Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [X] 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.)
- [ ] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1967

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO

4150 E. MAIN STREET
COLUMBUS, OH 43213-2962

2b Employer Identification Number (EIN) 31-6089169

2c Plan Sponsor's telephone number 614-237-7423

2d Business code (see instructions) 446110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	PAUL SMITHBERGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	4822
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)**	1293
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1795
b	Retired or separated participants receiving benefits	**6b**	1506
c	Other retired or separated participants entitled to future benefits	**6c**	2297
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5598
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	112
f	Total. Add lines **6d** and **6e**.	**6f**	5710
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**	5

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)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan
CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO

D Employer Identification Number (EIN)
31-6089169

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2016		
b	Assets		
(1)	Current value of assets	**1b(1)**	44984405
(2)	Actuarial value of assets for funding standard account	**1b(2)**	49376342
c (1)	Accrued liability for plan using immediate gain methods	**1c(1)**	56299167
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	55394901
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	92588271
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	702321
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	4789722
(3)	Expected plan disbursements for the plan year	**1d(3)**	5556443

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/09/2017
Date

ROBERT A. BEHAR
Type or print name of actuary

17-02754
Most recent enrollment number

MILLIMAN, INC.
Firm name

312-726-0677
Telephone number (including area code)

71 S WACKER DRIVE, 31ST FLOOR, CHICAGO, IL 60606-4637
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	44984405
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1528	45601872
(2) For terminated vested participants		2001	30748005
(3) For active participants:			
(a) Non-vested benefits			661313
(b) Vested benefits			15577081
(c) Total active		1510	16238394
(4) Total		5039	92588271
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	48.59%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
07/01/2016	3141140				
			Totals ► **3(b)**	3141140	**3(c)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	89.1%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

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

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.				**6a**	3.28%
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.00%		7.00 %	
e Expense loading	**6e**	303.4%	☐ N/A	%	☐ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date			**6g**	5.0%	
h Estimated investment return on current value of assets for year ending on the valuation date			**6h**	1.2%	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	1241468	127389
4	1279701	131312

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	
b Employer's normal cost for plan year as of valuation date		**9b**	1003107
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	36942772	5380168
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	446829
e Total charges. Add lines 9a through 9d		**9e**	6830104

Credits to funding standard account:

f Prior year credit balance, if any		**9f**	15759228
g Employer contributions. Total from column (b) of line 3		**9g**	3141140
	Outstanding balance		
h Amortization credits as of valuation date	**9h** 14260719		1855772
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	1341130

j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	30042494		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	35238483		
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	22097270
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	15267166
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	

9 o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2016 plan year	**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	
(3) Total as of valuation date	**9o(3)**	
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO

D Employer Identification Number (EIN)
31-6089169

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

NEWTOWER TRUST COMPANY

20-1641876

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

BAIRD ADVISORS

39-6037917

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

MESIROW ADVANCED STRATEGIES, INC.

36-3741067

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

CRAMER ROSENTHAL MCGLYNN LLC

13-3977282

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

THE VANGUARD GROUP, INC.

23-1945930

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

COMMON SENSE LONG-BIASED BPI, LTD.

15350 SW SEQUOIA PARKWAY SUITE 250
PORTLAND, OR 97224

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

ALLIANZ GLOBAL INVESTORS U.S. LLC

1633 BROADWAY
NEW YORK, NY 10019-7585

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

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

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

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

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

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

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

REINHART, BOERNER, VAN DEUREN S.C.

39-1126909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	237804	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MILLIMAN, INC.

91-0675641

(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 50	NONE	149868	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FREYBERG HINKLE ASHLAND POWERS & ST

39-1531945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	36225	Yes [ ] No [X]	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)

MARQUETTE ASSOCIATES, INC.

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	35000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIFTH THIRD BANK RETIREMENT SERVICE

31-1051736

(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 49 50 51	NONE	17987	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO

D Employer Identification Number (EIN)
31-6089169

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST

b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY

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)
52-6218800-001	C	3942281

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II, LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.

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)
16-1626084-002	C	1119056

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TITANIUM ABSOLUTE RETURN FUND

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC.

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)
45-4783986-001	C	1101891

a Name of MTIA, CCT, PSA, or 103-12 IE: COPPER ROCK INTL SMALL CAP FUND

b Name of sponsor of entity listed in (a): OMAMTC HOLDING COMPANY

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)
27-4085435-042	E	2189781

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO

D Employer Identification Number (EIN)
31-6089169

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	415525	385669
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	323573	383148
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3	2317117
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	157756	333559
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2307903	
(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)	6621606	6163228
(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)	2383675	2189781
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27108626	28351297
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	5702209	6009705

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**	11715	12734
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	45032591	46146238
	Liabilities			
g	Benefit claims payable	**1g**	13129	15550
h	Operating payables	**1h**	48186	73522
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	61315	89072
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	44971276	46057166

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)**	3141140	
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		3141140
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	351	
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		351
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	754086	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		754086
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	2319961	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	1570540	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		749421
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	-432798	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-432798

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		405263
(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)		-174499
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1777583
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6220547
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4285954	
(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)		4285954
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)	423897	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	39953	
(4) Other	2i(4)	384853	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		848703
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5134657
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1085890
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) [X] 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 [X] No

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

(1) Name: FREYBERG HINKLE ET AL **(2)** EIN: 39-1531945

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	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.)	4a		X	
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.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X	
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO

D Employer Identification Number (EIN)
31-6089169

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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 CVS PHARMACY, INC.

b EIN 05-0340626 **c** Dollar amount contributed by employer 2760613

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 01 Year 2019

e Contribution rate information *(If more than one rate applies, check this box* [X] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 1.06
(2) Base unit measure: [X] 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**	1276
b The plan year immediately preceding the current plan year	**14b**	1306
c The second preceding plan year	**14c**	1446

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.98
b The corresponding number for the second preceding plan year	**15b**	0.88

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: 46.0 % Investment-Grade Debt: 25.9 % High-Yield Debt: 0.8 % Real Estate: 17.6 % Other: 9.7 %

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? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.

INDEPENDENT AUDITOR'S REPORT

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

DECEMBER 31, 2016

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FREYBERG HINKLE
ASHLAND POWERS & STOWELL S.C.

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

The Board of Trustees
Central Ohio UFCW Unions and
Retail Employers Pension Plan
Columbus, Ohio

We have audited the accompanying financial statements of the Central Ohio UFCW Unions and Retail Employers Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; 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 U.S. generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatements.

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 Plan'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.

15420 West Capitol Drive Brookfield, Wisconsin 53005-2621 262-784-6210 Fax: 262-784-7408
Website: www.freyberg-hinkle.com E-mail: info@freyberg-hinkle.com
Members: American Institute of Certified Public Accountants and Wisconsin Institute of Certified Public Accountants

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Central Ohio UFCW Unions and Retail Employers Pension Plan's net assets available for benefits as of December 31, 2016, and changes therein for the year then ended and its financial status as of December 31, 2015, and changes therein for the year then ended in accordance with U.S. generally accepted accounting principles.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as detailed in the table of contents are presented for the purpose of additional analysis and are not a required part of the financial statements, but some of which are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Freyberg Hinkle
Ashland Powers + Stowell, S.C.

