

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 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>09/01/2015</u> and ending <u>08/31/2016</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>LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>09/01/1961</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND</u> <u>707 BROOKPARK ROAD</u> <u>CLEVELAND, OH 44109</u>	2b Employer Identification Number (EIN) <u>34-6665909</u> 2c Plan Sponsor's telephone number <u>216-778-6302</u> 2d Business code (see instructions) <u>813930</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	<u>Filed with authorized/valid electronic signature.</u>	<u>06/01/2017</u>	<u>CHARLES CIMINO JR.</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>06/06/2017</u>	<u>LOREEN ROBINSON</u>
	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) <u>JEFFREY R. SPENCER, CPA</u> <u>CIUNI & PANICHI, INC.</u> <u>25201 CHAGRIN BLVD., SUITE 200</u> <u>BEACHWOOD, OH 44122</u>			Preparer's telephone number <u>216-831-7171</u>

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2015)
v. 150123

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: a Sponsor's name		4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	1474
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)	0
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	617
c Other retired or separated participants entitled to future benefits.....		6c	568
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1185
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	208
f Total. Add lines 6d and 6e		6f	1393
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	9
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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
		2015
		This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning **09/01/2015** and ending **08/31/2016**

A Name of plan LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND	D Employer Identification Number (EIN) 34-6665909	

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
AXA EQUITABLE 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
13-5570651	62944	AC 1850	4	09/01/2015	08/31/2016

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	0

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

(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	

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(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** 85375**5** Current value of plan's interest under this contract in separate accounts at year end **5****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. **6d**

Specify nature of costs ▶

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** 97635**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 1230(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 1143

▶ MARKET VALUE ADJUSTMENT

(6) Total additions **7c(6)** 2373**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 100008**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 10238(2) Administration charge made by carrier **7e(2)** 3584(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 811

▶ DIVIDENDS, INTEREST, & MARKET VALUE ADJUSTMENT

(5) Total deductions **7e(5)** 14633**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 85375

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 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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 09/01/2015 and ending 08/31/2016		
A Name of plan LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND	D Employer Identification Number (EIN) 34-6665909	

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
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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)

KEY TRUST

31-1784820

(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 13 19 28 59 62 99		71866	Yes ☒ No ☐	Yes ☒ No ☐	984	Yes ☐ No ☒

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

SEGAL CO.

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		51395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOGDAHN GROUP

59-3676225

(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		24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BONNIE MANNING

34-1059950

(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?
30	EMPLOYEE	19697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARYANN FARABAUGH

34-1059950

(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?
30	EMPLOYEE	19311	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CIUNI & PANICHI, INC.

34-1322309

(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		18988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DIANNA L. BROWN

34-1059950

(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?
30	EMPLOYEE	16738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON STREET INSURANCE GROUP

36-4019884

(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?
23		11458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOCAL 400

34-1059950

(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?
14	SPONSORING UNION	6900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MANGANO LAW OFFICES CO., LPA

20-5460196

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		5448	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 ☐

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

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			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.	

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

(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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>09/01/2015</u> and ending <u>08/31/2016</u>		
A Name of plan <u>LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND</u>	D Employer Identification Number (EIN) <u>34-6665909</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)	203609	304078
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1218878	2005813
	(2) U.S. Government securities.....	1c(2)	6596004	6261556
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	6906932	7146867
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	9384	99668
	(B) Common	1c(4)(B)	3996457	4212307
	(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)	5697874	4532167
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	26190960	26077530
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	97635	85375
	(15) Other	1c(15)	282546	267490

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	51200279	50992851

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	38324	37611
i Acquisition indebtedness	1i		
j Other liabilities	1j	71396	225580
k Total liabilities (add all amounts in lines 1g through 1j)	1k	109720	263191

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	51090559	50729660
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	2948618	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2948618
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2154	
(B) U.S. Government securities	2b(1)(B)	169354	
(C) Corporate debt instruments	2b(1)(C)	221421	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	8007	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		400936
(2) Dividends: (A) Preferred stock	2b(2)(A)	364	
(B) Common stock	2b(2)(B)	117279	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	640695	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		758338
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	18871794	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18842056	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		29738
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1080674	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1080674

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		160821
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		663795
c Other income	2c		29555
d Total income. Add all income amounts in column (b) and enter total	2d		6072475

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6038605	
(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)		6038605
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)	75831	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	159005	
(4) Other	2i(4)	159933	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		394769
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6433374

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-360899
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: CIUNI & PANICHI, INC.

(2) EIN: 34-1322309

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:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒		

	Yes	No	N/A	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		
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		
e Was this plan covered by a fidelity bond?	X			500000
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		
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		
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		
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			
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			
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		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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: 0

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 09/01/2015 and ending 08/31/2016

A Name of plan <u>LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND</u>	D Employer Identification Number (EIN) <u>34-6665909</u>

Part I	Distributions
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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	
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>04-1414660</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>0</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)
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

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 THIS PART IS NOT APPLICABLE - DISREGARD ALL INFORMATION BELOW

b EIN 01-0000000

c Dollar amount contributed by employer

0

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 31 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) 0.00

(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):

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	
b	The plan year immediately preceding the current plan year	14b	
c	The second preceding plan year	14c	
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	92.43
b	The corresponding number for the second preceding plan year	15b	89.98
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: <u>55.1</u> % Investment-Grade Debt: <u>41.9</u> % High-Yield Debt: _____% Real Estate: _____% Other: <u>3.0</u> %	
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): _____	

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Independent Auditor's Report

To the Board of Trustees of
Local 400 Food Terminal Employees' Pension Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Local 400 Food Terminal Employees' Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits in liquidation as of August 31, 2016 and 2015, and the related statements of changes in net assets available for benefits in liquidation for the years then ended and the statement of accumulated plan benefits in liquidation as of August 31, 2015, and the related statement of changes in accumulated plan benefits in liquidation for the year 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 accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

To the Board of Trustees of
Local 400 Food Terminal Employees' Pension Plan

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits in liquidation as of August 31, 2016, and changes therein for the year then ended, and its financial status as of August 31, 2015, and changes therein for the year then ended on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As further discussed in Notes 2 and 3 to the financial statements, the Board of Trustees declared a mass withdrawal in 2009 and terminated the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing plan basis to the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of August 31, 2016 and Schedule H, line 4j – Schedule of Reportable Transactions for the year ended August 31, 2016 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Ciuri & Panichi, char.

