

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
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>09/01/2016</u> and ending <u>08/31/2017</u>			
A	This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>09/01/1961</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL</u> <u>EMPLOYEES PENSION FUND</u> <u>707 BROOKPARK ROAD</u> <u>CLEVELAND, OH 44109</u>	2b	Employer Identification Number (EIN) <u>34-6665909</u>
		2c	Plan Sponsor's telephone number <u>216-778-6302</u>
		2d	Business code (see instructions) <u>813930</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/10/2018	CHARLES CIMINO JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/11/2018	LOREEN ROBINSON
	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 ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1393
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 0 6a(2) 0 6b 629 6c 525 6d 1154 6e 206 6f 1360 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 9
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **09/01/2016** and ending **08/31/2017**

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

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

(a) Name of insurance carrier

AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	AC 1850	3	09/01/2016	08/31/2017

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 74718**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 85375**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 1048
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 979

▶ MARKET VALUE ADJUSTMENT

(6) Total additions **7c(6)** 2027**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 87402**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 9114
(2) Administration charge made by carrier **7e(2)** 3570
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 12684**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 74718

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 09/01/2016 and ending 08/31/2017		
A Name of plan LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL		D Employer Identification Number (EIN) 34-6665909

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

SEGAL CO.

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11		49621	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEY TRUST

31-1784820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 19 28 59 62 99		49345	Yes ☒ No ☐	Yes ☒ No ☐	500	Yes ☐ No ☒

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

MANGANO LAW OFFICES CO., LPA

20-5460196

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		25926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BOGDAHN GROUP

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CIUNI & PANICHI, INC.

34-1322309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		19705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON STREET INSURANCE GROUP

36-4019884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23		11849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DIANNA L. BROWN

34-1059950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	5910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BONNIE MANNING

34-1059950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	6912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOCAL 400

34-1059950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	SPONSORING UNION	6900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARYANN FARABAUGH

34-1059950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	6781	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

(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.
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For calendar plan year 2016 or fiscal plan year beginning 09/01/2016 and ending 08/31/2017

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

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: COMMON COLLECTIVE TRUST

b Name of sponsor of entity listed in (a): KEY TRUST EB LARGE CAP CORE EQUITY FUND

c EIN-PN 34-6538249-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--	--	---

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

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)
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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)
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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)
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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)
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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)
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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)
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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

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

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

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

SCHEDULE H (Form 5500) 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 09/01/2016 and ending 08/31/2017		
A Name of plan LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL	D Employer Identification Number (EIN) 34-6665909	

Part I	Asset and Liability Statement
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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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	304078	241957
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2005813	1164765
(2) U.S. Government securities	1c(2)	6261556	6537990
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	7146867	7437670
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	99668	0
(B) Common.....	1c(4)(B)	4212307	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	4532167	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	26077530	33061665
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	85375	74718
(15) Other	1c(15)	267490	196533

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	50992851	48715298

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	37611	38080
i Acquisition indebtedness	1i		
j Other liabilities	1j	225580	40129
k Total liabilities (add all amounts in lines 1g through 1j)	1k	263191	78209

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	50729660	48637089
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	473678	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		473678
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2577	
(B) U.S. Government securities	2b(1)(B)	166587	
(C) Corporate debt instruments	2b(1)(C)	238186	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	8106	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		415456
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	7174	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	819681	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		826855
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	22994215	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23182219	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-188004
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	658721	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		658721

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-49626
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2104769
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4241849

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5999365	
(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)		5999365
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)	95252	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	120356	
(4) Other	2i(4)	119447	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		335055
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6334420

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2092571
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: **CIUNI & PANICHI, INC.**

(2) EIN: **34-1322309**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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			
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			
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: 0

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4096051. (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.
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For calendar plan year 2016 or fiscal plan year beginning 09/01/2016 and ending 08/31/2017

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1414660</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **THIS PART IS NOT APPLICABLE - DISREGARD ALL INFORMATION BELOW**

b EIN **01-0000000** **c** Dollar amount contributed by employer **0**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **08** Day **31** Year **2017**

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

(1) Contribution rate (in dollars and cents) **0.00**

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:	
a	The current year	14a
b	The plan year immediately preceding the current plan year	14b
c	The second preceding plan year	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year	15a 97.38
b	The corresponding number for the second preceding plan year	15b 90.02
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐	

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
a	Enter the percentage of plan assets held as: Stock: <u>54.4</u> % Investment-Grade Debt: <u>40.9</u> % High-Yield Debt: _____% Real Estate: _____% Other: <u>4.7</u> %	
b	Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
c	What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):	

Part VII IRS Compliance Questions

20a	Is the plan a 401(k) plan? 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

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

Report on the Financial Statements

We have audited the accompanying financial statements of Local 400 Food Terminal Employees' Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits in liquidation as of August 31, 2017 and 2016, and the related statements of changes in net assets available for benefits in liquidation for the years then ended and the statement of accumulated plan benefits in liquidation as of August 31, 2016, and the related statement of changes in accumulated plan benefits in liquidation for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the liquidation basis of accounting described in Note 2; this includes determining that the liquidation basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits in liquidation as of August 31, 2017, and changes therein for the year then ended, and its financial status as of August 31, 2016, and changes therein for the year then ended on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As further discussed in Notes 2 and 4 to the financial statements, the Board of Trustees declared a mass withdrawal in 2009 and terminated the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the ongoing plan basis to the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (liquidation basis) of Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of August 31, 2017 and Schedule H, line 4j – Schedule of Reportable Transactions for the year ended August 31, 2017 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Ciuri & Panichi, Inc.