Brookfield, Wisconsin
October 16, 2017

Exhibit I

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

	2016	2015
ASSETS		
Investments, at fair value		
Agency account, Fifth Third Bank		
Mutual funds	$ 28,351,297	$ 27,108,626
Common collective funds	6,163,228	6,621,606
103-12 investment entity	2,189,781	2,383,675
Partnership		2,307,903
Other	6,009,705	5,702,209
Cash equivalents	333,559	157,756
Uninvested cash	3	4
Total investments	$ 43,047,573	$ 44,281,779
Receivables		
Employer contributions	$ 383,148	$ 323,573
Accrued interest and dividends	87	3
Unsettled investment sales	2,317,030	
Total receivables	$ 2,700,265	$ 323,576
Cash		
Bank checking accounts	$ 385,666	$ 415,521
Prepaid expenses	$ 12,734	$ 11,715
Total assets	$ 46,146,238	$ 45,032,591
LIABILITIES		
Accounts payable	$ 73,522	$ 48,186
Net assets available for benefits	$ 46,072,716	$ 44,984,405

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

Exhibit II

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2016 and 2015

	2016	2015
Additions to net assets attributed to:		
Investment earnings		
Agency account, Fifth Third Bank		
Interest	$ 351	$ 12
Dividends	754,086	792,048
Net appreciation (depreciation) in fair value of investments	2,324,970	(219,967)
	$ 3,079,407	$ 572,093
Less investment expenses	39,953	39,947
Net investment earnings	$ 3,039,454	$ 532,146
Employer contributions		
Regular	$ 2,771,060	$ 2,749,127
Withdrawal liability	370,080	370,080
Total employer contributions	$ 3,141,140	$ 3,119,207
Total additions	$ 6,180,594	$ 3,651,353
Deductions from net assets attributed to:		
Pension benefits	$ 4,283,533	$ 4,342,826
Administrative expenses	808,750	752,584
Total deductions	$ 5,092,283	$ 5,095,410
Net increase (decrease) in net assets available for benefits	$ 1,088,311	$ (1,444,057)
Net assets available for benefits		
Beginning of year	44,984,405	46,428,462
End of year	$ 46,072,716	$ 44,984,405

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

1. Description of the Plan

The following description of 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 multiemployer pension plan providing retirement benefits for those employees who are covered under collective bargaining agreements between the unions and employers participating in the Plan. The Plan is subject to the provisions of ERISA, as amended.

The Board of Trustees, comprised of a union group and an employer group of representatives, each having equal voting power, has overall responsibility for the operation and administration of the Plan.

Contributions

The Plan is funded by employer contributions in accordance with the terms of the participating employers' collective bargaining agreements. No contributions are permitted by employees. The employer contributions for December 31, 2016 and 2015 exceeded the minimum funding requirements of ERISA.

Pension benefits

The pension benefits provided by the Plan are established by the Board of Trustees administering the Plan. Participants may receive their benefits upon application at or after attaining normal retirement age, or early retirement age if applicable, as specified in the plan document and the applicable participation agreement. Survivor benefits are provided for the surviving spouses of participants who die before beginning to receive their vested benefits.

Vesting

Employees become vested after five years of service.

2. Significant accounting policies

Basis of accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Use of estimates

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

2. Significant accounting policies (continued)

Date of management's review

Management has evaluated subsequent events for the Plan through October 16, 2017, which is the date the financial statements were approved and available to be issued, and has concluded that there are no recognized or non-recognized subsequent events relevant for financial statement disclosure.

Concentrations

Credit risk

At times during the year, the Plan's deposits may exceed federally insured limits. U.S. generally accepted accounting principles identifies these items as a concentration of credit risk requiring disclosure, regardless of the degree of risk.

Employer contributions

One employer accounted for approximately 99% of the Plan's contributions during the years ended December 31, 2016 and 2015.

Investment valuation and income recognition

Mutual funds, common collective funds, the partnership, other investments, and cash equivalents are stated on the books of account at cost. All investments are adjusted to fair value and reported as such as of the end of each reporting period. 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 3 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 or sold as well as held during the year.

Administrative fees

Administrative services are provided under an agreement between the Plan, the UFCW Unions and Employers Health and Welfare Plan of Central Ohio, and the UFCW Consolidated Pension Fund. Under this arrangement certain administrative expenses are shared by the plans based on allocation formulas. These expenses are recorded as shared administrative expenses in these financial statements. The shared administrative expenses approximated $188,500 and $189,000 for the years ended December 31, 2016 and 2015.

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 services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on hours of credit service.

2. Significant accounting policies (continued)

Actuarial present value of accumulated plan benefits (continued)

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

(a) Mortality Rates:
- Pre-retirement (actives and vested terminations): RP-2000 Combined Blue Collar Mortality projected to 2017 with Scale BB, separate tables for males and females.
- Post-retirement (including beneficiaries): RP-2000 Healthy Annuitant Blue Collar Mortality projected to 2017 with Scale BB with ages set forward 3 years, separate tables for males and females.
- Disabled Participants: RP-2000 Disabled Mortality projected to 2017 with Scale BB, separate tables for males and females.
- Current Liability Mortality Table (all Participants): For January 1, 2016 the Internal Revenue Service (IRS) 2016 annuitant and non-annuitant mortality tables (male and female rates) with projection for mortality improvement, updated annually, as mandated by the IRS. For January 1, 2015 the IRS 2015 annuitant and non-annuitant mortality tables (male and female rates) with projection for mortality improvement, updated annually, as mandated by the IRS.

(b) Retirement age assumptions.

(c) Investment return.

The valuations included an assumed average rate of return of 7.00% and 7.25% for January 1, 2016 and 2015 (net of investment-related expenses). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Recent accounting pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued accounting Standards Update ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which removes the requirement to make certain disclosures as well as categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value (NAV) per practical expedient. The Plan elected to early adopt ASU 2015-07 as of December 31, 2015.

2. Significant accounting policies (continued)

Recent accounting pronouncements

In July 2015, FASB issued ASU 2015-12, *Plan Accounting : Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient,* which simplifies the required disclosures related to employee benefit plans. Part I eliminates the requirement to measure and disclose the fair value of fully benefit-responsive contracts, including common collective trust assets. Part II eliminates the requirement to disclose individual investments which comprise 5% or more of total net assets available for benefits, as well as the net appreciation (depreciation) of fair values by type and no longer requires plans to disaggregate investments by nature, characteristics, and risks and eliminates the disclosure for investment strategy for investments valued at NAV if the investment files its own form 5500 as a direct filing entity. Part III allows plans to measure investments using values from the end of the calendar month closest to the plan's fiscal year end. The Plan elected to early adopt ASU 2015-12 Part II as of December 31, 2015. Parts I and III do not apply to the Plan.

The adoption of ASU 2015-07 and 2015-12 had no impact on the statement of net assets available for benefits or the statement of changes in net assets available for benefits as of and for the year ended December 31, 2015.

3. 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 following describes the three levels of the fair value hierarchy:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2

Inputs to the valuation methodology include:

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

3. Fair value measurements (continued)

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: The fair values of mutual funds are determined by obtaining quoted prices on nationally recognized securities exchanges.

Common collective funds and 103-12 investment entity: Valued at NAV of units held. The NAV 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 liability. 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.

Partnership:

Mesirow Institutional Multi-Strategy Fund, L.P.: The Mesirow Institutional Multi-Strategy Fund, L.P. is a limited partnership formed to achieve capital appreciation through an investment in one affiliated investment fund.

The value of the Mesirow Institutional Multi-Strategy Fund, L.P. investment in the affiliated investment fund is determined as of the close of business at the end of any period, generally monthly.

The affiliated investment fund is recorded at fair value as determined by the investment manager of the affiliated investment fund, which represents the Fund's pro rata interest in the net assets.

The value of the Mesirow Institutional Multi-Strategy Fund, L.P. in the accompanying financial statements is at NAV per unit outstanding.

Other:

Allianz Structured Alpha Fund: Allianz Structured Alpha Fund is a Delaware limited liability company. The objective is to outperform the BofA Merrill Lynch 3-Month U.S. Treasury Bill Index. The Beta Component of the fund invests in a portfolio that seeks to deliver a return equivalent to the benchmark. The Alpha Component of the fund uses all or a portion of the Beta Component securities and cash as collateral to construct option spreads, typically buying and selling puts and calls on equity indexes.

3. Fair value measurements (continued)

Other (continued):

Members' capital of the fund is determined on a monthly basis. The value of the Allianz Structured Alpha Fund in the accompanying financial statements is based on the Plan's percent of ownership of the total members' capital.

RREEF America REIT II Fund: RREEF America REIT II Fund (REIT) is a corporation classified as a real estate investment trust and is organized to serve as a collective investment vehicle through which eligible investors may invest in a professionally managed real estate portfolio consisting of multi-family, industrial, retail and office properties in targeted metropolitan areas within the continental United States. The principal investment objective of REIT is to generate attractive, predictable investment returns from a target portfolio of low-risk equity investments in income-producing real estate while maximizing the total return to shareholders through cash dividends and appreciation in the value of REIT shares. RREEF America LLC (RREEF) serves as investment advisor to REIT.

RREEF values REIT's real estate investments based on external valuations performed annually by independent real estate appraisers. Additionally, RREEF will perform annual internal valuations on each of the real estate investments in REIT, with the exception of recently acquired real estate investments. Cost plus capital additions are used to approximate estimated fair value until the real estate investments are first appraised. Quarterly, RREEF presents the results of both the internal and external valuations to REIT's Board of Directors for final approval. The periodic valuation of REIT's total portfolio including the related loans and bonds payable serves as the basis for determining REIT's net asset value. Determination of estimated fair value involves subjective assumptions and estimates.

