actuarial estimates, assumptions, and methods in accordance with IRC section 431(c)(3) and offer my best estimate of anticipated experience under the plan.

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.



01/31/2014

David A. Stocklas, EA, MAAA
Consulting Actuary

Retirement Actuarial Services
Principal Financial Group
Liberty Center
1001 Liberty Ave. Suite 300
Pittsburgh, PA 15222
412 394-9380
Stocklas.Dave@principal.com

Actuarial Valuation Assumptions

Valuation Interest

(net of investment expenses)

Preretirement 7.00%

Postretirement 7.00%

RPA 3.78%

Mortality

Preretirement RP-2000 Blue Collar Combined Mortality Table, male and female, projected to 2020 with scale AA.

Postretirement RP-2000 Blue Collar Combined Mortality Table, male and female, projected to 2020 with scale AA.

Expenses

A dollar estimate of administrative expenses is included in normal cost.

Retirement Age

Normal retirement age as defined in Summary of Plan Provisions.

Disability

1987 Commissioner's Group Disability Table, six month elimination period, male and female combined with mortality rates for disabled members receiving Social Security benefits used by the PBGC.

Marriage

75% married; male is 3 years older than the female.

Withdrawal

2003 Society of Actuaries Small Plan Age Table, multiplied by 1.00. (For selected rates see the most recent Actuarial Valuation Report)

Credited Hours

Each employee is assumed to work 2,080 hours per future year.

Active Participant Group

The active participant group is assumed to remain constant with new participants being replaced as members are assumed to terminate employment, retire, die, or become disabled.

New participants are assumed to have one year of service when they enter the group. 50% of new entrants will be males at age 30, 30% males at age 40, 15% will be males at age 50, and 5% will be females at age 36.

Future benefit payments

Stream of payments at retirement.

Asset Projection

Market value of assets are projected at the valuation interest assumption, reduced by expected benefit payments and expenses paid from the plan's assets and includes future assumed deposits to the plan.

Section III – Actuarial Assumptions

Cost Method	Entry age normal
Anticipated employer contributions	Future contributions were assumed to continue indefinitely at \$407,750. There are no significant demographic changes anticipated. Actual contributions were used in prior years.
Projected liabilities	Liabilities were projected forward from the 01/01/2013 valuation at the valuation interest assumptions listed above, taking into account the possibility of death, disability, and retirement.
Projected industry activity	Assumed to be unchanged in future years.
Anticipated changes	As of the date this was prepared, no changes in plan provisions, mergers, spin-offs, or significant demographic changes will occur in the upcoming plan year.

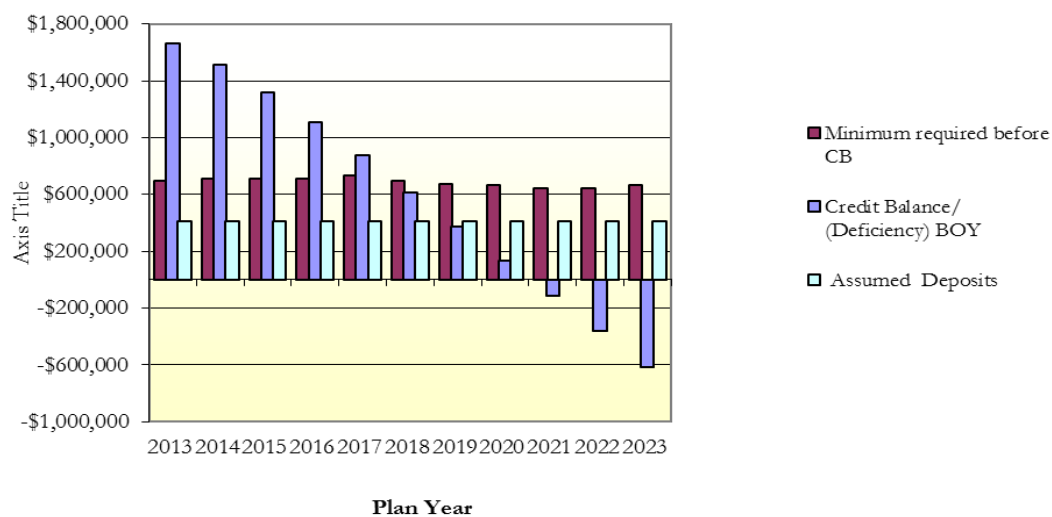
Indicators of Current Status

Section IV – Indicators of Critical or Endangered Status

Potential Funding Deficiencies

One of the indicators of either critical or endangered status is a funding deficiency occurring in upcoming plan years. The graph below show the expected contribution levels compared minimum funding amounts. Funding amounts not covered by contributions can be paid through the credit balance. If contributions are consistently lower then funding amounts, this can be an indicator of future funding deficiencies.