Cleveland, Ohio
January 17, 2018

Local 400 Food Terminal Employees' Pension Plan
Statements of Net Assets Available for Benefits in Liquidation
August 31, 2017 and 2016

	<u>Assets</u>	
	<u>2017</u>	<u>2016</u>
Investments at fair value:		
Cash – money market funds	\$ 719,690	\$ 1,711,043
Common collective equity fund	-	4,532,167
Registered investment companies	33,061,665	26,077,530
Equity securities	-	4,311,975
Fixed income securities	14,172,193	13,674,915
Investments at contract value:		
Immediate participation guaranteed contracts	<u>74,718</u>	<u>85,375</u>
Total investments	48,028,266	50,393,005
Receivables:		
Accrued interest	90,425	101,546
Due from brokers for securities sold	36,464	202,532
Employer withdrawal liability (less allowance for uncollectable amounts of \$15,106,389 and \$17,608,565 in 2017 and 2016, respectively) (Note 4)	-	-
Interest on employer withdrawal liability, net	<u>115,068</u>	<u>-</u>
Total receivables	241,957	304,078
Property and equipment:		
Office furniture and equipment	44,580	44,580
Less: accumulated depreciation	<u>(44,580)</u>	<u>(44,580)</u>
Property and equipment, net	-	-
Due from related party (Note 9)	-	998
Cash	<u>445,075</u>	<u>294,770</u>
Total assets	48,715,298	50,992,851
 <u>Liabilities</u>		
Accounts payable	38,080	37,611
Due to brokers for securities purchased	35,643	225,580
Due to related party (Note 9)	<u>4,486</u>	<u>-</u>
Total liabilities	<u>78,209</u>	<u>263,191</u>
Net assets available for benefits in liquidation	\$ <u>48,637,089</u>	\$ <u>50,729,660</u>

The accompanying notes are an integral part of these financial statements

Local 400 Food Terminal Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits in Liquidation

For the years ended August 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Additions (deductions) to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,525,860	\$ 1,935,028
Interest and dividend income	<u>1,242,311</u>	<u>1,159,274</u>
	3,768,171	3,094,302
Less: investment expenses	<u>(120,356)</u>	<u>(159,005)</u>
Net investment income	3,647,815	2,935,297
Contributions:		
Recovery of and interest on employer withdrawal liability	473,678	2,948,618
Other income	<u>-</u>	<u>29,555</u>
Total additions	4,121,493	5,913,470
Deductions from net assets attributed to:		
Benefits paid to participants	5,999,365	6,038,605
Administrative expenses (Note 8)	<u>214,699</u>	<u>235,764</u>
	<u>6,214,064</u>	<u>6,274,369</u>
Net decrease	(2,092,571)	(360,899)
Net assets available for benefits in liquidation:		
Beginning of year	<u>50,729,660</u>	<u>51,090,559</u>
End of year	\$ <u>48,637,089</u>	\$ <u>50,729,660</u>

The accompanying notes are an integral part of these financial statements

Local 400 Food Terminal Employees' Pension Plan

Statement of Accumulated Plan Benefits in Liquidation

August 31, 2016

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 77,584,149
Other participants	45,810,896
Expense loading	<u>890,975</u>

Total actuarial present value of accumulated plan benefits	\$ <u>124,286,020</u>
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The accompanying notes are an integral part of these financial statements

Local 400 Food Terminal Employees' Pension Plan
Statement of Changes in Accumulated Plan Benefits in Liquidation

For the year ended August 31, 2016

Actuarial present value of accumulated plan benefits at beginning of year	\$ 131,336,993
Decrease during the year attributable to:	
Change in actuarial assumptions	(1,012,368)
Benefits paid and purchases of annuity contracts	<u>(6,038,605)</u>
Net decrease	<u>(7,050,973)</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u>124,286,020</u>

The accompanying notes are an integral part of these financial statements

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2017 and 2016

Note 1: Description of Plan

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

General

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

Effective July 27, 2009, the Plan was terminated (Note 4) subject to the provisions set forth in the Plan agreement and ERISA.

Benefits

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

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

Death and Disability Benefits

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

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2017 and 2016

Note 1: Description of Plan (continued)

Death and Disability Benefits (continued)

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

Note 2: Summary of Significant Accounting Policies

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

Basis of Accounting

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

Basis of Presentation

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

Reclassifications

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

Use of Estimates

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

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2017 and 2016

Note 2: Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value (except for immediate participation guaranteed contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Property and Equipment

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

Cash

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the plan document. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits in liquidation. In addition, certain investment related expenses are included as a deduction in net assets attributed to investment income presented in the accompanying statements of changes in net assets available for benefits in liquidation.