The value of RREEF America REIT II, Inc. in the accompanying financial statements is at NAV per outstanding unit.

Cash and cash equivalents: Valued at amortized cost, which approximates fair value.

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

3. Fair value measurements (continued)

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

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 28,351,297	$	$	$ 28,351,297
Cash equivalents		333,559		333,559
Uninvested cash	3			3
Total assets in the fair value hierarchy	$ 28,351,300	$ 333,559	$	$ 28,684,859
Investments measured at NAV (a)				14,362,714
Total investments at fair value				$ 43,047,573

	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 27,108,626	$	$	$ 27,108,626
Cash equivalents		157,756		157,756
Uninvested cash	4			4
Total assets in the fair value hierarchy	$ 27,108,630	$ 157,756	$	$ 27,266,386
Investments measured at NAV (a)				17,015,393
Total investments at fair value				$ 44,281,779

(a) Certain investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented are intended to permit reconciliation of the fair value hierarchy to the line item presented in the statements of net assets available for benefits.

3. Fair value measurements (continued)

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2016 and 2015:

	Investments reported at NAV as of December 31, 2016		
		Redemption	
	Fair Value	Frequency	Notice Period
Common collective funds			
Multi-Employer Property Trust	$ 3,942,281	Quarterly	1 year written notice
NIS Preferred Stock Fund II, LLC	1,119,056	Quarterly	30 days written notice
NIS Total Absolute Return Fund, LLC	1,101,891	Quarterly	30 days written notice
103-12 investment entity			
Copper Rock International Small Cap	2,189,781	Daily	5 days written notice
Other			
Allianz Structured Alpha Fund	2,079,852	Monthly	5th business day of month
RREEF America REIT II Fund	3,929,853	Quarterly	45 days written notice

	Investments reported at NAV as of December 31, 2015		
		Redemption	
	Fair Value	Frequency	Notice Period
Common collective funds			
Multi-Employer Property Trust	$ 3,941,278	Quarterly	1 year written notice
NIS Preferred Stock Fund II, LLC	1,384,244	Quarterly	30 days written notice
NIS Total Absolute Return Fund, LLC	1,296,084	Quarterly	30 days written notice
103-12 investment entity			
Copper Rock International Small Cap	2,383,675	Daily	5 days written notice
Partnership			
Mesirow Institutional Multi-Strategy Fund, L.P.	2,307,903	Annually	95 days written notice
Other			
Allianz Structured Alpha Fund	1,879,530	Monthly	5th business day of month
RREEF America REIT II Fund	3,822,679	Quarterly	45 days written notice

Change in fair value levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

3. Fair value measurements (continued)

Change in fair value levels (continued)

Plan management has evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2016, there were no significant transfers in or out of levels 1, 2, or 3.

4. Actuarial present value of accumulated plan benefits and funding policy

Actuarial present value of accumulated plan benefits as of January 1, 2016 and 2015, using an investment return assumption of 7.00% and 7.25% for January 1, 2016 and January 1, 2015 (net of investment-related expenses) per annum compounded annually is as follows:

	2016	2015
Vested benefits		
Retired participants and beneficiaries	$ 31,761,871	$ 31,050,270
Other participants	23,271,899	22,592,107
	$ 55,033,770	$ 53,642,377
Nonvested benefits	361,131	403,235
Total actuarial present value of accumulated plan benefits	$ 55,394,901	$ 54,045,612

The changes in the actuarial present value of accumulated plan benefits during the year ending December 31, 2015 are as follows:

Value at the beginning of plan year	$ 54,045,612
Increase (decrease) attributable to:	
Benefits paid	(4,342,826)
Reduction in average discount period	3,763,634
Actuarial experience and accumulation of benefits	678,297
Change in assumptions	1,250,184
Value at the end of plan year	$ 55,394,901

The above calculations were determined by the actuary for the Plan, Milliman, using the entry age normal actuarial cost method. The actuary is responsible for the computation of the necessary funding provisions of ERISA as they apply to the Plan.

5. Employer's withdrawal liability

When a withdrawal from the Plan occurs, ERISA, as amended, provides for the assessment of withdrawal liability. An employer's withdrawal liability to the Plan is determined as the sum of the employer's proportional share of the unamortized balances as of the end of the Plan year proceeding the Plan year in which the withdrawal occurred.

The allocation method used in the determination of an employer's withdrawal liability is the "rolling five" method, as prescribed under the law.

It is the Plan's policy to recognize collections of withdrawal liability as employer contributions income when received. Agape Instruments withdrew from the Plan during 2014 and was assessed a withdrawal liability of $305,000, due immediately. Rite Aid Corporation withdrew from the Plan during 2013 and was assessed a withdrawal liability of $4,562,701. The withdrawal liability is payable in equal quarterly installments of $92,520 over the next 20 years. During the years ended December 31, 2016 and 2015, the Plan received $370,080 as a result of the assessment of withdrawal liability.

6. Plan termination

The Trustees may terminate the Plan in whole or in part, to the extent the termination is permitted by law. If the Plan is partially or completely terminated, all affected Plan participants will become fully vested in the benefits, to the extent funded, they have earned as of the termination date.

Upon termination, and after any necessary approval of the Pension Benefit Guaranty Corporation (PBGC), the Trustees shall apply the Trust to pay or to provide for the payment of any and all obligations of the Plan and shall distribute and allocate all assets of the Trust in accordance with the provisions of the Plan; provided, however, that no part of the corpus or income of the Trust shall be used for or diverted to purposes other than for the exclusive benefit of the participants, former participants or their beneficiaries or dependents, or the administrative expenses of the Plan or for other payments in accordance with the provisions of the Trust agreement. If the assets held under the terminated Plan are insufficient to discharge the obligations of the Plan, the degree of insurance coverage, the priority of claims and the distribution of assets and insurance proceeds to all claimants shall be in accordance with PBGC regulations.

7. Related-party transactions

The Plan invests in a cash equivalent fund managed by Fifth Third Bank, the Plan's investment custodian. These transactions are not considered prohibited transactions by statutory exemptions under ERISA regulations.

8. Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2016 and 2015, to Form 5500:

	2016	2015
Net assets available for benefits per the financial statements	$ 46,072,716	$ 44,984,405
Benefits payable	(15,550)	(13,129)
Net assets available for benefits per Form 5500	$ 46,057,166	$ 44,971,276

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2016 to Form 5500:

Benefits paid to participants per the financial statements	$ 4,283,533
Add: Benefits payable current year	15,550
Less: Benefits payable prior year	(13,129)
Benefits paid to participants per Form 5500	$ 4,285,954

9. Tax status

The IRS issued its latest determination letter dated August 11, 2015 applicable to amendments adopted through January 20, 2010 which states that the Plan continues to qualify under the appropriate sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Board of Trustees and tax counsel believe that the Plan is designed and is currently operated in compliance with applicable requirements of the IRC.

U.S. generally accepted accounting principles 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 statement of net assets available for benefits.