Cleveland, Ohio
January 24, 2017

Local 400 Food Terminal Employees' Pension Plan
Statements of Net Assets Available for Benefits in Liquidation
August 31, 2016 and 2015

	<u>Assets</u>	
	<u>2016</u>	<u>2015</u>
Investments at fair value:		
Cash – money market funds	\$ 1,711,043	\$ 814,426
Common collective equity fund	4,532,167	5,697,874
Registered investment companies	26,077,530	26,190,960
Equity securities	4,311,975	4,005,841
Fixed income securities	13,674,915	13,785,482
Investments at contract value:		
Immediate participation guaranteed contracts	<u>85,375</u>	<u>97,635</u>
Total investments	50,393,005	50,592,218
Receivables:		
Accrued interest	101,546	98,610
Due from brokers for securities sold	202,532	30,438
Employer withdrawal liability (less allowance for uncollectable amounts of \$17,608,565 and \$24,888,657 in 2016 and 2015, respectively) (Note 3)	-	-
Interest on employer withdrawal liability, net	<u>-</u>	<u>74,561</u>
Total receivables	304,078	203,609
Property and equipment:		
Office furniture and equipment	44,580	44,580
Less: accumulated depreciation	<u>(44,580)</u>	<u>(44,580)</u>
Property and equipment, net	-	-
Prepaid expenses	998	-
Cash	<u>294,770</u>	<u>404,452</u>
Total assets	50,992,851	51,200,279
 <u>Liabilities</u>		
Accounts payable	37,611	38,324
Due to brokers for securities purchased	<u>225,580</u>	<u>71,396</u>
Total liabilities	<u>263,191</u>	<u>109,720</u>
Net assets in liquidation available for benefits	\$ <u>50,729,660</u>	\$ <u>51,090,559</u>

The accompanying notes are an integral part of these financial statements

Local 400 Food Terminal Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits in Liquidation

For the years ended August 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>Additions:</u>		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,935,028	\$ (1,278,604)
Interest and dividend income	<u>1,159,274</u>	<u>1,170,700</u>
	3,094,302	(107,904)
Less: investment expenses	<u>(159,005)</u>	<u>(165,432)</u>
Net investment income (loss)	2,935,297	(273,336)
Contributions:		
Recovery of and interest on employer withdrawal liability	2,948,618	852,711
Other income	<u>29,555</u>	<u>-</u>
	5,913,470	579,375
<u>Deductions:</u>		
Benefits paid to participants	6,038,605	5,984,203
Administrative expenses (Note 7)	<u>235,764</u>	<u>239,228</u>
	<u>6,274,369</u>	<u>6,223,431</u>
Net decrease	(360,899)	(5,644,056)
Net assets in liquidation available for benefits:		
Beginning of year	<u>51,090,559</u>	<u>56,734,615</u>
End of year	\$ <u>50,729,660</u>	\$ <u>51,090,559</u>

The accompanying notes are an integral part of these financial statements

Local 400 Food Terminal Employees' Pension Plan

Statement of Accumulated Plan Benefits in Liquidation

August 31, 2015

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 79,713,186
Other participants	50,707,742
Expense loading	<u>916,065</u>

Total actuarial present value of accumulated plan benefits \$ 131,336,993

The accompanying notes are an integral part of these financial statements

Local 400 Food Terminal Employees' Pension Plan
Statement of Changes in Accumulated Plan Benefits in Liquidation
For the year ended August 31, 2015

Actuarial present value of accumulated plan benefits at beginning of year	\$ 117,667,718
Decrease during the year attributable to:	
Change in actuarial assumptions	7,685,072
Benefits paid and purchases of annuity contracts	<u>5,984,203</u>
Net decrease	<u>13,669,275</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u>131,336,993</u>

The accompanying notes are an integral part of these financial statements

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2016 and 2015

Note 1: Description of Plan

The following description of Local 400 Food Terminal Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering all eligible employees who have accumulated the required years of vesting service. The Plan was established September 1, 1961, as the result of collective bargaining agreements between the employers and the Commission House Drivers and Employees Union Local 400 (the "Local") located in Cleveland, Ohio. The Plan is administered by a Board of Trustees consisting of representatives of the union and representatives of the employers. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective July 27, 2009, the Plan was terminated (Note 3) subject to the provisions set forth in the Plan agreement and ERISA.

Benefits

The Plan entitles participants to monthly pension benefits based upon their classification of employment. Food Terminal employees are entitled to monthly pension benefits equal to the applicable accrual rate (based on the participant's employer contribution rates) multiplied by the number of pension credits, to a maximum of 35 pension credits. The amount contributed is determined by the collective bargaining process. Warehousemen employees are entitled to monthly pension benefits of \$56 per pension credit earned before September 1, 2006, plus \$28 per pension credit earned on or after September 1, 2006, to a maximum of 25 pension credits. Normal retirement is the later of age 65 or an eligible participant's fifth year of participation in the Plan. The Plan permits early retirement under certain circumstances. Participants may elect to receive their pension benefits in the form of a joint and survivor annuity. Prior to the Plan termination, participants earned a maximum of one year of vesting service per year based on the number of hours or weeks worked. Participants became vested in pension benefits when five years of vesting service were earned.

Prior to the Plan termination, the Plan also provided benefits in the event of disability, death, and termination of employment to participants meeting certain requirements.

Death and Disability Benefits

Prior to the Plan termination, if an active employee died at age 45 or older, and had accumulated at least 20 pension credits, the employee's spouse was entitled to a 60-month temporary life annuity in the amount of \$500 per month in lieu of Qualified Joint and Survivor Annuity, if the surviving spouse so elected. The Qualified Joint and Survivor Annuity benefit would be equal to the value of the employee's accumulated pension benefits at the normal retirement age of 65 unless the early retirement option was selected in accordance with the Plan document.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2016 and 2015

Note 1: Description of Plan (continued)

Death and Disability Benefits (continued)

Prior to the Plan termination, employees who met certain age requirements (40 for Food Terminal employees and 45 for Warehousemen) and had at least 15 pension credits, and became totally disabled, were eligible for annual disability benefits if they met certain other eligibility requirements in the Plan document. The benefit was equal to the normal retirement benefits they had accumulated as of the time they became disabled, reduced by 0.5% for each month prior to age 65 that the benefit commences; however, in no event would the amount of disability benefits be less than 66.67% of the normal retirement benefits for a participant. Disability benefits were paid until normal retirement age at which time disabled participants began receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

Note 2: Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The accompanying financial statements are prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation

The Plan follows authoritative guidance issued by the Financial Accounting Standards Board (FASB) which established the FASB Accounting Standards Codification (ASC) as the single source of authoritative accounting principles generally accepted in the United States of America.

Use of Estimates

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

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2016 and 2015

Note 2: Summary of Significant Accounting Policies (continued)

Adoption of Recent Accounting Pronouncements

In May 2015, the FASB amended ASC Topic 820, Fair Value Measurement. The amendment removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The amendment is effective for fiscal years beginning after December 15, 2016, with early adoption permitted. The amendment is to be applied retrospectively. Management has elected to adopt this amendment during the year ended August 31, 2016.