Subsequent Events

The Plan has evaluated subsequent events through January 17, 2018 the date the financial statements were available to be issued.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2017 and 2016

Note 3: Actuarial Present Value of Accumulated Plan Benefits

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

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

The regulations of the Pension Benefit Guaranty Corporation (PBGC) prescribe specific actuarial assumptions for use by terminated plans. The PBGC prescribed assumptions were used for the August 31, 2016 valuation results.

Significant actuarial assumptions used in the August 31, 2016 valuation are as follows:

	2016
Assumed rate of return on investments	As prescribed in PBGC regulations for terminating plans for the applicable withdrawal liability valuation date. First 20 years: 2.50% After 20 years: 2.85%
Mortality basis	As published by the PBGC for August 31, 2016 under ERISA Section 4044 for healthy and disabled lives.
Retirement age	Participants currently eligible to begin receiving benefits but not yet in pay status are assumed to retire on the valuation date. Other participants not yet in pay status are assumed to retire at the earliest date that a benefit could be elected, (earliest age per ERISA Section 4281.12(b)).
Administrative expenses	\$10,000 plus \$200 per vested participant, plus a percentage (defined by statute) of the excess of the value of benefits over \$200,000.
Benefit Election	All participants are assumed to elect the life annuity.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2017 and 2016

Note 4: Plan Termination

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

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

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

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

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

A revised net withdrawal liability for each employer has been calculated by the Plan's actuary. The Employers have the option to pay the net withdrawal liability in one lump sum, or they may amortize the amount owed and pay the Plan in minimum quarterly installments as set forth in ERISA. Because the Plan was terminated via a mass withdrawal, certain rules, such as the 20-year cap on employer quarterly installment payments, do not apply. The estimated net withdrawal liability owed to the Plan totaled \$15,106,389 and \$17,608,565 at August 31, 2017 and 2016, respectively. This amount is to be received from Employers in quarterly installment payments. However, since the quarterly payments do not fully cover the interest portion of the reallocation amount, the quarterly installment payments extend into perpetuity and the principal portion of the reallocation amount will never be repaid. Therefore, the reallocation amounts have been fully reserved for in an allowance for doubtful accounts at August 31, 2017 and 2016 on the statements of net assets available for benefits in liquidation.

During the year ended August 31, 2017, with the approval of the Board of Trustees, one employer settled their withdrawal liability in a lump-sum, which was received subsequent to August 31, 2017. During the year ended August 31, 2016, with the approval of the Board of Trustees, two employers paid their withdrawal liability in a lump-sum. These transactions resulted in significant additional contributions during this Plan year and released the employers from making future quarterly contributions.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2017 and 2016

Note 4: Plan Termination (continued)

The future quarterly installment payments from other Employers, expected not to exceed \$93,283 per quarter, are recognized as interest on employer withdrawal liability on the statements of changes in net assets available for benefits in liquidation. Currently three employers are in default and the Plan has taken legal action.

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

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

A PBGC plan review conducted in 2015 is pending. During the review, the PBGC reviewer calculated benefit payments to participants in a different manner than what the Plan has paid. As a reasonable estimate was not available as of the report date, no adjustment has been made to these financial statements for amounts owed to, or receivable from, participants.

Note 5: Fair Value Measurements

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

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

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

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2017 and 2016

Note 5: Fair Value Measurements (continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2017 and 2016.

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

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

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2017 and 2016:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2017 Total</u>
Investments in the fair value hierarchy:				
Cash – money market funds	\$ 719,690	\$ -	\$ -	\$ 719,690
Registered investment companies	33,061,665	-	-	33,061,665
Fixed income securities	<u>-</u>	<u>14,172,193</u>	<u>-</u>	<u>14,172,193</u>
Total investments	\$ <u>33,781,355</u>	\$ <u>14,172,193</u>	\$ <u>-</u>	\$ <u>47,953,548</u>

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2017 and 2016

Note 5: Fair Value Measurements (continued)

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

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

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

The following table summarizes investments measured at fair value based on net asset value per share or unit as of August 31, 2017 and 2016, respectively.

<u>Investment</u>	<u>Fair Value</u>		<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
	<u>2017</u>	<u>2016</u>		
KeyBank EB Large Cap Core Equity Fund	\$ -	\$ 4,532,167	Daily	None

Note 6: Guaranteed Investment Contract with Insurance Company

On January 26, 1965, the Plan entered into an immediate participation guaranteed investment contract with AXA Equitable Life Insurance Co. (AXA) totaling \$74,718 and \$85,375 at August 31, 2017 and 2016, respectively. AXA maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2017 and 2016

Note 6: Guaranteed Investment Contract with Insurance Company (continued)

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

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

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

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

Note 7: Shared Lease Obligations

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

2018	\$	26,098
2019		26,098
2020		<u>8,699</u>
Total minimum payments	\$	<u>60,895</u>