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

SUPPLEMENTAL INFORMATION

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

Plan Sponsor: Board of Trustees of the Central Ohio UFCW Unions and Retail Employers Pension Plan
Plan Sponsor EIN: 31-6089169
Plan Number: 001
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Par Value, Interest Rate, Maturity Date, and Number of Shares	(d) Cost	(e) Current Value
	Mutual funds			
	Baird Funds Inc. Inter. Bond Instl.	432,475	$ 4,684,683	$ 4,744,255
	DFA U.S. Targeted Value Portfolio #96	171,616	3,925,978	4,120,511
	Dreyfus/Standish Global Fixed Income Fund	100,365	2,161,259	2,113,683
	Vanguard Institutional Index Fund #94	23,455	3,214,681	4,780,837
	Vanguard Midcap Index Fund	22,204	3,250,152	3,617,869
	Vanguard Total International Stock Index Fund	91,108	9,634,037	8,974,142
	Total mutual funds		$ 26,870,790	$ 28,351,297
	Common collective funds			
	Multi-Employer Property Trust	388	$ 2,775,549	$ 3,942,281
	NIS Preferred Stock Fund II, LLC	241,400	357,118	1,119,056
	NIS Total Absolute Return Fund, LLC	497	543,909	1,101,891
	Total common collective funds		$ 3,676,576	$ 6,163,228
	103-12 investment entity			
	Copper Rock International Small Cap	139,714	$ 2,280,280	$ 2,189,781

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

Plan Sponsor: Board of Trustees of the Central Ohio UFCW Unions and Retail Employers Pension Plan
Plan Sponsor EIN: 31-6089169
Plan Number: 001
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Par Value, Interest Rate, Maturity Date, and Number of Shares	(d) Cost	(e) Current Value
	Other			
	Allianz Structured Alpha Fund		$ 1,583,401	$ 2,079,852
	RREEF America REIT II Fund	34,048	2,412,375	3,929,853
	Total other		$ 3,995,776	$ 6,009,705
	Cash equivalents			
	Dreyfus Cash Management	2,249	$ 2,249	$ 2,249
*	Fifth Third Banksafe Trust	331,309	331,310	331,310
	Total cash equivalents		$ 333,559	$ 333,559
	Uninvested cash		$ 3	$ 3
	Total		$ 37,156,984	$ 43,047,573

* A party-in-interest as defined by ERISA.

See accompanying notes and independent auditor's opinion.

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

Plan Sponsor: Board of Trustees of the Central Ohio UFCW Unions and Retail Employers Pension Plan
Plan Sponsor EIN: 31-6089169
Plan Number: 001

Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2016

The following series of transactions exceeded 5% of the fair value of Plan assets at January 1, 2016:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets, 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)
	Mutual funds							
Fifth Third Bank	Baird Funds Inc. Inter. Bond Instl.							
	(13 transactions)	$ 141,939	$	$	$	$ 141,939	$ 141,939	$
	(11 transactions)		2,330,000			2,262,133	2,330,000	67,867
	Partnership							
Fifth Third Bank	Mesirow Institutional Multi-Strategy Fund, L.P.							
	(1 transaction)		2,317,030			1,567,609	2,317,030	749,421

See accompanying notes and independent auditor's opinion.

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

Schedule of Employer Contributions - Regular
For the Year Ended December 31, 2016

CVS Pharmacy, Inc.	$	2,760,613
Dayton Area Plumbers		2,247
Donner Reporting		2,035
George Moeller LPA		2,709
Manley Burke & Assoc.		3,456
Total employer contributions - regular	$	2,771,060

See accompanying notes and independent auditor's opinion.

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

Schedules of Administrative Expenses
For the Years Ended December 31, 2016 and 2015

	Shared Expenses (Note 2)	Direct Charges	Combined 2016	Combined 2015
Salaries	$ 95,476	$	$ 95,476	$ 81,712
Payroll taxes	7,582		7,582	6,471
Employees' health and welfare expense	25,651		25,651	19,275
Employees' pension expense	3,523		3,523	3,844
Legal fees and expenses		237,804	237,804	166,199
Auditing and accounting fees		36,225	36,225	31,700
Actuarial and consulting fees		149,868	149,868	188,643
Data processing consulting fees	2,809		2,809	19,547
Office rent	6,321		6,321	6,000
Printing, stationery, and office expenses	10,601	17,797	28,398	16,557
Bank service fees		13,034	13,034	13,863
Postage	4,769	4,362	9,131	6,664
Data processing equipment use charges	29,759		29,759	673
Telephone	2,221	301	2,522	2,192
Insurance				
PBGC termination insurance		130,194	130,194	146,900
Fiduciary responsibility		16,477	16,477	18,989
Bonding and liability		1,885	1,885	1,885
Pension verification expense		760	760	760
Social security administration, wage data expense		517	517	3,513
Meeting expenses		10,814	10,814	17,197
Total administrative expenses	$ 188,712	$ 620,038	$ 808,750	$ 752,584

See accompanying notes and independent auditor's opinion.

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

Schedules of Investment Expenses
For the Years Ended December 31, 2016 and 2015

	2016	2015
Fifth Third Bank	$ 4,953	$ 4,947
Marquette Associates, Inc.	35,000	35,000
Total investment expenses	$ 39,953	$ 39,947

See accompanying notes and independent auditor's opinion.

2016 Schedule MB, line 6 -
Summary of Plan Provisions-
Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 PN 001

This summary of plan provisions is intended to only describe the essential features of the plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Plan Year and Effective Date: The plan year is the calendar year. The plan was originally established effective as of September 1, 1967. The plan was amended and restated effective January 1, 2015.

Definitions - Class 1059 Participants

Union: Union Local 1059 chartered by the United Food and Commercial Workers International Union, AFL-CIO-CLC, or any other local union chartered by the United Food and Commercial Workers International Union which adopts the Plan.

Employers Included: Any employer who is not primarily engaged in the sale of food products and who enters into a collective bargaining agreement with the union requiring contributions to be made to the Plan. The term "employer" also includes the union, the Plan, and any jointly administered health and welfare, vacation, or other type of employee benefit plan to which any union or employer participating in the Plan is a party, which adopts the Plan in accordance with its provisions.

Employees Included: Any person will commence participation on the January 1 or July 1 following the last to occur of (a) the date the first contribution on his behalf is made to the Plan, (b) his attainment of age 21, and (c) the first anniversary of the date his employment commenced if he has then had at least 455 hours of service. Anyone included under the prior provisions of the Plan as of October 31, 1986 will continue as a participant.

Vesting Service: "Vesting service" determines a participant's eligibility for benefits and consists of the following periods of employment, unless provided otherwise in the employer's participation agreement:

(a) For the period before an employer's participation date, an employee will receive one year of vesting service for each calendar year in which he had three months of employment. Vesting service for that period may also be given for excused years and employment by nonparticipating employers.

(b) For the period after an employer's participation date, an employee covered by a collective bargaining agreement will receive a full year of vesting service if he earns 455 or more hours of service in a calendar year.

(c) However, if an employee is not covered by a collective bargaining agreement, his vesting service will be determined on an elapsed time basis and then only if such noncovered employment immediately precedes or follows employment with the same employer that is covered by a collective bargaining agreement and there is no intervening quit, retirement or discharge.

Benefit Service: "Benefit service" determines the amount of a participant's benefit and is based on calendar years as follows:

(a) For the period during which no contributions were made on behalf of the employee because contributions were not required per the Collective Bargaining Agreement, he will receive one year

of benefit service for 12 months of employment after the employee's participation date, provided he received vesting service as provided in the Vesting Service definition above. If he had less than 12 months of employment, he will receive a partial year of benefit service based on quarters, and no benefit service for less than 3 months of employment.

(b) For the period before 1976 during which contributions were made on behalf of the employee, he will receive one full year of benefit service if he earned 1,820 or more hours of service; a partial year based on quarters if he earned less than 1,820 hours, but at least 455 hours; and no benefit service for less than 455 hours of service. For the period after 1975 during which contributions were made on behalf of the employee, he will receive benefit service in accordance with the following schedule:

Hours of Service Earned	Years of Benefit Service on or before December 31, 2009	Years of Benefit Service after December 31, 2009
1,800 or more	1.00	1.00
1,700 – 1,799	.88	.88
1,600 – 1,699	.83	.83
1,500 – 1,599	.78	.78
1,400 – 1,499	.73	.73
1,300 – 1,399	.68	.68
1,200 – 1,299	.63	.63
1,100 – 1,199	.58	.58
1,000 – 1,099	.53	.53
900 - 999	.48	.48
800 - 899	.43	.43
750 - 799	.38	.38
455 - 749	.25	0
Less than 455	0	0

An employee whose participation or re-participation in the Plan commences after 1975 on some day other than January 1 will receive benefit service for such year equal to his hours of service divided by 2,080 even though he earned less than 455 hours of service provided he earned a full year of vesting service for such calendar year.

Normal Pension - Class 1059 Participants

With respect to service earned before January 1, 2010, Normal Retirement Age is on or after attainment of age 62 and the completion of either 5 years of vesting service or five years of Plan participation after January 1, 1988.

With respect to service earned after December 31, 2009, Normal Retirement Age is on or after attainment of age 65 and the completion of either 5 years of vesting service or 5 years of Plan participation after January 1, 1988.

For those participants hired or rehired after December 31, 2005 subject to the special benefit rates described in the paragraph 5 below, Normal Retirement Age is on or after attainment of age 65 and completion of 5 years of vesting service.