In July 2015, the FASB amended ASC Topic 960, Plan Accounting: Defined Benefit Pension Plans, ASC Topic 962, Defined Contribution Pension Plans, and ASC Topic 965, Health and Welfare Benefit Plans: (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. These amendments are effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt Part II during the year ended August 31, 2016.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for immediate participation guaranteed contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Property and Equipment

Property and equipment are recorded at cost, which approximates fair value, and are depreciated on a straight-line basis over the estimated useful lives of the assets.

Cash

The Plan maintains its cash accounts at a national financial institution. The balances, at times, may exceed federally insured limits.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2016 and 2015

Note 2: Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees rendered to the date of Plan termination. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on weekly contributions made on behalf of Plan participants during their years of credited service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

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

The regulations of the Pension Benefit Guaranty Corporation (PBGC) prescribe specific actuarial assumptions for use by terminated plans. The PBGC prescribed assumptions were used for the August 31, 2015 valuation results.

Significant actuarial assumptions used in the August 31, 2015 valuation are as follows:

	2015
Assumed rate of return on investments	As prescribed in PBGC regulations for <u>terminating</u> plans for the applicable withdrawal liability valuation date. First 20 years: 2.32% After 20 years: 2.37%
Mortality basis	As published by the PBGC for August 31, 2015 under ERISA Section 4044 for healthy and disabled lives eligible for Social Security Disability benefits.
Retirement age	Participants currently eligible to begin receiving benefits but not yet in pay status are assumed to retire on the valuation date. Other participants not yet in pay status are assumed to retire at the earliest date that a benefit could be elected, (earliest age per ERISA Section 4281.12(b)).
Administrative expenses	\$10,000 plus \$200 per participant, plus a percentage (defined by statute) of the excess of the value of benefits over \$200,000.
Benefit Election	All participants are assumed to elect the life annuity.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2016 and 2015

Note 2: Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through January 24, 2017, the date the financial statements were available to be issued.

Note 3: Plan Termination

At September 1, 2008, the Plan was certified as seriously endangered under the Pension Protection Act of 2006 (PPA). The Plan was in seriously endangered status because its funded percentage was less than 80% and a funding deficiency was projected in seven years. In accordance with the PPA, the Plan was required to adopt a "Funding Improvement Plan," no later than July 2009, aimed at improving the funded status of the Plan over a funding improvement period of up to 15 years.

In response to the seriously endangered status of the Plan under the PPA, the Local and employers party to the various collective bargaining agreements (the "Employers") agreed on July 14, 2009 to a Memorandum of Understanding (MOU). Among other considerations in the MOU, the Local and the Employers agreed to the following, effective July 27, 2009:

- (i) All provisions in all collective bargaining agreements between the Local and Employers that require contributions of any kind to the Plan shall be considered null and void;
- (ii) No employer shall have any further obligation under any collective bargaining agreement to make any contributions to the Plan;
- (iii) No further benefits will be accrued by Plan participants.

The MOU resulted in substantially all of the contributing Employers ceasing contributions to the Plan. As a result, the Board of Trustees declared a mass withdrawal under the provisions set forth in the Plan agreement and ERISA and terminated the Plan effective July 27, 2009.

The Board of Trustees has notified all Plan participants of the termination as required by Section 204(h) of ERISA.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2016 and 2015

Note 3: Plan Termination (continued)

A revised net withdrawal liability for each employer has been calculated by the Plan's actuary. The Employers have the option to pay the net withdrawal liability in one lump sum, or they may amortize the amount owed and pay the Plan in minimum quarterly installments as set forth in ERISA. Because the Plan was terminated via a mass withdrawal, certain rules, such as the 20-year cap on employer quarterly installment payments, do not apply. The estimated net withdrawal liability owed to the Plan totaled \$17,608,565 and \$24,888,657 at August 31, 2016 and 2015, respectively. This amount is to be received from Employers in quarterly installment payments. However, since the quarterly payments do not fully cover the interest portion of the reallocation amount, the quarterly installment payments extend into perpetuity and the principal portion of the reallocation amount will never be repaid. Therefore, the reallocation amounts have been fully reserved for in an allowance for doubtful accounts at August 31, 2016 and 2015 on the statements of net assets available for benefits in liquidation.

During the year ended August 31, 2016, with the approval of the Board of Trustees, two employers paid their withdrawal liability in a lump-sum. These transactions resulted in significant additional contributions during this Plan year and released the employers from making future quarterly contributions.

The future quarterly installment payments from other Employers, expected not to exceed \$172,445 per quarter, are recognized as interest on employer withdrawal liability on the statements of changes in net assets available for benefits in liquidation.

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

The PBGC's guarantee of benefits in a terminated, multiemployer plan, payable as financial assistance to the Plan, only starts if and when the Plan is unable to make payments at the statutorily guaranteed levels. Whether all participants receive their benefits will depend on the sufficiency of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Employers and the level of benefits guaranteed by the PBGC.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2016 and 2015

Note 4: Fair Value Measurements

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

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2016 and 2015.

Cash – money market funds: Valued at cost, which approximates fair value.

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

Equity securities: Valued at the closing price reported on national securities exchanges.

Fixed income securities: Valued at the closing price reported in the active over-the-counter market in which the individual security is traded.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2016 and 2015

Note 4: Fair Value Measurements (continued)

Common collective equity fund: Valued at the NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2016 and 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2016 Total</u>
Investments in the fair value hierarchy:				
Cash – money market funds	\$ 1,711,043	\$ -	\$ -	\$ 1,711,043
Registered investment companies	26,077,530	-	-	26,077,530
Equity securities	4,311,975	-	-	4,311,975
Fixed income securities	<u>-</u>	<u>13,674,915</u>	<u>-</u>	<u>13,674,915</u>
Total investments in the fair value hierarchy	\$ <u>32,100,548</u>	\$ <u>13,674,915</u>	\$ <u>-</u>	45,775,463
Investments measured at NAV:				
Common collective equity fund*				<u>4,532,167</u>
Total investments, at fair value				\$ <u>50,307,630</u>

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2015 Total</u>
Investments in the fair value hierarchy:				
Cash – money market funds	\$ 814,426	\$ -	\$ -	\$ 814,426
Registered investment companies	26,190,960	-	-	26,190,960
Equity securities	4,005,841	-	-	4,005,841
Fixed income securities	<u>-</u>	<u>13,785,482</u>	<u>-</u>	<u>13,785,482</u>
Total investments in the fair value hierarchy	\$ <u>31,011,227</u>	\$ <u>13,785,482</u>	\$ <u>-</u>	44,796,709
Investments measured at NAV:				
Common collective equity fund*				<u>5,697,874</u>
Total investments, at fair value				\$ <u>50,494,583</u>

* In accordance with the "Fair Value Measurements" topic of the FASB ASC, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits in liquidation.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2016 and 2015

Note 4: Fair Value Measurements (continued)

Gains and losses (realized and unrealized) included in changes in net assets for the years above are reported in net appreciation (depreciation) in fair value of investments on the statements of changes in net assets available for benefits in liquidation.