The Plan's allocated expenses are recorded with administrative expenses on the statements of changes in net assets available for benefits in liquidation. The Plan's share of rent expense totaled \$11,092 and \$12,914 for the years ended August 31, 2017 and 2016, respectively.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2017 and 2016

Note 8: Administrative Expenses

The following amounts represent the administrative expenses incurred by the Plan for the years ended August 31, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Administrative expenses:		
Actuary	\$ 49,621	\$ 51,395
Audit – fund	19,705	18,988
Bank charges	33	39
Casualty insurance	234	262
Collection service fee	6,900	6,900
Computer support	372	179
Employee benefits	19,994	21,846
Equipment lease	145	-
Insurance – fiduciary	11,849	11,458
Legal – fund	25,926	5,448
Repairs and maintenance	1,400	1,551
Office supplies	3,270	2,575
PBGC insurance premium	38,080	37,611
Rent	11,092	12,914
Salaries	19,603	55,745
Taxes – payroll	4,008	4,670
Utilities	2,467	3,031
Record Services	<u>-</u>	<u>1,152</u>
Total administrative expenses	\$ <u>214,699</u>	\$ <u>235,764</u>

Note 9: Related-Party and Party-in-Interest Transactions

The Plan shares facilities and certain expenses with the Local and the Welfare Fund. The Plan was allocated expenses of \$59,692 and \$102,060 during the years ended August 31, 2017 and 2016, respectively. Amounts owed to the Local for underpayment of shared expenses was \$4,486 at August 31, 2017. Amounts owed to the Plan from the Local for overpayment of shared expenses was \$998 at August 31, 2016.

The Plan pays the Local to collect contributions owed to the Plan. Total collection fees paid by the Plan were \$6,900 for the years ended August 31, 2017 and 2016.

As described in Note 4, the Local and the Welfare Fund, along with other employers, withdrew from the Plan effective July 27, 2009. The Local and the Welfare Fund are each required to pay a withdrawal liability beginning in fiscal year 2010, payable in quarterly installment payments in perpetuity to the Plan.

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

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2017 and 2016

Note 9: Related-Party and Party-in-Interest Transactions (continued)

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

Note 10: Tax Status

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability 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.

Note 11: Risks and Uncertainties

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

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

Local 400 Food Terminal Employees' Pension Plan

Schedule H, line 4j – Schedule of Reportable Transactions

EIN: 34-6665909, Plan No. 001

For the year ended August 31, 2017

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>Single transactions involving an amount in excess of 5% of the current value of Plan assets:</u>								
KeyBank	Vanguard 500 Index Fund	\$ 4,200,000	\$ -	\$ -	\$ -	\$ 4,200,000	\$ 4,200,000	\$ -
KeyBank	Federated Government Obligations Fund	4,237,507	-	-	-	4,237,507	4,237,507	-
KeyBank	Federated Government Obligations Fund	-	4,394,290	-	-	4,394,290	4,394,290	-
KeyBank	Vanguard Value Index Fund	4,394,517	-	-	-	4,394,517	4,394,517	-
KeyBank	EB Large Cap Core Equity Fund	-	4,482,541	-	-	3,621,359	4,482,541	861,182
<u>Series of transactions, when aggregated, involving an amount in excess of 5% of the current value of Plan assets:</u>								
KeyBank	EB Large Cap Core Equity Fund 1 SALE	\$ -	\$ 4,482,541	\$ -	\$ -	\$ 3,621,359	\$ 4,482,541	\$ 861,182
KeyBank	Vanguard 500 Index Fund 5 PURCHASES 10 SALES	4,554,414 -	- 876,568	- -	- -	4,554,414 798,909	4,554,414 876,568	- 77,659
KeyBank	Vanguard Value Index Fund 4 PURCHASES 10 SALES	4,481,695 -	- 876,565	- -	- -	4,481,695 794,199	4,481,695 876,565	- 82,366
KeyBank	EB Short Term Investment Fund 56 PURCHASES 70 SALES	5,916,027 -	- 6,322,664	- -	- -	5,916,027 6,322,664	5,916,027 6,322,664	- -
KeyBank	Federated Government Obligations Fund 180 PURCHASES 128 SALES	7,444,333 -	- 8,029,049	- -	- -	7,444,333 8,029,049	7,444,333 8,029,049	- -