If the participant earns at least 455 hours of service after September 30, 1997, the monthly pension on a single-life basis is equal to the sum of (a), (b), (c), (d) and (e) below:

(a) $29.50 multiplied by participant's years of Benefit Service for Benefit Service earned prior to January 1, 2000, plus:

(b) $36.50 multiplied by participant's years of Benefit Service earned after January 1, 2000 and prior to January 1, 2004 (excluding active participants who were transferred to the Southwestern Ohio Plan effective July 1, 2000), plus:

(c) $29.50 multiplied by a participant's years of Benefit Service earned between January 1, 2004 and December 31, 2005, plus:

(d) $17.50 multiplied by a participant's years of Benefit Service earned between January 1, 2006 and December 31, 2009, plus;

(e) $13.50 multiplied by a participant's years of Benefit Service earned after December 31, 2009.

For those participants who are hired by participating employers after December 31, 2005, their benefit rate for Benefit Service earned under the Plan shall be $14 for Benefit Service earned before January 1, 2010 and $10 for Benefit Service earned after December 31, 2009. These benefit rates shall also be applied to participants who had earned Benefit Service in the Plan prior to January 1, 2006, and who terminated their employment with a participating employer and who were then rehired by an employer participating in the Plan after December 31, 2005 with regard to any Benefit Service earned by such individual after their rehire.

The Plan contains special conditions regarding the following current (or former) employers: Gamble's Soft-Line Distribution Center, Ohio Lamp and Fixture Company, Dolly Madison - Columbus and Huntington, Goldman's Inc., Concord City Clothing, Inc., Seaway Distributing, Inc., and Cook United.

The monthly amount of any pension benefit payable to a former participant who is ineligible to have the amount of his benefit computed at the $29.50 pension benefit rate will be increased by 15.56% effective January 1, 1998. (Not including deferred vested retirees whether or not in pay status and not including certain participants with special limitations as described in the previous paragraph.)

Early Pension - Class 1059 Participants

Early retirement on or after the participant's 55th birthday and completion of 5 or more years of vesting service or 10 or more years of vesting service if participant is subject to benefit rates described in the fifth paragraph of the Normal Pension Benefit plan provision above.

Monthly pension on a single-life basis payable at a participant's Normal Retirement Age is computed in the same manner as a Normal Pension described above.

If payment commences prior to the participant's Normal Retirement Age, the amount is reduced by 1/12 of 3% for each month that the pension commencement date precedes age 62, except for Benefit Service earned after December 31, 2009, that amount is reduced by 1/12 of 6% for each month the pension commencement date precedes age 65.

If the participant is subject to the benefit rates described in the fifth paragraph of the Normal Pension Benefit plan provision above, the amount is reduced by 1/12 of 6% for each month that the pension commencement date precedes age 65.

Vested Pension - Class 1059 Participants

Termination of employment after any age and completion of 5 or more years of vesting service.

Monthly pension on a single-life basis payable at Normal Retirement Age is computed in the same manner as a Normal Pension described above. If payments commence prior thereto, the amount is as described in the Early Pension plan provision above if the participant meets the requirements for an Early Pension.

Surviving Spouse Benefit - Class 1059 Participants

Upon death of a vested terminated employee or an active vested employee, the spouse will be entitled to a life annuity equal to one-half of the benefit the participant would have been entitled to receive in the form of a Fifty Percent Husband and Wife Annuity as of the first day of the month in which the participant would have attained age 55 if the participant met the service requirements for an Early Pension before his death or termination of employment. Otherwise the benefit will commence as of the first day of the month in which the participant would have attained age 65.

Forms of Payment - Class 1059 Participants

Automatic 50% Husband and Wife Annuity: If a participant is married on the date his pension payment commences, payment will be made in the form of a 50% husband and wife annuity unless he elects otherwise in writing. Under this form of payment, a reduced amount will be paid to the participant for his lifetime, and his surviving spouse will receive thereafter a lifetime survivorship pension equal to 50% of the participant's reduced pension. The reduced pension payable to the participant is calculated in accordance with a schedule set forth in Appendix B of the Plan document.

Optional Benefits: If payment of an Early Pension commences before the participant is eligible to receive a Social Security benefit, he may elect the level income option. A 75% Husband & Wife Annuity option is also available. The Plan also provides the quarterly, semi-annual or lump sum payments of a pension of less than $25, and small pensions with an actuarial value of $1,000 or less.

Definitions - Class 75 Participants

Union: Local No. 75 chartered by the United Food and Commercial Workers International Union, AFL-CIO-CLC.

Employers Included: Any employer that signs a collective bargaining agreement with the Union or an agreement with the trustees requiring contributions to the Plan, and makes the required contributions. Also, the Union, the Plan and any other related jointly administered plan accepted for participation by the trustees, and which makes the required contributions.

Employees Included: An employee of an included employer will become a participant on the January 1 or July 1 after the last to occur of (a) the date for which the first contribution is due to the Plan on his behalf, (b) his 21st birthday, and (c) the last day of a 12-month period, measured by anniversaries of his date of hire, during which he has completed at least 520 hours of service (which may include the crediting of 190 hours in any month of employment by an employer when a Plan contribution was not required).

Vesting Service: A participant's Vesting Service determines eligibility for a vested benefit, and is principally based on calendar years in which an employee has at least 520 Hours of Service while covered by a collective bargaining agreement with the Union.

Benefit Service: The amount of benefit payable under the Plan is determined by a participant's Benefit service, principally based on calendar years in which an employee had contributions made to the Plan on his behalf, with credit for the calendar year determined by the following schedule:

Hours of Service Earned	Years of Benefit Service before January 1, 2010	Years of Benefit Service after December 31, 2009
1,800 or more	1.00	1.00
1,700 – 1,799	.88	.88
1,600 – 1,699	.83	.83
1,500 – 1,599	.78	.78
1,400 – 1,499	.73	.73
1,300 – 1,399	.68	.68
1,200 – 1,299	.63	.63
1,100 – 1,199	.58	.58
1,000 – 1,099	.53	.53
900 - 999	.48	.48
800 - 899	.43	.43
750 - 799	.38	.38
520 - 749	.25	0

Less than 520	0	0

For pension computation purposes, past service credits are reduced by 20% with respect to employment periods prior to 1971 with Greenhill's Consumer Service, Inc. and by 20% for employment prior to May 1, 1974 with Dolly Madison Bakeries. Employees of Super-X Drug Store No. 123 shall receive no past service credit for employment prior to April 5, 1978.

Normal Retirement Benefit - Class 75 Participants

With respect to service earned before January 1, 2010, Normal Retirement Age is on or after attainment of age 62 and the completion of either 5 years of vesting service or five years of Plan participation after January 1, 1988.

With respect to service earned after December 31, 2009, Normal Retirement Age is on or after attainment of age 65 and the completion of either 5 years of vesting service or 5 years of Plan participation after January 1, 1988.

For those participants hired or rehired after December 31, 2007, Normal Retirement Age is on or after attainment of age 65 and completion of 5 years of vesting service.

The amount of the normal pension in the form of a monthly income for life is equal to the sum of (a), (b), (c) (d), and (e) below:

(a) $29.50 multiplied by the participant's years of benefit service for benefit service earned through December 31, 2004, and

(b) For benefit service earned after December 31, 2004

- $25.40 multiplied by the participant’s years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $.76 or more per Hour of Service;
- $16.90 multiplied by the participant’s years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $.57 or more but less than $.76 per Hour of Service;
- $8.50 multiplied by the participant’s years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $.38 or more but less than $.57 per Hour of Service, plus

(c) For benefit service earned after December 31, 2007

- $14.00 multiplied by the participant’s years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $.76 or more per Hour of Service;
- $10.00 multiplied by the participant’s years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $.57 or more but less than $.76 per Hour of Service;

- $7.00 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $.38 per Hour of Service but less than $.57 per Hour of Service; plus

(d) For benefit service earned after December 31, 2009

- $10.00 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $.86 or more per Hour of Service;
- $7.40 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $.67 or more but less than $.86 per Hour of Service;
- $4.80 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $.48 or more but less than $.67 per Hour of Service.

(e) For benefit service earned after December 31, 2011

- $10.00 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $1.06 or more per Hour of Service;
- $7.40 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $.87 or more but less than $1.06 per Hour of Service;
- $4.80 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of $.68 or more but less than $.87 per Hour of Service.