Funding Indicators with Assumed Deposits



Year	Minimum required before Credit Balance	Credit Balance / (Deficiency) BOY ²	Assumed Deposits	Funded Percentage
2013 ¹	\$695,058	\$1,781,869	\$410,000	74%
2014	710,000	1,620,000	410,000	77%
2015	710,000	1,410,000	410,000	79%
2016	710,000	1,180,000	410,000	81%
2017	730,000	940,000	410,000	83%
2018	690,000	660,000	410,000	85%
2019	670,000	400,000	410,000	85%
2020	660,000	140,000	410,000	86%
2021	650,000	-120,000	410,000	87%
2022	640,000	-380,000	410,000	88%
2023	660,000	-660,000	410,000	88%

¹ 2013 values are based on information from the 2013 Actuarial Valuation Report

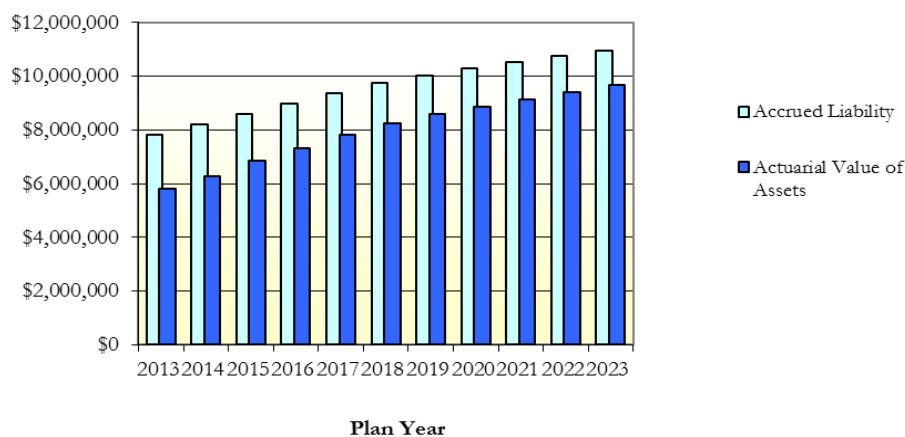
² Credit Balances or Funding Deficiencies result from contributions made in the prior plan year.

Section IV – Indicators of Critical or Endangered Status

Funding percentages

Another indicator of a potential critical or endangered status is the funding percentage. The funding percentage is the ratio of assets to liabilities. If plan liabilities are growing faster than plan assets, creating a falling funding percentage, it may be an indicator of funding problems in future years. The following graph shows the expected growth in assets and liabilities based on the assumptions shown in Section III.

Assets and Liabilities



Plan Year	Accrued Liability ²	Assets	Funded Percentage
2013 ¹	\$7,835,689	\$5,813,515	74%
2014	8,220,000	6,290,000	77%
2015	8,610,000	6,850,000	79%
2016	9,000,000	7,300,000	81%
2017	9,380,000	7,820,000	83%
2018	9,740,000	8,260,000	85%
2019	10,040,000	8,580,000	85%
2020	10,300,000	8,870,000	86%
2021	10,520,000	9,140,000	87%
2022	10,740,000	9,410,000	88%
2023	10,960,000	9,690,000	88%

¹ 2013 values are based on information from the 2013 Actuarial Valuation Report

² Based on Unit Credit method using current funding assumptions.