Local 400 Food Terminal Employees' Pension Plan

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

EIN: 34-6665909, Plan No. 001

August 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Cash - money market funds:			
*	EB SHORT TERM INVESTMENT FUND	503,069	\$ 503,069	\$ 503,069
*	FEDERATED GOVERNMENT OBLIGATIONS IS	216,621	216,621	216,621
	Total cash - money market funds		719,690	719,690
	Registered investment companies:			
	BAIRD SHORT TERM BOND FUND	216,776	2,110,797	2,107,066
	METROPOLITAN WEST T/R BOND FD	393,333	4,281,006	4,228,335
	TEMPLETON GLOBAL BOND FUND	83,069	1,112,042	1,000,980
	VANGUARD 500 INDEX FUND	18,684	3,755,505	4,279,261
	VANGUARD DEVELOPED MARKETS INDEX FUND	547,931	5,313,342	5,791,627
	VANGUARD GROWTH INDEX FUND	65,073	2,501,688	4,414,545
	VANGUARD REIT INDEX FUND	26,681	2,598,835	3,177,721
	VANGUARD SMALL CAP INDEX FD	60,200	2,076,005	3,918,417
	VANGUARD VALUE INDEX FUND	108,845	3,687,496	4,143,713
	Total registered investment companies		27,436,716	33,061,665
	Fixed income securities:			
	ABBOTT LABORATORIES	002824BD1	10,000	9,983
	ACE INA HOLDINGS INC	00440EAR8	30,000	30,995
	ACTAVIS FUNDING SCS	00507UAM3	10,000	10,066
	AGILENT TECHNOLOGIES INC	00846UAJ0	15,000	15,717
	AGILENT TECHNOLOGIES INC	00846UAG6	25,000	27,056
	AIRGAS INC	009363AN2	55,000	54,757
	AMEREN CORP	023608AF9	15,000	15,056
	AMEREN ILLINOIS CO	02361DAL4	30,000	30,427
	AMERICAN AIR LINES	023770AA8	31,637	31,675
	AMERICAN EXPRESS CREDIT CORP	0258M0DP1	25,000	25,094
	AMERICAN EXPRESS CREDIT CORP	0258M0DT3	25,000	24,976
	AMERICAN INTERNATIONAL GROUP INC	026874CU9	175,000	191,235
	AMERICAN TOWER CORP	03027XAF7	15,000	15,282
	AMERICAN WATER CAPITAL CORP	03040WAD7	10,000	14,081
	AMERICAN WATER CAPITAL CORP	03040WAL9	20,000	20,941
	AMPHENOL CORP	032095AC5	45,000	45,577
	APACHE FINANCE CANADA CORP	03746AAA8	10,000	13,754
	APPLE INC	037833AS9	250,000	254,140
	APPLE INC	037833AK6	10,000	9,709
	ARIZONA PUBLIC SERVICE CO	040555CQ5	15,000	15,327
	ARIZONA PUBLIC SERVICE CO	040555CF9	5,000	5,837
	AT&T BROADBAND CORP	00209TAB1	15,000	20,997
	AT&T INC	00206RCP5	10,000	9,455
	AT&T INC	00206RCM2	20,000	19,591
	AUTOMATIC DATA PROCESSING INC	053015AD5	10,000	10,151
	AVALONBAY COMMUNITIES INC	05348EAT6	15,000	16,035
	AVERY DENNISON CORP	053611AG4	15,000	15,090
	BANK OF AMERICA CREDIT CARD TRUST	05522RCW6	55,000	54,984
	BAXTER INTERNATIONAL INC	071813BF5	45,000	41,935
	BURLINGTON NORTHERN SANTA FE	12189LAL5	250,000	250,525
	BURLINGTON NORTHERN SANTA FE	12189LAQ4	15,000	16,146
	BURLINGTON NORTHERN SANTA FE LLC	12189LAT8	20,000	20,803
	CALIFORNIA ST	13063DAC2	10,000	10,153
	CALIFORNIA ST DEPT WTR RES PWR SUPPLY	13066YTY5	44,300	44,300
	CAMPBELL SOUP CO	134429AT6	250,000	286,055
	CANADIAN NATIONAL RAILWAY CO	136375BV3	30,000	30,455
	CANADIAN NATIONAL RAILWAY CO	136375BE1	10,000	13,841
	CANADIAN PACIFIC RAILWAY CO	13645RAJ3	35,000	38,772
	CAPITAL ONE MULTI-ASSET EXECUTION TR	14041NEU1	60,000	59,975
	CARNIVAL CORP	143658BA9	60,000	63,255
	CAROLINA POWER & LIGHT CO	144141CU0	10,000	12,776
	CAROLINA POWER & LIGHT CO	144141DC9	45,000	44,484