Early Retirement Benefit - Class 75 Participants

"Early pension" is payable upon employee's retirement after attainment of age 55 and completion of 5 or more years of vesting service or 10 or more years of vesting service if participant was hired or rehired after December 31, 2007.

Monthly pension on a single-life basis payable at a participant's Normal Retirement Age is computed in the same manner as a normal pension above.

If payment commences prior to the participant's Normal Retirement Age, the amount is reduced by 1/12 of 3% for each month that the pension commencement date precedes age 62, except for Benefit Service earned after December 31, 2009, that amount is reduced by 1/12 of 6% for each month the pension commencement date precedes age 65.

If the participant was hired or rehired after December 31, 2007, the amount of benefit related to service earned after that date is reduced by 1/12 of 6% for each month that the pension commencement date precedes age 65.

Vested Pension - Class 75 Participants

The right to a vested benefit is attained upon completion of 5 or more years of vesting service.

Monthly amount of vested pension commencing at Normal Retirement Age is determined as for normal retirement, considering benefit service to actual termination.

For participants who terminated before July 1, 2000, if payments begin before Normal Retirement Age, the amount is reduced by 1/12 of 6% for each month of early payment prior to age 65 (or age 62 if 520 hours of service were earned after April 1, 1985). If 520 hours of service earned after December 31, 1999 and termination after July 1, 2000, the amount is reduced by 1/12 of 3% for each month of early payment prior to age 62.

For participants who terminate after December 31, 2009, if payments commence prior Normal Retirement Age, the amount is as described in the Early Retirement Benefit plan provision above if the participant meets the requirements for an Early Pension.

Surviving Spouse Benefit - Class 75 Participants

Upon death of a vested terminated employee or an active vested employee, the spouse will be entitled to a life annuity equal to one-half of the benefit the participant would have been entitled to receive in the form of a Fifty Percent Husband and Wife Annuity as of the first day of the month in which the participant would have attained age 55 if the participant met the service requirements for an Early Pension before his death or termination of employment. Otherwise the benefit will commence as of the first day of the month in which the participant would have attained age 65.

Forms of Payment - Class 75 Participants

Automatic 50% Husband and Wife Annuity: The benefit of a participant who is married when his pension payments commence will be paid in the form of a fifty percent husband and wife annuity, unless he elects a monthly income for life. Under the fifty percent husband and wife annuity form of payment, a reduced income is payable to the participant for life, and an amount equal to 50% of the benefit is paid to the surviving spouse after the participant's death. The reduced amount is determined by a table in the Plan which varies the reduction according to relative ages of the participant and the spouse. A separate table applies only to disabled retirees.

Optional Benefits: The following optional forms of payments are available for non-disability retirements after July 1, 2000:

(a) 50% Husband and Wife Annuity with Pop Up Feature

(b) Level Income Option

(c) Level Income Option with 50% Husband and Wife Annuity

(d) 75% Husband and Wife Annuity

If the actuarial equivalent of a participant's pension is less than $5,000, a lump sum payment shall be made in lieu of such pension subject to the participant's consent.

Plan Merger

Effective October 1, 1991, the UFCW Union Local 1099 - Meat Division Pension Plan was merged into this Plan. Former participants in the Local 1099 Meat Plan receive, at retirement, a benefit equal to:

(a) The benefit accrued under the Local 1099 Meat Plan for service through September 30, 1991, plus

(b) The benefit computed under the provisions of this plan based on service, if any, on or after October 1, 1991.

Changes in Plan Provisions since Prior Valuation

None.

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

Plan Sponsor: Board of Trustees of the Central Ohio UFCW Unions and Retail Employers Pension Plan
Plan Sponsor EIN: 31-6089169
Plan Number: 001
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Par Value, Interest Rate, Maturity Date, and Number of Shares	(d) Cost	(e) Current Value
	Mutual funds			
	Baird Funds Inc. Inter. Bond Instl.	432,475	$ 4,684,683	$ 4,744,255
	DFA U.S. Targeted Value Portfolio #96	171,616	3,925,978	4,120,511
	Dreyfus/Standish Global Fixed Income Fund	100,365	2,161,259	2,113,683
	Vanguard Institutional Index Fund #94	23,455	3,214,681	4,780,837
	Vanguard Midcap Index Fund	22,204	3,250,152	3,617,869
	Vanguard Total International Stock Index Fund	91,108	9,634,037	8,974,142
	Total mutual funds		$ 26,870,790	$ 28,351,297
	Common collective funds			
	Multi-Employer Property Trust	388	$ 2,775,549	$ 3,942,281
	NIS Preferred Stock Fund II, LLC	241,400	357,118	1,119,056
	NIS Total Absolute Return Fund, LLC	497	543,909	1,101,891
	Total common collective funds		$ 3,676,576	$ 6,163,228
	103-12 investment entity			
	Copper Rock International Small Cap	139,714	$ 2,280,280	$ 2,189,781

See accompanying notes and independent auditor's opinion.

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

Plan Sponsor: Board of Trustees of the Central Ohio UFCW Unions and Retail Employers Pension Plan
Plan Sponsor EIN: 31-6089169
Plan Number: 001
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2016

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investments Including Par Value, Interest Rate, Maturity Date, and Number of Shares	(d) Cost	(e) Current Value
	Other			
	Allianz Structured Alpha Fund		$ 1,583,401	$ 2,079,852
	RREEF America REIT II Fund	34,048	2,412,375	3,929,853
	Total other		$ 3,995,776	$ 6,009,705
	Cash equivalents			
	Dreyfus Cash Management	2,249	$ 2,249	$ 2,249
*	Fifth Third Banksafe Trust	331,309	331,310	331,310
	Total cash equivalents		$ 333,559	$ 333,559
	Uninvested cash		$ 3	$ 3
	Total		$ 37,156,984	$ 43,047,573

* A party-in-interest as defined by ERISA.

See accompanying notes and independent auditor's opinion.

Summary of Active Participants by Age and Service

Number of Participants by Age and Service Groups

	Years of Vesting Service										
Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40&Up**	**Total**
0-24	25	247	31	-	-	-	-	-	-	-	303
25-29	19	154	95	7	-	-	-	-	-	-	275
30-34	6	85	58	22	2	-	-	-	-	-	173
35-39	4	49	32	18	5	3	-	-	-	-	111
40-44	5	45	27	17	12	4	1	-	-	-	111
45-49	3	45	33	20	9	5	-	-	-	-	115
50-54	2	49	32	23	6	-	7	2	1	-	122
55-59	6	36	25	22	15	5	1	12	8	-	130
60-64	2	24	34	19	9	4	5	1	4	3	105
65-69	2	9	17	10	6	3	3	1	-	3	54
70&Up	2	2	5	1	1	-	-	-	-	-	11
Total	76	745	389	159	65	24	17	16	13	6	1,510

Charges and Credits for Funding Standard Account

The amortization charges and credits for the Funding Standard Account for the plan year beginning January 1, 2016 are determined below.