The following table summarizes investments measured at fair value based on net asset value per share or unit as of August 31, 2016 and 2015, respectively.

Investment	Fair Value		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2016	2015		
KeyBank EB Large Cap Core Equity Fund	\$ 4,532,167	\$ 5,697,874	Daily	None

Note 5: Guaranteed Investment Contract with Insurance Company

On January 26, 1965, the Plan entered into an immediate participation guaranteed investment contract with AXA Equitable Life Insurance Co. (AXA) totaling \$85,375 and \$97,635 at August 31, 2016 and 2015, respectively. AXA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the immediate participation guaranteed investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by AXA, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2016 and 2015

Note 5: Guaranteed Investment Contract with Insurance Company (continued)

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

Note 6: Shared Lease Obligations

The Plan shares in lease obligations and common administrative expenses with Local 400 Food Terminal Employees Welfare Fund (the "Welfare Fund"). Future minimum lease payments as of August 31 are presented as follows:

2017	\$	4,692
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The Plan's allocated expenses are recorded with administrative expenses on the statements of changes in net assets available for benefits in liquidation. Rent expense totaled \$12,914 and \$13,316 for the years ended August 31, 2016 and 2015, respectively.

Note 7: Administrative Expenses

The following amounts represent the administrative expenses incurred by the Plan for the years ended August 31, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Administrative expenses:		
Actuary	\$ 51,395	\$ 25,082
Audit – fund	18,988	20,265
Bank charges	39	40
Casualty insurance	262	242
Collection service fee	6,900	6,900
Computer support	179	106
Employee benefits	21,846	22,525
Fidelity bond premium	-	991
Insurance – fiduciary	11,458	11,107
Legal – fund	5,448	8,584
Repairs and maintenance	1,551	1,709
Office supplies	2,575	6,186
PBGC insurance premium	37,611	56,264
Rent	12,914	13,316
Salaries	55,745	57,976
Taxes – payroll	4,670	4,765
Utilities	3,031	3,170
Record Services	<u>1,152</u>	<u>-</u>
Total administrative expenses	\$ <u>235,764</u>	\$ <u>239,228</u>

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2016 and 2015

Note 8: Related-Party and Party-in-Interest Transactions

The Plan shares facilities and certain expenses with the Local and the Welfare Fund.

The Plan pays the Local to collect contributions owed to the Plan. Total collection fees paid by the Plan were \$6,900 for the years ended August 31, 2016 and 2015.

As described in Note 3, the Local and the Welfare Fund, along with other employers, withdrew from the Plan effective July 27, 2009. The Local and the Welfare Fund are each required to pay a withdrawal liability beginning in fiscal year 2010, payable in quarterly installment payments in perpetuity to the Plan.

The Plan has investments in money market funds and a collective equity fund managed by KeyBank. KeyBank is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

The Plan has invested in immediate participation guaranteed (IPG) contracts with AXA. AXA makes benefit payments under the IPG contract. AXA is a fiduciary as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Note 9: Tax Status

The Plan obtained its latest determination letter on January 21, 2016, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of August 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10: 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 in liquidation.

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.

Local 400 Food Terminal Employees' Pension Plan

Schedule H, line 4j – Schedule of Reportable Transactions

EIN: 34-6665909, Plan No. 001

For the year ended August 31, 2016

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>Series of transactions, when aggregated, involving an amount in excess of 5% of the current value of Plan assets:</u>								
KeyBank	EB Short Term Investment Fund							
	49 PURCHASES	\$ 5,462,060	\$ -	\$ -	\$ -	\$ 5,462,060	\$ 5,462,060	\$ -
	65 SALES	-	6,066,275	-	-	6,066,275	6,066,275	-
KeyBank	Federated Government Obligations Fund Inst Shares							
	204 PURCHASES	4,158,756	-	-	-	4,158,756	4,158,756	-
	108 SALES	-	3,542,830	-	-	3,542,830	3,542,830	-

Local 400 Food Terminal Employees' Pension Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 34-6665909, Plan No. 001

August 31, 2016

(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
	Cash - money market funds:			
*	EB SHORT TERM INVESTMENT FUND	909,706	\$ 909,706	\$ 909,706
*	FEDERATED GOVERNMENT OBLIGATIONS IS	801,337	801,337	801,337
	Total cash - money market funds		1,711,043	1,711,043
	Common collective equity fund:			
*	EB LARGE CAP CORE EQUITY FUND	161,542	3,621,359	4,532,167
	Total common collective equity funds		3,621,359	4,532,167
	Registered investment companies:			
	BAIRD SHORT TERM BOND FUND	213,333	2,077,435	2,077,864
	METROPOLITAN WEST T/R BOND FD	380,329	4,143,161	4,195,025
	TEMPLETON GLOBAL BOND FUND	80,805	1,084,884	911,482
	VANGUARD DEVELOPED MARKETS INDEX FUND	581,248	5,636,821	5,353,294
	VANGUARD GROWTH INDEX FUND	84,735	3,231,778	4,884,142
	VANGUARD REIT INDEX FUND	25,535	2,464,679	3,220,928
	VANGUARD SMALL CAP INDEX FD	92,760	3,159,597	5,434,795
	Total registered investment companies		21,798,355	26,077,530
	Equity securities:			
	AARON RENTS INC	250	7,239	6,090
	AEGEAN MARINE PETROLEUM NETWORK	510	4,967	5,095
	AGREE REALTY CORP	75	2,395	3,599
	ALLSCRIPTS HEALTHCARE SOLUTIONS	486	6,832	6,274
	ALTRIA GROUP INC	1,625	95,689	107,396
	AMERICAN EAGLE OUTFITTERS	350	5,617	6,489
	AMERIPRISE FINANCIAL INC	525	44,834	53,067
	AMGEN INC	450	70,769	76,527
	ANTHEM INC	350	48,818	43,778
	APPLE INC	506	40,222	53,687
	ARCHER DANIELS MIDLAND CO	1,500	60,447	65,640
	AT&T INC	2,825	96,971	115,486
	AVX CORP NEW	417	5,262	5,730
	BANNER CORP	190	7,128	8,413
	BERKSHIRE HILLS BANCORP INC	226	5,650	6,303
	BLACKROCK KELSO CAPITAL CORP	550	5,049	4,796
	BLOOMIN BRANDS INC	435	10,222	8,500
	BOFI HOLDING INC	345	6,656	7,418
	BP PLC	1,455	67,977	49,266
	BRINKER INTL INC	100	4,752	5,371
	CAPITAL ONE FINANCIAL CORP	1,057	85,859	75,681
	CARPENTER TECHNOLOGY CORP	149	7,191	5,406
	CECO ENVIRONMENTAL CORP	845	9,245	9,287
	CELADON GROUP INC	600	10,621	4,686
	CHEVRON CORP	1,200	117,575	120,696
	CIRRUS LOGIC CORP	95	3,302	4,821
	CISCO SYS INC	4,590	106,137	144,310
	CITIGROUP INC	2,325	112,729	110,996
	CITIZENS FINANCIAL GROUP INC	1,425	31,720	35,297
	COLUMBUS MCKINNON CORP N Y	430	8,067	7,551
	CSX CORP	0	0	0
	CVS HEALTH CORPORATION	500	46,887	46,700
	DELEK US HOLDINGS INC	300	4,361	5,265
	DELTIC TIMBER CORP	75	4,628	5,320
	DIAMONDROCK HOSPITALITY CO	300	4,293	3,177
	DIODES INC	325	7,271	6,692
	DISCOVER FINANCIAL SERVICES	825	42,467	49,500
	DOW CHEMICAL CO	1,350	66,133	72,414
	DSW INC	250	6,315	5,988
	EATON CORP PLC	1,150	71,651	76,521
	EMCOR GROUP INC	130	6,140	7,444
	ENCORE WIRE CORP	100	3,817	3,872
	ENERSYS	120	7,414	8,446
	ENI S P A	1,400	41,341	42,182
	ENTEGRIS INC	334	3,891	5,691
	EXELON CORP	3,100	108,317	105,400
	EXXON MOBIL CORP	1,400	125,747	121,996