Local 400 Food Terminal Employees' Pension Plan

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

EIN: 34-6665909, Plan No. 001

August 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	CATERPILLAR FINANCIAL SVCS CORP	14912L4E8	40,000	43,059
	CBS CORP	124857AL7	50,000	50,383
	CHARLES SCHWAB CORP	808513AQ8	20,000	20,449
	CHEVRON CORP	166751AJ6	35,000	36,732
	CHURCH & DWIGHT CO INC	171340AK8	40,000	40,104
	CNH EQUIPMENT TRUST	12623PAC0	72	72
	CNH EQUIPMENT TRUST	12635YAB9	10,211	10,201
	COCA-COLA CO	191216AV2	25,000	26,347
	COCA-COLA CO	191216BS8	20,000	20,341
	COLGATE-PALMOLIVE CO	19416QEC0	30,000	29,736
	COMMONWEALTH EDISON CO	202795HZ6	15,000	15,688
	CONNECTICUT LIGHT & PWR	207597EF8	20,000	20,205
	CONNECTICUT LIGHT & PWR CO	207597EJ0	25,000	25,686
	CONSOLIDATED EDISON CO N Y INC	209111FE8	15,000	15,615
	CONTINENTAL AIRLINES INC	21079VAA1	30,537	32,446
	CONTINENTAL AIRLINES INC	210795QB9	16,446	17,228
	CVS CAREMARK CORP	126650BW9	20,000	21,255
	CVS CAREMARK CORP	126650CF5	10,000	10,304
	DELMARVA PWR & LIGHT CO	247109BS9	30,000	31,648
	DETROIT EDISON CO	250847EA4	5,000	6,365
	DIAGEO INVESTMENT CORP	25245BAB3	20,000	20,630
	DISTRICT COLUMBIA INCOME TAX	25477GCT0	25,000	25,851
	DOW CHEMICAL CO	260543BX0	50,000	55,471
	DR PEPPER SNAPPLE GROUP INC	26138EAR0	250,000	253,280
	DR PEPPER SNAPPLE GROUP INC	26138EAP4	20,000	20,657
	DTE ELECTRIC CO	250847EJ5	25,000	25,420
	EASTMAN CHEMICAL CO	277432AQ3	30,000	30,384
	EASTMAN CHEMICAL CO	277432AR1	20,000	20,753
	EATON CORP	278062AC8	250,000	253,623
	EATON CORP	278062AC8	45,000	45,652
	EMERSON ELECTRIC CO	291011AQ7	5,000	6,402
	EMERSON ELECTRIC CO	291011AY0	20,000	21,243
	EMERSON ELECTRIC CO	291011BB9	5,000	6,621
	ESTEE LAUDER CO INC	29736RAH3	25,000	24,801
	EXXON MOBIL CORP	30231GAV4	60,000	60,755
	FANNIE MAE	3136ABWQ2	149,962	152,124
	FANNIE MAE	3136ACEK3	147,924	147,096
	FANNIE MAE	3136ADQL6	138,931	136,437
	FANNIE MAE	3136A2AR4	100,884	100,349
	FANNIE MAE	31397UU56	20,082	20,155
	FANNIE MAE	3136ACWN7	160,396	161,643
	FANNIE MAE	3136AFYS7	171,823	175,620
	FANNIE MAE	3136ALA27	203,608	208,668
	FANNIE MAE	3136APC67	196,807	201,607
	FANNIE MAE	3136ATJR6	230,548	236,965
	FANNIE MAE	3135G0TG8	30,000	29,962
	FANNIE MAE	31359MGK3	30,000	43,467
	FANNIE MAE	31371KNV9	12,462	14,002
	FANNIE MAE	31371KT43	9,127	10,255
	FANNIE MAE	31371LJW0	5,045	5,164
	FANNIE MAE	31371NXC4	6,974	7,379
	FANNIE MAE	3138ASSB9	10,141	11,014
	FANNIE MAE	3138EJWW4	44,058	44,967
	FANNIE MAE	3138E0RK7	5,227	5,545
	FANNIE MAE	3138LTJW9	41,463	43,180
	FANNIE MAE	3138MBFD3	16,668	17,671
	FANNIE MAE	3138WQA36	19,344	19,671
	FANNIE MAE	31400EGL8	581	583