Indicators of Meeting Current Benchmarks

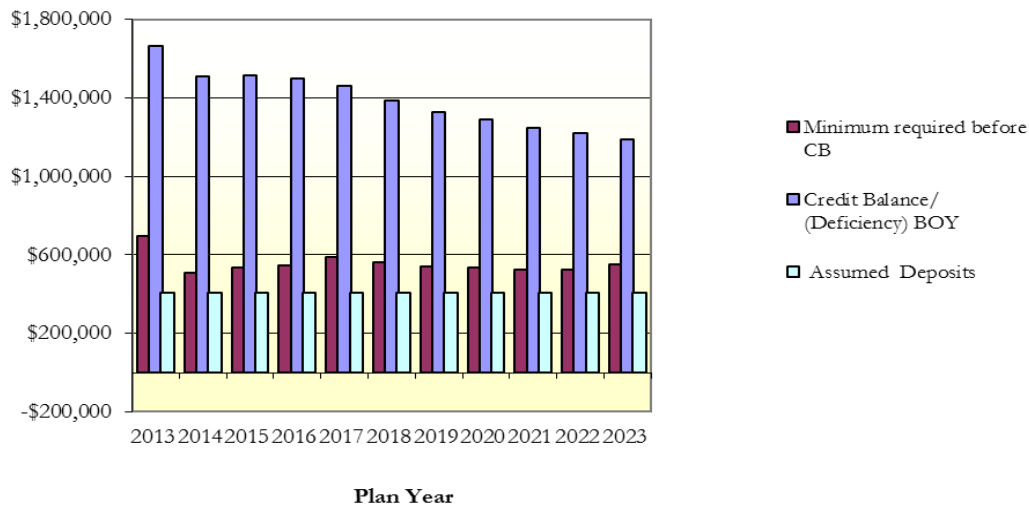
Beginning in the 2014 plan year, the asset spread method will be restarted, using the market value of assets in the first year.

Section IV – Indicators of Critical or Endangered Status

Potential Funding Deficiencies

One of the indicators of either critical or endangered status is a funding deficiency occurring in upcoming plan years. The graph below show the expected contribution levels compared minimum funding amounts. Funding amounts not covered by contributions can be paid through the credit balance. If contributions are consistently lower then funding amounts, this can be an indicator of future funding deficiencies.

Funding Indicators with Assumed Deposits



Year	Minimum required before Credit Balance	Credit Balance/(Deficiency) BOY ²	Assumed Deposits	Funded Percentage
2013 ¹	\$695,058	\$1,781,869	\$410,000	74%
2014	510,000	1,620,000	410,000	94%
2015	530,000	1,620,000	410,000	94%
2016	550,000	1,600,000	410,000	95%
2017	590,000	1,560,000	410,000	96%
2018	560,000	1,480,000	410,000	97%
2019	540,000	1,420,000	410,000	97%
2020	540,000	1,380,000	410,000	98%
2021	520,000	1,340,000	410,000	99%
2022	520,000	1,310,000	410,000	100%
2023	550,000	1,270,000	410,000	101%

¹ 2013 values are based on information from the 2013 Actuarial Valuation Report

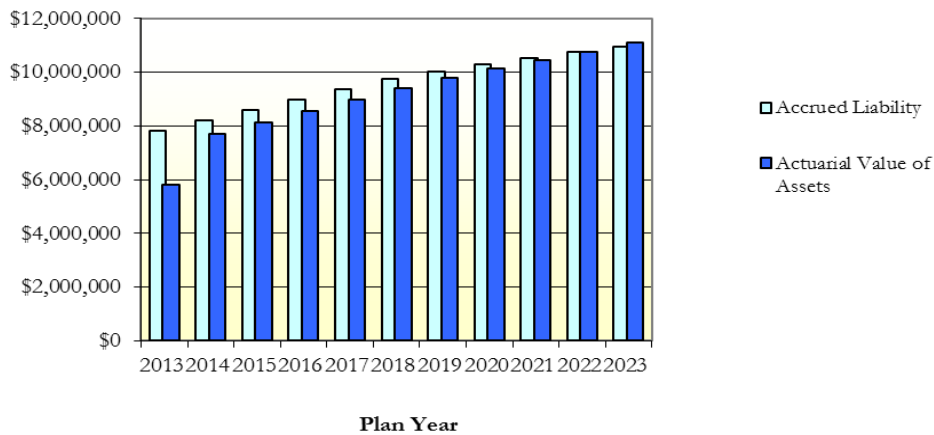
² Credit Balances or Funding Deficiencies result from contributions made in the prior plan year.