Local 400 Food Terminal Employees' Pension Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 34-6665909, Plan No. 001

August 31, 2016

(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
	FINANCIAL INSTITUTIONS INC	236	5,510	6,344
	FIRSTENERGY CORP	850	29,575	27,821
	FOOT LOCKER INC	592	33,553	38,859
	GAIN CAPITAL HOLDINGS INC	440	4,305	2,829
	GENERAL DYNAMICS CORP	539	51,136	82,047
	GENERAL MOTORS CO	2,700	89,418	86,184
	GLATFELTER	220	4,322	4,877
	GOLDMAN SACHS GROUP INC	541	86,875	91,678
	GRANITE CONSTR INC	110	3,430	5,280
	GREENHILL & CO INC	360	8,234	8,258
	HANMI FINANCIAL CORP	228	4,864	5,980
	HARTFORD FINL SVCS GROUP INC	1,449	44,711	59,510
	HAYNES INTERNATIONAL INC	150	4,426	5,534
	HERMAN MILLER INC	200	5,563	7,214
	HMS HOLDINGS CORP	200	1,973	4,362
	HOMESTREET INC	280	6,517	7,297
	HOPE BANCORP INC	375	5,802	6,450
	II VI INC	225	4,392	4,768
	IMPAX LABORATORIES INC	155	5,508	3,749
	INDEPENDENT BK CORP	106	3,992	5,616
	INTEL CORP	3,675	113,956	131,896
	ITT INC	160	4,898	5,789
	JABIL CIRCUIT INC	2,575	54,595	54,564
	JANUS CAPITAL GROUP INC	2,775	49,008	41,264
	JOHNSON & JOHNSON	875	104,969	104,423
	JP MORGAN CHASE & CO	2,600	155,892	175,500
*	KEYCORP NEW	4,837	57,539	60,753
	LA Z BOY INC	267	6,128	7,121
	LAM RESH CORP	800	58,491	74,656
	LEAR CORP	575	63,908	66,867
	LEXINGTON REALTY TRUST	553	5,913	5,967
	LHC GROUP INC	150	5,428	5,334
	LTC PTYS INC	90	4,038	4,673
	LYONDELLBASELL INDUSTRIES N V	575	47,102	45,362
	MAINSOURCE FINANCIAL GROUP INC	349	5,968	8,421
	MARATHON PETROLEUM CORP	1,100	50,292	46,761
	MARINEMAX INC	425	6,259	8,428
	MATRIX SVC CO	178	3,330	3,291
	MENTOR GRAPHICS CORP	210	4,024	5,042
	MERIT MED SYS INC	275	5,099	6,666
	NORFOLK SOUTHERN CORP	0	0	0
	OLD NATL BANCORP IND	497	6,597	7,038
	PACIFIC ETHANOL INC	575	4,391	3,715
	PACKAGING CORP OF AMERICA	400	26,476	31,452
	PENTAIR PLC	1,200	71,656	76,860
	PEOPLES BANCORP INC OHIO	380	7,300	9,033
	PFIZER INC	4,950	162,129	172,260
	PNC FINANCIAL SERVICES GROUP INC	500	43,611	45,050
	PPL CORP	1,950	64,010	67,821
	PRIMERICA INC	75	3,194	4,270
	PRUDENTIAL FINANCIAL INC	585	44,600	46,437
	REGIONS FINANCIAL CORP	1,975	18,000	19,691
	ROYAL DUTCH SHELL PLC	1,165	82,455	60,219
	SEAGATE TECHNOLOGY PLC	525	17,758	17,714
	SUNTRUST BANKS INC	1,025	39,753	45,172
	SWIFT TRANSPORTATION CO	450	6,718	8,375
	SYNAPTICS INC	145	8,657	8,261
	SYNERGY RESOURCES CORP	600	3,836	3,930
	TARGET CORP	310	23,342	21,759
	TESSERA TECHNOLOGIES INC	145	4,288	4,863
	TEVA PHARMACEUTICAL INDS LTD	700	36,310	35,273
	TOWNEBANK	220	3,397	5,234
	TRAVELERS COS INC	965	91,581	114,555
	TRI POINTE GROUP INC	550	8,179	7,458
	TYSON FOODS INC	1,219	49,571	92,120
	UNITED INSURANCE HOLDINGS CORP	315	5,233	4,961
	UNITED TECHNOLOGIES CORP	1,025	95,267	109,083

Local 400 Food Terminal Employees' Pension Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 34-6665909, Plan No. 001