1. Charges as of January 1, 2016

	Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
a.	January 1, 1978	Initial accrued liability	$147,502	2.0	$285,355
b.	January 1, 1978	Miscellaneous	2,654	2.0	5,134
c.	January 1, 1978	Initial accrued liability	31,357	2.0	60,663
d.	January 1, 1978	Miscellaneous	564	2.0	1,091
e.	January 1, 1979	Plan amendment	38,041	3.0	106,820
f.	January 1, 1979	Plan amendment	8,083	3.0	22,697
g.	January 1, 1980	Plan amendment	26,555	4.0	96,242
h.	January 1, 1980	Plan amendment	5,636	4.0	20,425
i.	January 1, 1987	Plan amendment	7,164	1.0	7,164
j.	January 1, 1987	Plan amendment	1,332	1.0	1,332
k.	January 1, 1987	Plan amendment	1,526	1.0	1,526
l.	January 1, 1987	Plan amendment	283	1.0	283
m.	January 1, 1988	Plan amendment	124,001	2.0	239,889
n.	January 1, 1988	Plan amendment	26,371	2.0	51,017
o.	January 1, 1990	Plan amendment	35,379	4.0	128,223
p.	January 1, 1990	Plan amendment	7,511	4.0	27,223
q.	January 1, 1991	Plan amendment	29,848	5.0	130,951
r.	January 1, 1991	Plan amendment	6,332	5.0	27,778
s.	January 1, 1992	Plan amendment	67,821	6.0	345,898
t.	January 1, 1992	Plan amendment	14,383	6.0	73,357
u.	July 1, 1992	Plan amendment	147,980	6.5	804,861
v.	July 1, 1993	Change in assumptions	31,416	7.5	191,111
w.	January 1, 1994	Plan amendment	98,028	8.0	626,331
x.	January 1, 1994	Plan amendment	20,777	8.0	132,751
y.	January 1, 1996	Change in assumptions	13,661	10.0	102,664
z.	January 1, 1997	Change in assumptions	2,896	10.0	21,761
aa.	July 1, 1997	Change in assumptions	90,767	11.5	750,201
bb.	January 1, 1998	Plan amendment	180,322	12.0	1,532,499
cc.	January 1, 1998	Change in assumptions	11,403	12.0	96,913
dd.	January 1, 1998	Plan amendment	38,193	12.0	324,591
ee.	January 1, 1998	Change in assumptions	2,416	12.0	20,537
ff.	January 1, 1999	Plan amendment	16,332	13.0	146,051
gg.	January 1, 1999	Plan amendment	3,459	13.0	30,934
hh.	July 1, 1999	Plan amendment	1,488	13.5	13,619
ii.	January 1, 2000	Plan amendment	41,172	14.0	385,271
jj.	July 1, 2000	Plan amendment	94,583	14.5	903,729
kk.	July 1, 2000	Plan amendment	6,780	14.5	64,787
ll.	July 1, 2001	Actuarial loss	27,920	0.5	27,920

2016 Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases
Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 PN 001

Charges as of January 1, 2016 (continued)

	Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
mm.	January 1, 2002	Actuarial loss	47,597	1.0	47,597
nn.	January 1, 2002	Actuarial loss	136,870	1.0	136,870
oo.	January 1, 2003	Actuarial loss	241,364	2.0	466,937
pp.	January 1, 2003	Plan amendment	331,365	2.0	641,052
qq.	January 1, 2004	Actuarial loss	154,187	3.0	432,959
rr.	January 1, 2004	Actuarial loss	229,324	3.0	643,945
ss.	January 1, 2005	Actuarial loss	138,120	4.0	500,589
tt.	January 1, 2005	Actuarial loss	87,127	4.0	315,775
uu.	January 1, 2006	Actuarial loss	102,335	5.0	448,965
vv.	January 1, 2006	Actuarial loss	66,749	5.0	292,840
ww.	January 1, 2007	Actuarial loss	1,631	6.0	8,318
xx.	January 1, 2008	Actuarial loss	55,476	7.0	319,905
yy.	January 1, 2009	Special amort-2008 net inv loss	812,593	22.0	9,617,462
zz.	January 1, 2010	Special amort-2008 net inv loss	109,566	22.0	1,296,776
aaa.	January 1, 2011	Special amort-2008 net inv loss	97,856	22.0	1,158,176
bbb.	January 1, 2012	Actuarial loss	460,892	11.0	3,698,002
ccc.	January 1, 2012	Special amort-2008 net inv loss	116,489	22.0	1,378,712
ddd.	January 1, 2013	Special amort-2008 net inv loss	127,876	22.0	1,513,481
eee.	January 1, 2013	Change in assumptions	283,869	12.0	2,412,511
fff.	January 1, 2014	Special amort-2008 net inv loss	108,245	22.0	1,281,132
ggg.	January 1, 2016	Actuarial loss	127,389	15.0	1,241,468
hhh.	January 1, 2016	Change in assumptions	131,312	15.0	1,279,701
iii.	Total		5,380,168		36,942,772

2. Credits as of January 1, 2016

	Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
a.	January 1, 2009	Actuarial gain (includes NIL offset)	$63,819	8.0	$407,759
b.	January 1, 2010	Actuarial gain (includes NIL offset)	639,344	9.0	4,457,058
c.	January 1, 2010	Plan amendment	130,687	9.0	911,060
d.	January 1, 2011	Actuarial gain (includes NIL offset)	296,110	10.0	2,225,334
e.	January 1, 2012	Change in assumptions	186,593	11.0	1,497,142
f.	January 1, 2013	Actuarial gain (includes NIL offset)	259,909	12.0	2,208,881
g.	January 1, 2014	Actuarial gain (includes NIL offset)	145,081	13.0	1,297,416
h.	January 1, 2015	Actuarial gain	134,229	14.0	1,256,069
i.	Total		1,855,772		14,260,719

3. Net outstanding balance [(1iii) - (2i)] 22,682,053

4. Credit Balance as of January 1, 2016 15,759,228

5. Accumulated reconciliation account as of January 1, 2016

a.	Additional Funding Charges	0
b.	Additional Interest Charges	0
c.	Due to Waived Funding Deficiencies	0
d.	Total [(a) + (b) + (c)]	0

6. Balance test result [(3) - (4) - (5d)] 6,922,825

7. Unfunded Actuarial Accrued Liability as of January 1, 2016, minimum $0 $6,922,825

2016 Schedule MB, line 11
Justification for Change in Actuarial Assumptions
Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 PN 001

The methods and assumptions used in this valuation are the same as those used in the prior valuation except as follows:

- **Current liability purposes (RPA '94)**: Interest rate changed from 3.51% to 3.28% per year and the statutory mortality tables have been updated as required by law.

- **Minimum funding and FASB ASC Topic 960 purposes:** Interest rate changed from 7.25% to 7.0% per year to reflect the updated expected long-term rate of return on plan assets based on the plan's current investment policy and asset allocations.

2016 Schedule MB, line 6 -
Statement of Actuarial Assumptions/Methods-
Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 PN 001

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. The plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the plan will be adequately and systematically funded and accounted for. There are several commonly-used cost methods which differ in how much of the ultimate cost is assigned to each prior and future year.

Actuarial Cost Method

The actuarial cost method used for determining the plan's ERISA funding requirements is the entry age normal actuarial cost method. Normal cost is determined based on projected benefits for current active participants using each individual participant's date of hire to determine entry age.

The actuarial cost method used for determining the plan sponsor's FASB ASC Topic 960 accounting requirements and for current liability purposes (RPA '94) is the unit credit method. Under this method, an accrued benefit is determined to be paid at each active participant's assumed retirement age. The plan's normal cost is the sum of the present value of the portion of each active participant's benefit attributable to the current year of service. The plan's accrued liability is the sum of (a) the present value of the portion of each active participant's accrued benefit attributable to all prior years of service plus (b) the present value of each inactive participant's future benefits.

Asset Valuation Method

Four-year smoothing method. The actuarial value of assets is equal to the market value of assets adjusted to recognize differences between the expected value of assets and the actual market value of assets over 4 years at a rate of 25% per year, except that in accordance with the adoption of the PRA 2010 special asset valuation rule the 2008 difference between expected and actual return is recognized over 10 years at a rate of 10% per year. The expected value of assets for the year is the market value of assets at the valuation date for the prior year brought forward with interest at the valuation rate to the current year plus contributions minus benefit payments, all adjusted with interest at the valuation rate to the valuation date for the current year. The actuarial value of assets cannot be less than 80% or more than 120% of the market value of assets.

Special Amortization Rule

The Plan's investment loss for the Plan year ended December 31, 2008 is treated separately from other investment gains/losses to be amortized in equal installments over the period beginning from January 1, 2009 through December 31, 2037.

The portion of the net experience loss is based on the prospective method as described in Notice 2010-83. The total loss of $17,667,545 equals the investment loss for the year ended December 31, 2008. The schedule of amortization bases is as follows:

Year	Initial Amount (Gain)/Loss	Years in Amortization Base	Years in Offset Base
1/1/2009	$10,612,985	29	15
1/1/2010	1,415,986	28	15
1/1/2011	1,250,221	27	15
1/1/2012	1,469,826	26	15
1/1/2013	1,591,717	25	15
1/1/2014	1,326,810	24	15
	$17,667,545		

Interest Rates

- **For minimum funding purposes:** 7.00% per year (net of investment-related expenses).
- **For FASB ASC Topic 960 plan accounting purposes:** Discount rate of 7.00% per year (net of investment-related expenses).
- **For withdrawal liability purposes:** January, 2016 PBGC annuity basis interest rates of 2.82% for the first 20 years and 2.95% thereafter.
- **For current liability purposes (RPA '94):** 3.28% per year.