Section IV – Indicators of Critical or Endangered Status

Funding percentages

Another indicator of a potential critical or endangered status is the funding percentage. The funding percentage is the ratio of assets to liabilities. If plan liabilities are growing faster than plan assets, creating a falling funding percentage, it may be an indicator of funding problems in future years. The following graph shows the expected growth in assets and liabilities based on the assumptions shown in Section III.

Assets and Liabilities



Plan Year	Accrued Liability ²	Assets	Funded Percentage
2013 ¹	\$7,835,689	\$5,813,515	74%
2014	8,220,000	7,700,000	94%
2015	8,610,000	8,140,000	94%
2016	9,000,000	8,570,000	95%
2017	9,380,000	9,000,000	96%
2018	9,740,000	9,420,000	97%
2019	10,040,000	9,790,000	97%
2020	10,300,000	10,130,000	98%
2021	10,520,000	10,450,000	99%
2022	10,740,000	10,770,000	100%
2023	10,960,000	11,090,000	101%

¹ 2013 values are based on information from the 2013 Actuarial Valuation Report

² Based on Unit Credit method using current funding assumptions.

Section V – Summary of Plan Provisions

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document.

Plan Eligibility

Class: All members covered by the collective bargaining agreement and on the seniority list.

Normal Retirement Benefit

Age: Attained age 65.

Form: Monthly annuity payable for life (optional forms may be elected in advance of retirement).

Amount (accrued benefit): \$36.00 multiplied by credited service.

Early Retirement Benefit

Age: Attained age 60.

Service: Five years of vesting service.

Form: Same as normal retirement benefit.

Amount: Accrued benefit on early retirement date reduced by 6% for each year that the early retirement date precedes the normal retirement date.

Late Retirement Benefit

Age: No maximum age.

Form: Same as normal retirement benefit.

Amount: Accrued benefit on late retirement date.

Section V – Summary of Plan Provisions

Termination Benefit

Vesting Percentage:	100% after five years of vesting service.
Form:	Same as normal retirement benefit with income deferred until normal retirement date.
Amount:	Accrued benefit on date of termination multiplied by the vesting percentage.

Disability Benefit

Service:	Five years of vesting service.
Form:	Monthly income payable for the lifetime of the member.
Amount:	Accrued benefit on date of disability reduced by any Workman's Compensation benefits.

Survivor Annuity Death Benefit

Eligibility:	Qualified married member fully or partially vested in an accrued benefit.
Form:	Monthly annuity payable to spouse, deferred to member's earliest retirement date if later than the date of death.
Amount:	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the member terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Pre-Retirement Lump Sum Death Benefit

Form:	Lump sum death benefit payable to beneficiary of members who are active members and are not eligible for the survivor annuity death benefit at the time of death.
Amount:	\$7,500.

Section V – Summary of Plan Provisions

Definitions

Credited Service:	Service after December 31, 1975 shall be credited on a calendar year basis and shall be computed to the nearest one-tenth (1/10 th) year, determined on the basis of 1,800 hours of service constituting one full year credit. If hours of service are less than 1,800 then the creditable hours shall be divided by 180 to determine the appropriate next lower percentage point in calculating the appropriate credit service for the year.
Optional Forms of Benefit Payments:	The optional forms of benefit payments are: - Ø Monthly annuity payable for life or 10 years certain and life - Ø Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50 or 100 - Ø Single sum payment of \$1000 plus a reduced monthly benefit

Schedule MB, line 6 - Summary of Plan Provisions
Shopmen's Local 499 Pension Plan
EIN 34-6685472 Plan No. 001

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document.

Plan Eligibility

Class:	All members covered by the collective bargaining agreement and on the seniority list.
--------	---

Normal Retirement Benefit

Age:	Attained age 65.
Form:	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit):	\$36.00 multiplied by credited service.

Early Retirement Benefit

Age:	Attained age 60.
Service:	Five years of vesting service.
Form:	Same as normal retirement benefit.
Amount:	Accrued benefit on early retirement date reduced by 6% for each year that the early retirement date precedes the normal retirement date.

Late Retirement Benefit

Age:	No maximum age.
Form:	Same as normal retirement benefit.
Amount:	Accrued benefit on late retirement date.