August 31, 2016

(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
	UNUM GROUP	2,393	73,908	85,215
	VALERO ENERGY CORPORATION	575	41,636	31,826
	VEREIT INC	3,825	34,771	39,971
	WCI COMMUNITIES INC	385	8,430	7,246
	WELLTOWER INC	425	31,738	32,619
	WHIRLPOOL CORP	210	36,711	37,514
	WHITING PETROLEUM CORP	450	4,185	3,281
	Total equity securities		4,011,246	4,311,975
	Fixed income securities:			
	3M CO	88579YAG6 10,000	10,056	10,147
	ABBOTT LABORATORIES	002824AU4 15,000	16,546	16,392
	ACE INA HOLDINGS INC	00440EAR8 15,000	15,549	16,081
	ACTAVIS FUNDING SCS	00507UAB7 30,000	29,813	29,921
	ACTAVIS FUNDING SCS	00507UAM3 30,000	30,199	30,350
	AIRGAS INC	009363AN2 60,000	59,735	60,210
	ALBEMARLE CORP	012725AB3 10,000	10,274	10,225
	AMEREN CORP	023608AF9 40,000	40,119	41,342
	AMEREN ILLINOIS CO	02361DAL4 5,000	5,215	5,191
	AMERICAN AIR LINES	023770AA8 28,635	28,635	29,602
	AMERICAN EXPRESS CREDIT CORP	0258M0DP1 55,000	55,138	56,213
	AMERICAN EXPRESS CREDIT CORP	0258M0DT3 10,000	9,962	10,243
	AMERICAN WATER CAP CORP	03040WAK1 5,000	5,552	5,532
	AMERICAN WATER CAPITAL CORP	03040WAD7 5,000	7,314	7,314
	AMERICAN WATER CAPITAL CORP	03040WAL9 5,000	5,343	5,403
	AMERICAN WATER CAPITAL CORP	03040WAB1 5,000	5,575	5,254
	AMGEN INC	031162AV2 250,000	284,103	258,643
	AMPHENOL CORP	032095AC5 35,000	35,462	35,833
	AON PLC	00185AAK0 20,000	20,140	21,535
	APACHE CORP	037411AX3 15,000	15,719	15,737
	APACHE FINANCE CANADA CORP	03746AAA8 20,000	27,507	25,904
	APPLE INC	037833AS9 250,000	254,140	271,665
	APPLE INC	037833AR1 20,000	20,507	21,110
	APPLE INC	037833BW9 5,000	5,566	5,778
	ARCHER DANIELS MIDLAND CO	039483BB7 20,000	22,414	22,455
	AT&T BROADBAND CORP	00209TAB1 10,000	14,282	14,062
	AT&T INC	04650NAB0 5,000	5,149	5,713
	AT&T INC	00206RCL4 15,000	14,932	15,311
	AT&T INC	00206RCM2 30,000	29,387	30,935
	AVALONBAY COMMUNITIES INC	05348EAT6 5,000	5,470	5,502
	AVALONBAY COMMUNITIES INC	05348EAS8 5,000	5,314	5,309
	BALTIMORE GAS & ELECTRIC CO	059165DZ0 20,000	21,550	20,070
	BARD C R INC	067383AD1 15,000	15,038	15,027
	BAXTER INTERNATIONAL INC	071813BF5 45,000	41,935	43,767
	BEST BUY CO INC	086516AM3 5,000	5,294	5,282
	BURLINGTON NORTHERN SANTA FE	12189LAL5 250,000	250,525	264,670
	CAMPBELL SOUP CO	134429AT6 250,000	286,055	268,918
	CANADIAN NATIONAL RAILWAY CO	136375BV3 20,000	20,224	21,048
	CANADIAN PACIFIC RAILWAY CO	13645RAJ3 30,000	33,239	34,313
	CAPITAL ONE MULTI-ASSET EXECUTION TR	14041NEP2 60,000	60,237	60,081
	CARNIVAL CORP	143658BA9 60,000	63,255	64,895
	CAROLINA POWER & LIGHT CO	144141CU0 5,000	6,665	6,791
	CAROLINA POWER & LIGHT CO	144141DC9 45,000	44,484	47,117
	CATERPILLAR FINANCIAL SVCS CORP	14912L4E8 35,000	40,530	39,838
	CBS CORP	124857AL7 50,000	49,907	50,647
	CENTERPOINT ENERGY TRANS BD CO	15200DAD9 14,016	15,443	14,297
	CHEVRON CORP	166751AJ6 40,000	46,608	43,664
	CHUBB CORP	171232AR2 20,000	22,489	21,504

Local 400 Food Terminal Employees' Pension Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 34-6665909, Plan No. 001

August 31, 2016

(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
	CLOROX CO	189054AS8 5,000	5,365	5,418
	CLOROX COMPANY	189054AT6 5,000	5,172	5,238
	CNH EQUIPMENT TRUST	12623PAC0 31,917	31,836	31,881
	COCA-COLA CO	191216BS8 5,000	5,214	5,269
	COLGATE-PALMOLIVE CO	19416QDR8 5,000	5,219	5,319
	COLGATE-PALMOLIVE CO	19416QDZ0 5,000	4,959	5,188
	COLGATE-PALMOLIVE CO	19416QEC0 30,000	28,361	30,731
	COMCAST CORP	20030NBP5 5,000	5,488	5,733
	COMMONWEALTH EDISON CO	202795HV5 20,000	21,680	21,763
	CONAGRA FOODS INC	205887BQ4 50,000	49,767	50,356
	CONSOLIDATED EDISON CO N Y INC	209111FE8 15,000	15,019	16,180
	CONSOLIDATED EDISON CO N Y INC	209111EY5 5,000	6,304	6,478
	CONTINENTAL AIRLINES INC	21079VAA1 34,645	35,208	37,330
	CUMMINS INC	231021AR7 5,000	5,053	5,418
	CVS CAREMARK CORP	126650CF5 5,000	5,263	5,315
	DAIMLER FINANCE N A LLC	233851AP9 250,000	259,900	251,948
	DELMARVA PWR & LIGHT CO	247109BS9 10,000	10,816	10,833
	DELTA AIR LINES INC	247361ZH4 31,990	34,427	33,749
	DISTRICT COLUMBIA INCOME TAX	25477GCT0 25,000	25,025	26,641
	DOW CHEMICAL CO	260543BX0 50,000	61,028	59,011
	DR PEPPER SNAPPLE GROUP INC	26138EAR0 250,000	248,953	254,150
	DR PEPPER SNAPPLE GROUP INC	26138EAT6 5,000	4,902	5,723
	EASTMAN CHEMICAL CO	277432AQ3 55,000	55,381	56,602
	EASTMAN CHEMICAL CO	277432AL4 5,000	4,997	5,156
	EATON CORP	278062AC8 55,000	54,992	56,817
	EMERSON ELECTRIC CO	291011AY0 30,000	34,218	33,178
	ESTEE LAUDER CO INC	29736RAH3 20,000	20,038	20,072
	EXXON MOBIL CORP	30231GAT9 10,000	10,040	10,619
	FANNIE MAE	3136ABWQ2 174,252	181,488	180,883
	FANNIE MAE	3136ACEK3 171,955	173,950	174,482
	FANNIE MAE	3136ADQL6 162,599	165,216	163,132
	FANNIE MAE	3136A2AR4 138,810	141,543	140,028
	FANNIE MAE	31397UU56 56,410	58,830	57,189
	FANNIE MAE	3136ACWN7 184,769	188,486	189,353
	FANNIE MAE	3136AFYS7 226,298	232,309	233,707
	FANNIE MAE	3136ALA27 241,123	250,881	250,020
	FANNIE MAE	3136APC67 235,417	245,817	242,633
	FANNIE MAE	3135G0TG8 30,000	29,526	30,013
	FANNIE MAE	31371KNV9 18,676	21,191	21,355
	FANNIE MAE	31371KT43 11,987	12,895	13,706
	FANNIE MAE	31371LJW0 11,275	10,834	11,603
	FANNIE MAE	31371NXC4 9,257	12,162	9,890
	FANNIE MAE	3138ASSB9 13,060	14,055	14,417
	FANNIE MAE	3138EGFA7 11,916	12,850	13,070
	FANNIE MAE	3138EJWW4 54,245	54,626	56,101
	FANNIE MAE	3138EORK7 6,742	7,063	7,247
	FANNIE MAE	3138E2MD4 31,643	33,342	33,180
	FANNIE MAE	3138LTJW9 48,420	49,496	51,461
	FANNIE MAE	3138MBFD3 19,727	20,644	21,237
	FANNIE MAE	3138WQA36 22,447	22,892	23,345
	FANNIE MAE	31400EGL8 2,548	2,755	2,605
	FANNIE MAE	31402CYK2 27,068	21,321	30,329
	FANNIE MAE	31402CSE8 6,285	4,828	6,452
	FANNIE MAE	31402RRS0 23,780	23,098	27,020
	FANNIE MAE	31403C6L0 27,070	29,878	30,052
	FANNIE MAE	31410F6C4 2,230	2,548	2,629
	FANNIE MAE	31417B6J1 25,675	26,708	27,183
	FANNIE MAE	31417MH71 25,105	27,097	27,443