Local 400 Food Terminal Employees' Pension Plan

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

EIN: 34-6665909, Plan No. 001

August 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	FANNIE MAE	31402C5E8	2,799	2,865
	FANNIE MAE	31410F6C4	1,693	2,002
	FANNIE MAE	31417B6J1	19,514	20,298
	FANNIE MAE	31418AES3	30,038	30,545
	FANNIE MAE	31418WPG9	10,590	11,242
	FANNIE MAE	31419AG35	12,417	13,447
	FANNIE MAE	31416XJY7	21,265	22,757
	FANNIE MAE	31419KWJ0	25,122	26,900
	FANNIE MAE	31418ABZ0	9,367	9,748
	FANNIE MAE	31417GF43	35,957	36,564
	FANNIE MAE	31402QUU3	5,031	5,150
	FANNIE MAE	3138XBXY1	27,442	29,333
	FANNIE MAE	3135G0ZR7	60,000	62,266
	FANNIE MAE	3138YAGT6	18,866	19,514
	FANNIE MAE	3138LTKF4	22,048	22,947
	FANNIE MAE	3135G0J20	10,000	9,941
	FANNIE MAE	3135G0K36	100,000	99,157
	FANNIE MAE	31418B5Y8	25,861	25,635
	FANNIE MAE	3138WHJH6	61,304	63,335
	FANNIE MAE	3138WHJM5	34,599	35,118
	FANNIE MAE	3140EU6A2	24,678	25,049
	FANNIE MAE	3138EKG74	25,948	27,067
	FANNIE MAE	3138WWSA1	26,157	27,024
	FANNIE MAE	3138WHMS8	16,238	17,474
	FANNIE MAE	3135G0Q22	45,000	43,523
	FANNIE MAE	3135G0S38	30,000	30,362
	FANNIE MAE	31418CDG6	32,136	31,850
	FANNIE MAE	3138WGXY5	34,405	36,368
	FEDERAL HOME LN BANKS	313381YT6	500,000	497,880
	FEDEX CORP	31428XAX4	10,000	11,252
	FEDEX CORP	31428XBC9	20,000	20,526
	FIFTH THIRD BANK	31677QBC2	250,000	255,915
	FLORIDA POWER & LIGHT CO	341081EZ6	25,000	25,160
	FLORIDA POWER & LIGHT CO	341081FK8	10,000	10,440
	FLORIDA ST DEPT ENVIRONMENTAL	34160WTW4	60,000	61,766
	FORD MOTOR CO	345370BX7	20,000	20,830
	FREDDIE MAC	3137ABTD3	34,012	34,073
	FREDDIE MAC	3137AGHC7	90,881	94,026
	FREDDIE MAC	3137GACT2	62,993	64,092
	FREDDIE MAC	3137B73L1	151,264	155,998
	FREDDIE MAC	3137B7KD0	147,048	150,584
	FREDDIE MAC	3137B4Z58	153,416	157,783
	FREDDIE MAC	3137BKKW9	175,308	179,397
	FREDDIE MAC	3137B52G7	217,673	221,265
	FREDDIE MAC	3137BNZ80	210,202	213,246
	FREDDIE MAC	3137BGSE5	184,593	186,584
	FREDDIE MAC	3137BVUP9	236,779	246,167
	FREDDIE MAC	3137EACA5	25,000	25,934
	FREDDIE MAC	3137EADM8	30,000	29,875
	FREDDIE MAC	3137ALJE0	15,959	15,917
	FREDDIE MAC	3137ATHY1	12,192	11,825
	FREDDIE MAC	3137A5MM3	24,014	24,548
	FREDDIE MAC	3128MMUF8	23,734	24,079
	FREDDIE MAC GOLD	3128MBUB1	7,099	7,550
	FREDDIE MAC GOLD	3128MJRE2	37,502	38,123
	FREDDIE MAC GOLD	31335HX32	7,069	7,590
	FREDDIE MAC GOLD	3128MMSR5	43,567	45,030
	FREDDIE MAC GOLD	3128MJSS0	23,492	23,892

Local 400 Food Terminal Employees' Pension Plan

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

EIN: 34-6665909, Plan No. 001

August 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	FREDDIE MAC GOLD	31292LQM0	21,092	21,965
	FREDDIE MAC GOLD	3128MMUC5	19,418	20,071
	FREDDIE MAC GOLD	3128MJVN7	11,958	12,400
	FREDDIE MAC GOLD	31335APE2	28,057	29,899
	FREDDIE MAC GOLD	3128MEYT2	44,126	45,636
	FREDDIE MAC GOLD	3128MJZQ6	19,521	19,755
	FREDDIE MAC GOLD	3128MMWC3	85,318	89,397
	FREDDIE MAC GOLD	3132XCRX5	13,999	14,979
	FREDDIE MAC GOLD	3128MD5D1	59,505	60,713
	FREDDIE MAC GOLD	3128MIX39	29,661	30,009
	GENERAL ELECT CAP CORP	36966THX3	250,000	253,450
	GENERAL ELECT CAP CORP	36962G5J9	15,000	16,550
	GEORGIA POWER CO	373334KJ9	35,000	35,075
	GOVERNMENT NATL MTG ASSN	36225BDT2	24,830	28,376
	GOVERNMENT NATL MTG ASSN	36241LX84	10,699	11,179
	GOVERNMENT NATL MTG ASSN II	36202D2F7	20,657	23,571
	INTEL CORP	458140AL4	250,000	249,990
	INTERNATIONAL FLAVORS & FRAGRANCES INC	459506AE1	10,000	10,440
	JOHN DEERE OWNER TRUST	47788NAC2	50,000	49,829
	JOHNSON & JOHNSON	478160CD4	35,000	35,521
	KIMBERLY CLARK CORP	494368BQ5	25,000	24,877
	KIMBERLY-CLARK CORP	494368BS1	25,000	25,229
	LOUISVILLE GAS & ELECTRIC CO	546676AW7	20,000	20,746
	MAGELLAN MIDSTREAM HOLDINGS L P	55907RAA6	10,000	10,616
	MARSH & MCLENNAN COS INC	571748AU6	250,000	267,795
	MASTERCARD INC	57636QAA2	10,000	10,090
	MATTEL INC	577081AX0	250,000	249,960
	MERCK & CO INC	58933YAF2	15,000	15,402
	MICROSOFT CORP	594918BH6	15,000	15,356
	MIDAMERICAN ENERGY CO	595620AM7	10,000	10,602
	MISSOURI ST HEALTH & EDL FACS	60636ABJ1	15,000	15,120
	NBCUNIVERSAL MEDIA LLC	63946BAD2	25,000	27,597
	NORFOLK SOUTHERN CORP	655844BG2	25,000	25,989
	OCCIDENTAL PETROLEUM CORP	674599BY0	20,000	21,300
	ONCOR ELECTRIC DELIVERY CO	68233DAR8	35,000	42,352
	ORACLE CORP	68389XAP0	250,000	253,158
	PACIFICORP	695114CR7	15,000	15,920
	PARKER-HANNIFIN CORP	70109HAK1	250,000	263,248
	PEPSIAMERICAS INC	71343PAC5	10,000	12,186
	PEPSICO INC	713448DC9	30,000	30,346
	PORTLAND GENERAL ELECTRIC CO	736508BQ4	35,000	37,648
	PRECISION CASTPARTS CORP	740189AK1	20,000	19,987
	PROCTER & GAMBLE CO	742718EB1	20,000	21,014
	PUBLIC SERVICE CO OF COLORADO	74444CL3	10,000	10,069
	PUBLIC SERVICE ELECTRIC & GAS CO	74456QBK1	25,000	25,547
	REPUBLIC SERVICES INC	760759AP5	30,000	31,376
	REPUBLIC SERVICES INC	760759AM2	25,000	27,877
	RYDER SYSTEM INC	78355HJT7	250,000	250,878
	SHELL INTERNATIONAL FINANCE B V	822582AM4	25,000	26,634
	SMUCKER J M CO	832696AB4	250,000	261,923
	SOUTH CAROLINA ELEC & GAS CO	837004CE8	10,000	12,357
	SOUTH CAROLINA ELEC & GAS CO	837004BX7	5,000	5,899
	STANLEY BLACK & DECKER INC	854502AC5	250,000	262,203
	STARBUCKS CORP	855244AJ8	50,000	50,516
	TEXAS INSTRUMENTS INC	882508AU8	250,000	249,975
	TEXAS INSTRUMENTS INC	882508AY0	50,000	51,311
	TRAVELERS COS INC	89417EAF6	20,000	21,395