Termination Benefit

Vesting Percentage:	100% after five years of vesting service.
Form:	Same as normal retirement benefit with income deferred until normal retirement date.
Amount:	Accrued benefit on date of termination multiplied by the vesting percentage.

Disability Benefit

Service:	Five years of vesting service.
Form:	Monthly income payable for the lifetime of the member.
Amount:	Accrued benefit on date of disability reduced by any Workman's Compensation benefits.

Survivor Annuity Death Benefit

Eligibility:	Qualified married member fully or partially vested in an accrued benefit.
Form:	Monthly annuity payable to spouse, deferred to member's earliest retirement date if later than the date of death.
Amount:	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the member terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Pre-Retirement Lump Sum Death Benefit

Form:	Lump sum death benefit payable to beneficiary of members who are active members and are not eligible for the survivor annuity death benefit at the time of death.
Amount:	\$7,500.

Definitions

Credited Service: Service after December 31, 1975 shall be credited on a calendar year basis and shall be computed to the nearest one-tenth ($1/10^{\text{th}}$) year, determined on the basis of 1,800 hours of service constituting one full year credit. If hours of service are less than 1,800 then the creditable hours shall be divided by 180 to determine the appropriate next lower percentage point in calculating the appropriate credit service for the year.

Optional Forms of Benefit Payments: The optional forms of benefit payments are:

- Ø Monthly annuity payable for life or 10 years certain and life
- Ø Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50 or 100
- Ø Single sum payment of \$1000 plus a reduced monthly benefit

Schedule of Amortization Bases

Your cost method allocates a portion of plan funding to be amortized in equal annual installments, rather than to be paid through future normal costs. These amortization bases give the plan sponsor some flexibility in funding the plan because the period over which they are amortized is at the sponsor's discretion, within the minimum and maximum periods described by law or regulations.

<u>Date Created</u>	<u>Reason</u>	<u>Remaining Period (Years)</u>	<u>Outstanding Balance</u>	<u>Minimum Annual Amortization</u>	<u>Maximum Unfunded Balance</u>	<u>Maximum Annual Amortization</u>
01/01/1993	Benefit change	9.00	\$2,229	\$320	\$N/A	\$N/A
01/01/1994	Benefit change	10.00	2,932	390	N/A	N/A
01/01/1995	Assumption change	11.00	69,612	8,676	N/A	N/A
01/01/1996	Benefit change	12.00	210,533	24,773	N/A	N/A
01/01/1997	Benefit change	13.00	203,727	22,781	N/A	N/A
01/01/1998	Benefit change	14.00	254,452	27,192	N/A	N/A
01/01/1999	Benefit change	15.00	3,926	403	N/A	N/A
01/01/1999	Benefit change	15.00	56,203	5,767	N/A	N/A
01/01/2000	Benefit change	16.00	251,440	24,875	N/A	N/A
01/01/2000	Experience gain/loss	1.00	(18,586)	(18,586)	N/A	N/A
01/01/2001	Experience gain/loss	2.00	(18,540)	(9,583)	N/A	N/A
01/01/2002	Experience gain/loss	3.00	(97,707)	(34,796)	N/A	N/A
01/01/2003	Experience gain/loss	4.00	96,901	26,736	N/A	N/A
01/01/2004	Experience gain/loss	5.00	90,892	20,718	N/A	N/A
01/01/2005	Benefit change	21.00	539,625	46,543	28,897	28,897
01/01/2005	Experience gain/loss	6.00	43,623	8,553	3,875	3,875
01/01/2005	Assumption change	21.00	(55,390)	(4,777)	(2,971)	(2,971)
01/01/2006	Experience gain/loss	7.00	89,188	15,467	40,981	20,039
01/01/2006	Assumption change	22.00	210,924	17,821	64,634	31,610
01/01/2007	Experience gain/loss	8.00	16,890	2,643	11,783	3,409
01/01/2008	Experience gain/loss	9.00	(212,296)	(30,453)	(191,019)	(39,058)
01/01/2008	Assumption change	9.00	52,447	7,523	47,195	9,650
01/01/2009	Experience gain/loss	10.00	519,090	69,072	634,819	87,559
01/01/2010	Experience gain/loss	11.00	383,475	47,793	446,559	60,648
01/01/2011	Experience gain/loss	12.00	222,172	26,142	246,260	33,218
01/01/2012	Experience gain/loss	13.00	370,687	41,451	397,927	52,716
01/01/2013	Experience gain/loss	14.00	651,989	69,674	681,467	90,351
01/01/2013	Assumption change	14.00	451,858	48,287	472,287	62,617
01/01/2014	Experience gain/loss	15.00	(296,391)	(30,413)	(296,391)	(39,439)
01/01/2014	Asset method	10.00	(1,408,800)	(187,459)	(1,408,800)	(187,459)
Total			\$2,687,105	\$247,533	\$1,177,503	\$215,662