Local 400 Food Terminal Employees' Pension Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 34-6665909, Plan No. 001

August 31, 2016

(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
	FANNIE MAE	31418AES3	34,520	35,901
	FANNIE MAE	31418WPG9	13,755	14,744
	FANNIE MAE	31419AG35	16,219	17,786
	FANNIE MAE	31418WPM6	11,552	12,695
	FANNIE MAE	3138A7G28	29,467	31,133
	FANNIE MAE	31416XJY7	25,480	27,714
	FANNIE MAE	31368HNM1	16,984	18,545
	FANNIE MAE	31419KWJ0	30,058	32,754
	FANNIE MAE	31418ABZ0	11,154	11,792
	FANNIE MAE	31417GF43	41,477	43,136
	FANNIE MAE	31402QUU3	10,083	10,356
	FANNIE MAE	3138XBXV1	33,941	36,900
	FANNIE MAE	3135G0ZR7	115,000	123,099
	FANNIE MAE	3138YAGT6	23,147	24,247
	FANNIE MAE	3138LTKF4	26,674	28,208
	FANNIE MAE	3135G0J20	45,000	45,220
	FANNIE MAE	3135G0K36	50,000	51,078
	FANNIE MAE	31418B5Y8	29,389	29,779
	FANNIE MAE	3138WHJH6	73,122	76,653
	FANNIE MAE	3138WHJM5	39,442	40,791
	FANNIE MAE	3140EU6A2	29,047	30,036
	FANNIE MAE	3138EKG74	30,262	32,262
	FEDERAL HOME LN BANKS	313381YT6	500,000	499,710
	FEDEX CORP	31428XAW6	5,000	5,927
	FEDEX CORP	31428XBC9	10,000	10,498
	FEDEX CORP	31428XAZ9	20,000	20,496
	FIFTH THIRD BANK	31677QBC2	250,000	261,238
	FLORIDA POWER & LIGHT CO	341081EZ6	30,000	31,480
	FLORIDA POWER & LIGHT CO	341081FK8	5,000	5,360
	FLORIDA POWER & LIGHT CO	341081EU7	5,000	6,421
	FLORIDA ST DEPT ENVIRONMENTAL	34160WTW4	60,000	64,271
	FORD MOTOR CO	345370BX7	20,000	21,804
	FORD MOTOR CO	345370CA6	10,000	13,590
	FREDDIE MAC	3137ABTD3	61,063	61,739
	FREDDIE MAC	3137AGHC7	121,543	126,472
	FREDDIE MAC	3137GACT2	86,153	88,938
	FREDDIE MAC	3137B73L1	185,075	193,153
	FREDDIE MAC	3137B7KD0	189,502	195,471
	FREDDIE MAC	3137B4Z58	181,162	189,299
	FREDDIE MAC	3137BKKW9	213,810	221,070
	FREDDIE MAC	3137B52G7	266,303	276,559
	FREDDIE MAC	3137EACA5	25,000	26,755
	FREDDIE MAC	3137EADB2	75,000	78,896
	FREDDIE MAC	3137EADM8	30,000	30,191
	FREDDIE MAC	3137ALJE0	23,936	24,075
	FREDDIE MAC	3137ATHY1	14,752	14,475
	FREDDIE MAC	3137A5MM3	31,995	32,985
	FREDDIE MAC	3128MMUF8	27,977	28,952
	FREDDIE MAC GOLD	3128MBUB1	10,339	11,211
	FREDDIE MAC GOLD	3128MJRE2	44,243	45,999
	FREDDIE MAC GOLD	31335HX32	9,752	10,649
	FREDDIE MAC GOLD	3128MMSR5	54,517	57,174
	FREDDIE MAC GOLD	3128MJSS0	26,854	27,916
	FREDDIE MAC GOLD	31292LQM0	27,391	28,957
	FREDDIE MAC GOLD	3128MMUC5	23,045	24,161
	FREDDIE MAC GOLD	3128MJVN7	15,352	16,169
	FREDDIE MAC GOLD	31335APE2	33,152	35,866
	GENERAL ELECT CAP CORP	36966THX3	250,000	252,000

Local 400 Food Terminal Employees' Pension Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 34-6665909, Plan No. 001