Local 400 Food Terminal Employees' Pension Plan

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

EIN: 34-6665909, Plan No. 001

August 31, 2017

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	TRAVELERS COS INC	89417EAD1	13,388	13,375
	UNION PACIFIC RR CO	907825AA1	49,575	50,488
	UNITED PARCEL SERVICE INC	911312AJ5	13,485	13,709
	UNITED PARCEL SERVICE INC	911312BC9	30,039	30,416
	UNITED STATES TREAS BDS	912810QH4	36,837	39,145
	UNITED STATES TREAS BDS	912810QQ4	49,360	52,402
	UNITED STATES TREAS BDS	912810QY7	56,056	60,729
	UNITED STATES TREAS BDS	912810RK6	67,297	71,816
	UNITED STATES TREAS BDS	912810RS9	39,418	42,938
	UNITED STATES TREAS NTS	912828MP2	27,905	26,361
	UNITED STATES TREAS NTS	912828ND8	16,449	15,834
	UNITED STATES TREAS NTS	912828QB9	30,538	30,293
	UNITED STATES TREAS NTS	912828TC4	44,256	44,748
	UNITED STATES TREAS NTS	912828UZ1	29,821	29,883
	UNITED STATES TREAS NTS	912828WE6	25,774	26,313
	UNITED STATES TREAS NTS	912828WS5	30,128	30,161
	UNITED STATES TREAS NTS	912828D56	21,352	20,563
	UNITED STATES TREAS NTS	912828J27	108,442	110,034
	UNITED STATES TREAS NTS	912828M56	103,730	101,543
	UNITED STATES TREAS NTS	912828A7	59,609	61,854
	UNITED STATES TREAS NTS	912828U24	72,307	74,309
	US TREASURY N/B	912828V98	44,803	45,499
	UTAH ST	917542QT2	50,000	52,212
	VALERO ENERGY CORP	91913YAR1	55,561	54,615
	VERIZON COMMUNICATIONS INC	92343VBQ6	16,616	16,091
	VIRGINIA ELECTRIC & POWER CO	927804FQ2	10,483	10,456
	VISA INC	92826CAB8	20,583	20,246
	WALGREENS BOOTS ALLIANCE	931427AA6	20,326	20,337
	WALT DISNEY CO	25468PDJ2	40,635	40,571
	WASTE MANAGEMENT INC	94106LAZ2	50,974	52,512
	WELLS FARGO CO	949746NX5	287,950	252,724
	WILLIAMS PARTNERS L P	96950FAD6	32,377	32,293
	WISCONSIN ELECTRIC POWER CO	976656CH9	20,429	20,467
	WISCONSIN ENERGY CORP	976657AK2	30,303	30,379
	WORLD FINL NETWORK CR CARD MSTR TR	981464EN6	15,047	15,000
	WORLD FINL NETWORK CR CARD MSTR TR	981464DG2	20,361	20,132
	WYETH LLC	026609AC1	12,411	12,401
	Total fixed income securities		14,189,404	14,172,193
	Immediate participation guaranteed contracts:			
*	AXA EQUITABLE IPG CONTRACT		64,625	74,718
	Total immediate participation guaranteed contracts		64,625	74,718
	Total investments		\$ 42,410,435	\$ 48,028,266

* Indicates a party-in-interest