FEIN 34 6685472
PLAN NUMBER 001
PLAN YEAR 01/01/2014 TO 12/31/2014

[illegible]

Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

ASSETS HELD AT END OF YEAR

SHOPMEN'S LOCAL 499 PENSION PLAN

EIN 34 6685472

PLAN NUMBER 001

PLAN YEAR 01/01/2014 TO 12/31/2014

ASSETS HELD AT END OF YEAR

(A)	(B) Identity of issuer, 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
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN BOND AND MORTGAGE SA-R6	\$ 2,524,611.90	\$ 2,666,837.26
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN BOND MARKET INDEX SA-R6	\$ 890,827.44	\$ 897,231.86
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN EQUITY INCOME SA-R6	\$ 254,223.10	\$ 390,560.93
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN HIGH YIELD I SEP ACCT-R6	\$ 244,530.12	\$ 394,616.99
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN INTL EMERG MARKETS SA-R6	\$ 122,654.77	\$ 153,587.39
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LARGE CAP GROWTH I SA-R6	\$ 432,880.00	\$ 782,811.56
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LG CAP S&P 500 INDEX SA-R6	\$ 183,504.90	\$ 352,113.86
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LG CAP VALUE SEP ACCT-R6	\$ 254,861.51	\$ 395,817.61
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP GROWTH III SA-R6	\$ 72,769.60	\$ 120,401.29
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP VALUE III SA-R6	\$ 65,028.27	\$ 121,315.77
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMALLCAP GROWTH I SA-R6	\$ 84,988.52	\$ 122,461.09
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMALLCAP VALUE II SA-R6	\$ 66,670.12	\$ 122,467.36
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN U.S. PROPERTY SEP ACCT-R6	\$ 224,054.51	\$ 408,920.73
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL DIV REAL ASSET SA-R6	\$ 332,367.33	\$ 385,333.48
*	Principal Life Insurance Company	Pooled Separate Accounts PRINCIPAL OVERSEAS SEP ACCT-R6	\$ 510,799.53	\$ 618,622.53

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014▶ **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**SHOPMEN'S LOCAL 499 PENSION PLAN**B Three-digit
plan number (PN)** ▶001**C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**SHOPMEN'S LOCAL 499**D Employer Identification Number (EIN)**34-6685472**E Type of plan:**(1) ☒ **Multiemployer Defined Benefit** (2) ☐ **Money Purchase (see instructions)****1a** Enter the valuation date: Month 01 Day 01 Year 2014**b Assets**(1) Current value of assets **1b(1)** 7698102
(2) Actuarial value of assets for funding standard account..... **1b(2)** 7698102**c** (1) Accrued liability for plan using immediate gain methods **1c(1)** 8875605

(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)** 8012963**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)** 13142349(b) Expected increase in current liability due to benefits accruing during the plan year..... **1d(2)(b)** 448014(c) Expected release from "RPA '94" current liability for the plan year **1d(2)(c)** 405904(3) Expected plan disbursements for the plan year..... **1d(3)** 475204**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

David A. Stocklas

Type or print name of actuary

Principal Financial Group

Firm name

P.O. Box 9394 Des Moines, IA 50306

Address of the firm

1-14-2016

Date

1405460

Most recent enrollment number

412-394-9380

Telephone number (including area code)

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 and OMB Control Numbers, see the instructions for Form 5500 or Form 5500-SF.