August 31, 2016

(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
	GENERAL ELECT CAP CORP	36962GXZ2	10,000	14,302
	GENERAL ELECT CAP CORP	36962G4R2	15,000	16,656
	GENERAL ELECT CAP CORP	36962G5J9	15,000	17,128
	GOVERNMENT NATL MTG ASSN	36225BDT2	30,513	35,719
	GOVERNMENT NATL MTG ASSN	36241LX84	13,541	14,385
	GOVERNMENT NATL MTG ASSN II	36202D2F7	25,293	29,802
	HOST HOTELS & RESORTS LP	44107TAT3	10,000	10,785
	ILLINOIS TOOL WORKS INC	452308AJ8	50,000	56,101
	INTEL CORP	458140AL4	250,000	251,120
	JOHN DEERE OWNER TRUST	47787UAB9	10,530	10,525
	KANSAS CITY SOUTHERN	485170BA1	10,000	10,169
	KIMBERLY-CLARK CORP	494368BS1	20,000	20,583
	KRAFT FOODS GROUP INC	50076QAE6	5,000	5,768
	KRAFT FOODS GROUP INC	50076QAU0	25,000	27,986
	KRAFT FOODS GROUP INC	50076QAZ9	10,000	10,689
	KROGER CO	501044CS8	30,000	32,807
	LOUISVILLE GAS & ELECTRIC CO	546676AW7	10,000	10,727
	MAGELLAN MIDSTREAM PARTNERS LP	559080AC0	5,000	6,185
	MARSH & MCLENNAN COS INC	571748AU6	250,000	271,448
	MATTEL INC	577081AX0	250,000	250,868
	MCDONALDS CORP	58013MEJ9	25,000	26,693
	MICROSOFT CORP	594918BG8	30,000	30,613
	MICROSOFT CORP	594918BK9	5,000	5,667
	MIDAMERICAN ENERGY CO	595620AM7	5,000	5,462
	MISSOURI ST HEALTH & EDL FACS	60636ABJ1	20,000	20,340
	MUNICIPAL ELEC AUTH GA	626207YS7	15,000	18,725
	NBCUNIVERSAL MEDIA LLC	63946BAD2	5,000	5,643
	NISOURCE FINANCE CORP	65473QBD4	5,000	6,467
	NORFOLK SOUTHERN CORP	655844BG2	30,000	31,728
	NORTHERN STATES POWER CO MINN	665772CC1	5,000	7,074
	O REILLY AUTOMOTIVE INC	67103HAE7	25,000	26,664
	OCCIDENTAL PETROLEUM CORP	674599CH6	10,000	10,579
	OCCIDENTAL PETROLEUM CORP	674599CK9	15,000	15,360
	OMNICOM GROUP INC	682134AC5	25,000	27,365
	ORACLE CORP	68389XAP0	250,000	256,993
	ORACLE CORP	68389XAG0	15,000	16,536
	PACIFICORP	695114CR7	10,000	10,935
	PARKER-HANNIFIN CORP	70109HAK1	250,000	271,320
	PEPSICO INC	713448DC9	30,000	30,774
	PEPSICO INC	713448DD7	10,000	12,037
	PFIZER INC	717081DB6	5,000	5,595
	PORTLAND GENERAL ELECTRIC CO	736508BQ4	35,000	38,915
	PRECISION CASTPARTS CORP	740189AK1	30,000	30,081
	PROCTER & GAMBLE CO	742718EB1	15,000	16,224
	PROCTER & GAMBLE CO	742718BG3	20,000	28,300
	PUBLIC SERVICE CO OF COLORADO	744448CL3	5,000	5,263
	PUBLIC SERVICE EL & GAS	74456QAR7	5,000	6,718
	PUBLIC SERVICE ELECTRIC & GAS CO	74456QBK1	10,000	10,573
	REPUBLIC SERVICES INC	760759AP5	30,000	32,194
	REPUBLIC SERVICES INC	760759AM2	10,000	11,287
	RYDER SYSTEM INC	78355HJT7	250,000	253,268
	SHELL INTERNATIONAL FIN B V	822582BF8	15,000	16,600
	SHELL INTERNATIONAL FINANCE B V	822582AM4	20,000	21,925
	SMUCKER J M CO	832696AB4	250,000	268,470
	SOUTH CAROLINA ELEC & GAS CO	837004BX7	5,000	6,050
	SOUTHERN CAL EDISON	842400FF5	5,000	6,544
	SOUTHERN CALIF GAS CO	842434CP5	10,000	10,695

Local 400 Food Terminal Employees' Pension Plan

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 34-6665909, Plan No. 001

August 31, 2016

(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
	SOUTHERN POWER CO	843646AN0	15,000	15,101
	ST JUDE MEDICAL INC	790849AL7	50,000	50,717
	STANLEY BLACK & DECKER INC	854502AB7	30,000	30,698
	STRYKER CORP	863667AK7	20,000	20,254
	TEXAS INSTRUMENTS INC	882508AU8	250,000	253,190
	TRAVELERS COS INC	89417EAF6	10,000	11,140
	TRAVELERS COS INC	89417EAD1	5,000	7,019
	UNDER ARMOUR INC	904311AA5	15,000	15,191
	UNION PACIFIC CORP	907818DG0	5,000	5,470
	UNION PACIFIC RR CO	907825AA1	51,216	53,265
	UNITED PARCEL SERVICE INC	911312AJ5	5,000	7,314
	UNITED PARCEL SERVICE INC	911312AP1	20,000	20,044
	UNITED STATES TREAS BDS	912810QD3	40,000	56,814
	UNITED STATES TREAS BDS	912810QQ4	40,000	57,252
	UNITED STATES TREAS BDS	912810QY7	50,000	55,543
	UNITED STATES TREAS BDS	912810RK6	55,000	58,085
	UNITED STATES TREAS NTS	912828MP2	75,000	81,615
	UNITED STATES TREAS NTS	912828ND8	30,000	32,647
	UNITED STATES TREAS NTS	912828RC6	40,000	41,734
	UNITED STATES TREAS NTS	912828SV3	50,000	51,219
	UNITED STATES TREAS NTS	912828TC4	45,000	45,128
	UNITED STATES TREAS NTS	912828UN8	55,000	57,063
	UNITED STATES TREAS NTS	912828WE6	40,000	43,594
	UNITED STATES TREAS NTS	912828J27	110,000	114,082
	UNITED STATES TREAS NTS	912828M56	85,000	89,947
	UTAH ST	917542QT2	50,000	53,513
	VERIZON COMMUNICATIONS INC	92343VBQ6	15,000	16,536
	VERIZON COMMUNICATIONS INC	92343VCH5	15,000	15,479
	VERIZON COMMUNICATIONS INC	92343VCQ5	5,000	5,317
	VIRGINIA ELECT & POWER CO	927804FH2	10,000	10,859
	VIRGINIA ELECTRIC & POWER CO	927804FE9	5,000	7,001
	VIRGINIA ELECTRIC & POWER CO	927804FQ2	5,000	5,444
	VISA INC	92826CAE2	5,000	5,746
	VISA INC	92826CAB8	20,000	20,593
	WALGREEN CO	931422AH2	20,000	20,779
	WALGREENS BOOTS ALLIANCE	931427AB4	15,000	16,295
	WALT DISNEY CO	25468PDA1	15,000	15,272
	WALT DISNEY CO	25468PDJ2	30,000	31,032
	WASTE MANAGEMENT INC	94106LAZ2	40,000	43,210
	WELLS FARGO CO	949746NX5	250,000	263,797
	WISCONSIN ELECTRIC POWER CO	976656CH9	10,000	10,578
	WISCONSIN ENERGY CORP	976657AK2	15,000	15,327
	WORLD FINL NETWORK CR CARD MSTR TR	981464EN6	5,000	5,012
	WORLD FINL NETWORK CR CARD MSTR TR	981464DG2	20,000	20,288
	Total fixed income securities		13,511,250	13,674,915
	Immediate participation guaranteed contracts:			
*	AXA EQUITABLE IPG CONTRACT		75,955	85,375
	Total immediate participation guaranteed contracts		75,955	85,375
	Total investments		\$ 44,729,208	\$ 50,393,005

* Indicates a party-in-interest