Mortality

- **For minimum funding purposes:**
  Active and Terminated Vested Participants (pre-retirement): RP-2000 Combined Blue Collar Mortality projected to 2017 with Scale BB, separate tables for males and females.
  Current and Future Retirees and Beneficiaries: RP-2000 Healthy Annuitant Blue Collar Mortality projected to 2017 with Scale BB with ages set forward 3 years, separate tables for males and females.
  Disabled Participants: RP-2000 Disabled Mortality projected to 2017 with Scale BB, separate tables for males and females
- **For FASB ASC Topic 960 plan accounting and withdrawal liability purposes:** Same as for minimum funding purposes.
- **For current liability purposes (RPA '94):** IRS 2016 annuitant and non-annuitant mortality tables (male and female rates) with projection for mortality improvement, updated annually, as mandated by the IRS.

Termination

Sample select and ultimate termination rates used are shown below:

Attained Age	Years of Service Less than 3 (Select)	3 & 4 Years of Service (Select)	Years of Service 5 or More (Ultimate)
<25	47%	33%	16%
25	34%	24%	13%
30	43%	28%	11%
35	20%	15%	7%
40	32%	14%	6%
45	35%	10%	8%
50	33%	15%	6%
55	18%	10%	4%
60	17%	13%	5%
65+	15%	18%	0%

Retirement

- Annual rates shown below for active participants who are eligible to retire:

Age	Rate
55-57	3%
58-60	2%
61-64	12%
65	20%
66-69	15%
70 and over	100%

Based on the above rates, the Plan's weighted average retirement age from active service is 65.

- The assumed age of commencement of deferred benefits:
  Age 62 – Tier 1 participants (except those noted below)
  Age 65 – Tier 2 participants
    - Tier 1 participants terminated before 10/1/85 for Local 1059 and before 4/1/85 for Local 75
    - Meat Division participants

  Participants over the Plan's Normal Retirement Age who have not yet attained age 71 are assumed to receive an actuarially increased benefit at their deferred retirement date. For participants age 71 and older, it is assumed that not all will receive their actuarially increased benefit from the Plan.

Disability

None

Pre-Retirement Death Benefits

Percentage of participants married are based on March, 2010 U.S. Census Bureau Table. Males are assumed to be three years older than spouses.

Expenses

Assumed equal to the prior year administrative expenses (net of investment-related expenses) plus 3%.

Reciprocity Reserve

Assumed equal to 1/4¢ per hour worked in prior year for active participants.

Changes in Actuarial Assumptions since Prior Valuation

- For minimum funding and FASB ASC Topic 960 plan accounting purposes, the interest rate was changed from 7.25% to 7.00%.
- For withdrawal liability purposes, the interest rate for calculating unfunded vested benefit liability was from the January, 2015 PBGC annuity basis interest rates of 2.89% for the first 20 years and 3.12% thereafter to the January, 2016 PBGC annuity basis interest rates of 2.82% for the first 20 years and 2.95% thereafter.

- For current liability purposes, the interest rate was changed from 3.51% to 3.28%, which was made in accordance with IRS guidance.
- For current liability purposes, the mortality table was changed from the IRS 2015 annuitant and non-annuitant mortality tables for males and females to the IRS 2016 annuitant and non-annuitant mortality tables for males and females, which was made in accordance with IRS guidance.

Attachment to 2016 Form 5500
Schedule MB, Line 8(b)(1) – Schedule of Projection of Expected Benefit Payments

Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 PN 001

Plan Year	Expected Benefit Payments
2016 actual	4,285,675
2017	4,752,099
2018	4,708,941
2019	4,686,027
2020	4,645,990
2021	4,642,568
2022	4,625,564
2023	4,590,541
2024	4,521,858
2025	4,427,844

Schedule R, Line 13d - Collective Bargaining Agreement Expiration Date
Central Ohio UFCW Unions and Retail Employers Pension Plan
Plan Sponsor: Board of Trustees of the Central Ohio UFCW Unions and Retail Employers Pension Plan
Plan Sponsor EIN: 31-6089169
Plan Number: 001
2016 Form 5500

Additional Collective Bargaining Agreement Expiration Date for CVS

Line 13d - Date collective bargaining agreement expires	10/10/2020

Schedule R, Line 13e - Information on Contribution Rates and Base Units
Central Ohio UFCW Unions and Retail Employers Pension Plan
Plan Sponsor: Board of Trustees of the Central Ohio UFCW Unions and Retail Employers Pension Plan
Plan Sponsor EIN: 31-6089169
Plan Number: 001
2016 Form 5500

Additional contribution rate information for CVS

Line 13e(1) - Contribution rate	$ 0.93
Line 13e(2) - Base unit measure	Hourly

CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN

Plan Sponsor: Board of Trustees of the Central Ohio UFCW Unions and Retail Employers Pension Plan
Plan Sponsor EIN: 31-6089169
Plan Number: 001

Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2016

The following series of transactions exceeded 5% of the fair value of Plan assets at January 1, 2016:

(a) Identity of Party Involved	(b) Description of Assets, Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Mutual funds							
Fifth Third Bank	Baird Funds Inc. Inter. Bond Instl.							
	(13 transactions)	$ 141,939	$	$	$	$ 141,939	$ 141,939	$
	(11 transactions)		2,330,000			2,262,133	2,330,000	67,867
	Partnership							
Fifth Third Bank	Mesirow Institutional Multi-Strategy Fund, L.P.							
	(1 transaction)		2,317,030			1,567,609	2,317,030	749,421

See accompanying notes and independent auditor's opinion.

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan
Central Ohio UFCW Unions and Retail ERS Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
T'ees-Central OH UFCW Unions & Retail ERS Pension Plan

D Employer Identification Number (EIN)
31-6089169

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 1 Day 1 Year 2016

b	Assets		
(1)	Current value of assets	1b(1)	44,984,405
(2)	Actuarial value of assets for funding standard account	1b(2)	49,376,342
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	56,299,167
(2)	Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
(3)	Accrued liability under unit credit cost method	1c(3)	55,394,901
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
	(a) Current liability	1d(2)(a)	92,588,271
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	702,321
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	4,789,722
(3)	Expected plan disbursements for the plan year	1d(3)	5,556,443

Statement by Enrolled Actuary

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

SIGN HERE Robert A. Behar

Signature of actuary

10/09/2017
Date

Robert A. Behar
Type or print name of actuary

17-02754
Most recent enrollment number

Milliman, Inc.
Firm name

(312)726-0677
Telephone number (including area code)

71 S. Wacker Drive, 31st Floor
Chicago IL 60606-4637
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	44,984,405
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1,528	45,601,872
(2) For terminated vested participants		2,001	30,748,005
(3) For active participants:			
(a) Non-vested benefits			661,313
(b) Vested benefits			15,577,081
(c) Total active		1,510	16,238,394
(4) Total		5,039	92,588,271
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	48.59 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
07/01/2016	3,141,140				
			Totals ► 3(b)	3,141,140	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	89.1 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

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

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

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability				6a	3.28 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:					
(1) Males	6c(1)	11MP17		A	
(2) Females	6c(2)	11FP17		A	
d Valuation liability interest rate	6d	7.00 %		7.00 %	
e Expense loading	6e	303.4 %	☐ N/A	0.0 %	☐ N/A
f Salary scale	6f	%	☐ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date			6g	5.0 %	
h Estimated investment return on current value of assets for year ending on the valuation date			6h	1.2 %	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,241,468	127,389
4	1,279,701	131,312

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		9a	
b Employer's normal cost for plan year as of valuation date		9b	1,003,107
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	36,942,772	5,380,168
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c		9d	446,829
e Total charges. Add lines 9a through 9d		9e	6,830,104

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	15,759,228
g	Employer contributions. Total from column (b) of line 3		**9g**	3,141,140
		Outstanding balance		
h	Amortization credits as of valuation date **9h**	14,260,719		1,855,772
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	1,341,130
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL) **9j(1)**	30,042,494		
	(2) "RPA '94" override (90% current liability FFL) **9j(2)**	35,238,483		
	(3) FFL credit		**9j(3)**	
k	(1) Waived funding deficiency		**9k(1)**	
	(2) Other credits		**9k(2)**	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	22,097,270
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	15,267,166
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9 o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2016 plan year	**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☒ Yes ☐ No