Schedule MB (Form 5500) 2014
v. 140124

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	7698102
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	56	3768180
(2) For terminated vested participants	57	1340752
(3) For active participants:		
(a) Non-vested benefits		428228
(b) Vested benefits		7605189
(c) Total active	168	8033417
(4) Total	281	13142349
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	58.57 %

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
01/09/2014	23159	0	03/03/2014	6321	0
01/27/2014	4944	0	03/05/2014	20261	0
02/03/2014	9366	0	03/14/2014	296	0
02/07/2014	10398	0	03/17/2014	4824	0
02/10/2014	19288	0	04/01/2014	6598	0
02/11/2014	406	0	04/07/2014	310	0
Totals ▶			3(b)	409349	3(c)
					0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5.	4a	S
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	96.1 %
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, were any adjustable benefits reduced?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date.	4e	
f If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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 ☐ Reorganization
j ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.64 %
b Rates specified in insurance or annuity contracts	Pre-retirement	Post-retirement
c Mortality table code for valuation purposes:	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A

(1) Males.....	6c(1)		A		A
(2) Females.....	6c(2)		A		A
d Valuation liability interest rate.....	6d		7.00 %		7.00 %
e Expense loading.....	6e	36.4 %	☐ N/A	%	☒ N/A
f Salary scale.....	6f	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g				38.0 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h				12.6 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-296391	-30413
5	-1408800	-187459

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 Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach 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	0
b Employer's normal cost for plan year as of valuation date.....	9b	190451
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	4794815
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	52784
e Total charges. Add lines 9a through 9d.....	9e	806835

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	1509602
g Employer contributions. Total from column (b) of line 3.....	9g	409349
Outstanding balance		
h Amortization credits as of valuation date.....	9h	2107710
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	142406
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	3078985

(2) "RPA '94" override (90% current liability FFL)	9j(2)	4561878	
(3) FFL credit			9j(3) 0
k (1) Waived funding deficiency			9k(1) 0
(2) Other credits			9k(2) 0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l 2377424
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m 1570589
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n

9 o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2014 plan year	9o(1)	0
(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)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	☒ Yes ☐ No	

Schedule MB, Line 3 – Contributions
Shopmen's Local 499 Pension Plan
EIN 34-6685472 Plan No. 001

The attached schedule shows all the contributions made for the current plan year.

Date of Contribution	Full Amount of Contribution by Employer	Full Amount of Contribution by Employee
01/09/2014	\$23,159	\$0
01/27/2014	\$4,944	\$0
02/03/2014	\$9,366	\$0
02/07/2014	\$10,398	\$0
02/10/2014	\$19,288	\$0
02/11/2014	\$406	\$0
03/03/2014	\$6,321	\$0
03/05/2014	\$20,261	\$0
03/14/2014	\$296	\$0
03/17/2014	\$4,824	\$0
04/01/2014	\$6,598	\$0
04/07/2014	\$310	\$0
04/17/2014	\$20,051	\$0
04/21/2014	\$4,891	\$0
04/28/2014	\$7,690	\$0
05/19/2014	\$5,313	\$0
05/27/2014	\$24,109	\$0
05/29/2014	\$18,264	\$0
06/03/2014	\$9,696	\$0
06/09/2014	\$434	\$0
06/17/2014	\$4,894	\$0
06/30/2014	\$7,121	\$0
07/02/2014	\$18,287	\$0
07/14/2014	\$350	\$0
08/06/2014	\$23,132	\$0
08/08/2014	\$8,975	\$0
08/11/2014	\$5,199	\$0
09/02/2014	\$7,151	\$0
09/04/2014	\$20,088	\$0
09/08/2014	\$5,355	\$0
09/12/2014	\$349	\$0
09/29/2014	\$7,847	\$0
10/03/2014	\$4,923	\$0
10/08/2014	\$24,835	\$0
10/10/2014	\$4,935	\$0
10/13/2014	\$362	\$0
11/03/2014	\$10,973	\$0
11/05/2014	\$21,263	\$0
11/10/2014	\$440	\$0
11/24/2014	\$5,353	\$0
12/01/2014	\$9,148	\$0

Schedule MB, Line 3 – Contributions
Shopmen's Local 499 Pension Plan
EIN 34-6685472 Plan No. 001

12/03/2014	\$21,403	\$0
12/08/2014	\$347	\$0