Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNITED FOOD AND COMMERCIAL WORKERS PENSION PLAN FOR SALARIED STAFF

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 12/01/1977

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)
UFCW PENSION PLAN FOR SALARIED STAFF

9801 WEST HIGGINS ROAD, SUITE 500
ROSEMONT, IL 60018

2b Employer Identification Number (EIN) 36-6508328

2c Plan Sponsor's telephone number 847-384-7000

2d Business code (see instructions) 445110

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.	09/13/2018	ROBERT WILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/13/2018	BRIAN JORDAN
	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)

LEGACY PROFESSIONALS LLP

4 WESTBROOK CORPORATE CENTER
SUITE 700
WESTCHESTER, IL 60154

Preparer's telephone number 312-368-0500

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	75
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	16
a(2) Total number of active participants at the end of the plan year	**6a(2)**	14
b Retired or separated participants receiving benefits	**6b**	39
c Other retired or separated participants entitled to future benefits	**6c**	15
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	68
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f Total. Add lines **6d** and **6e**.	**6f**	74
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [ ] **H** (Financial Information)
- **(2)** [X] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

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

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

A Name of plan
UNITED FOOD AND COMMERCIAL WORKERS PENSION PLAN FOR SALARIED STAFF

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UFCW PENSION PLAN FOR SALARIED STAFF

D Employer Identification Number (EIN)
36-6508328

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 01 Year 2016

2 Assets:

a Market value	**2a**	17164131
b Actuarial value	**2b**	17686724

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	45	11906156	11906156
b For terminated vested participants	14	805724	805724
c For active participants	16	3434213	3546809
d Total	75	16146093	16258689

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.01 %
6 Target normal cost	**6**	251829

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/05/2018
Date

DAVID N. STROM
Type or print name of actuary

17-02851
Most recent enrollment number

SEGAL CONSULTING
Firm name

312-984-8500
Telephone number (including area code)

101 NORTH WACKER DRIVE, SUITE 500
CHICAGO, IL 60606-1724
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	289091	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	289091	0
10	Interest on line 9 using prior year's actual return of 5.87%	16970	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		557235
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.21%		34604
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		591839
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	306061	0

Part III Funding Percentages

14	Funding target attainment percentage	14	106.90%
15	Adjusted funding target attainment percentage	15	108.78%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.33%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2017	50000	0	03/08/2018	50000	0
10/12/2017	50000	0	04/06/2018	50000	0
11/10/2017	50000	0	05/08/2018	50000	0
12/07/2017	50000	0	06/04/2018	50000	0
01/09/2018	50000	0	07/13/2018	50000	0
02/13/2018	50000	0			
			Totals ► 18(b)	550000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	513171

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	251829
b Excess assets, if applicable, but not greater than line 31a	**31b**	251829

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	513171
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	513171
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

A Name of plan
UNITED FOOD AND COMMERCIAL WORKERS PENSION PLAN FOR SALARIED STAFF

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UFCW PENSION PLAN FOR SALARIED STAFF

D Employer Identification Number (EIN)
36-6508328

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: COMERICA SHORT-TERM FUND

b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION

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)
47-7305132-001	C	31397

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

b Name of sponsor of entity listed in (a): SEGAL ADVISORS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-6230536-001	E	7349384

a Name of MTIA, CCT, PSA, or 103-12 IE: FIXED INCOME GROUP TRUST

b Name of sponsor of entity listed in (a): SEGAL ADVISORS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-6230536-002	E	2548934

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

b Name of sponsor of entity listed in (a): SEGAL ADVISORS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-6230536-003	E	5861171

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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 12/01/2016 and ending 11/30/2017

A Name of plan
UNITED FOOD AND COMMERCIAL WORKERS PENSION PLAN FOR SALARIED STAFF

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW PENSION PLAN FOR SALARIED STAFF

D Employer Identification Number (EIN)
36-6508328

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	**1a**	16738382	18166319
b	Total plan liabilities	**1b**	14807	12574
c	Net plan assets (subtract line 1b from line 1a)	**1c**	16723575	18153745
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	**2a(1)**	600000	
	(2) Participants	**2a(2)**		
	(3) Others (including rollovers)	**2a(3)**		
b	Noncash contributions	**2b**		
c	Other income	**2c**	2043104	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	**2d**		2643104
e	Benefits paid (including direct rollovers)	**2e**	1063492	
f	Corrective distributions (see instructions)	**2f**		
g	Certain deemed distributions of participant loans (see instructions)	**2g**		
h	Administrative service providers (salaries, fees, and commissions)	**2h**	103496	
i	Other expenses	**2i**	45946	
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	**2j**		1212934
k	Net income (loss) (subtract line 2j from line 2d)	**2k**		1430170
l	Transfers to (from) the plan (see instructions)	**2l**		

3 **Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	**No**	**Amount**
a	Partnership/joint venture interests	**3a**	X		2253777
b	Employer real property	**3b**		X	
c	Real estate (other than employer real property)	**3c**		X	
d	Employer securities	**3d**		X	
e	Participant loans	**3e**		X	
f	Loans (other than to participants)	**3f**		X	
g	Tangible personal property	**3g**		X	

Part II Compliance Questions

4 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		2000000
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		2253777
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X	
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined.
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4065142. (See instructions.)

Part III Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

A Name of plan
UNITED FOOD AND COMMERCIAL WORKERS PENSION PLAN FOR SALARIED STAFF

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW PENSION PLAN FOR SALARIED STAFF

D Employer Identification Number (EIN)
36-6508328

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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): _____

---

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**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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 _____/_____/_____.

UNITED FOOD AND COMMERCIAL WORKERS PENSION PLAN FOR SALARIED STAFF

FINANCIAL STATEMENTS

NOVEMBER 30, 2017

UNITED FOOD AND COMMERCIAL WORKERS
PENSION PLAN FOR SALARIED STAFF

FINANCIAL STATEMENTS

NOVEMBER 30, 2017 AND 2016

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LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
United Food and Commercial
Workers Pension Plan for Salaried Staff

Report on the Financial Statements

We have audited the accompanying financial statements of United Food and Commercial Workers Pension Plan for Salaried Staff (the Plan), which comprise the statements of net assets available for benefits as of November 30, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 audits 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 Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

4 Westbrook Corporate Center | Suite 700 | Westchester, IL 60154 | 312-368-0500 | 312-368-0746 Fax | www.legacycpas.com

Opinion
In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, information regarding the net assets available for benefits of United Food and Commercial Workers Pension Plan for Salaried Staff as of November 30, 2017 and changes therein for the year then ended, and its financial status as of November 30, 2016 and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Westchester, Illinois

June 20, 2018

UNITED FOOD AND COMMERCIAL WORKERS
PENSION PLAN FOR SALARIED STAFF

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

NOVEMBER 30, 2017 AND 2016

	2017	2016
ASSETS		
INVESTMENTS - at fair value		
MCG Equity Group Trust	$ 7,349,384	$ 6,584,378
MCG Fixed Income Group Trust	2,548,934	2,421,368
MCG Alternatives Group Trust	5,861,171	5,452,703
American Core Realty Fund	2,253,777	2,111,997
Comerica Short Term Fund	31,397	34,979
Total investments	18,044,663	16,605,425
OTHER ASSETS		
Cash - checking accounts	121,628	130,394
Due from related organization	-	2,549
Accrued interest	28	14
	121,656	132,957
Total assets	18,166,319	16,738,382
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	11,716	14,807
Due to related organization	858	-
Total liabilities	12,574	14,807
NET ASSETS AVAILABLE FOR BENEFITS	$ 18,153,745	$ 16,723,575

See accompanying notes to financial statements.

UNITED FOOD AND COMMERCIAL WORKERS
PENSION PLAN FOR SALARIED STAFF

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED NOVEMBER 30, 2017 AND 2016

	2017	2016
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 1,931,481	$ 892,511
Interest and other investment income	111,623	103,013
	2,043,104	995,524
Less investment fees	(53,852)	(53,284)
Investment income - net	1,989,252	942,240
Employer contributions	600,000	600,000
Total additions	2,589,252	1,542,240
DEDUCTIONS		
Pension benefits	1,063,492	1,061,746
Administrative expenses		
Actuarial fees	38,154	28,042
Audit and accounting fees	11,490	10,980
Plan termination insurance	32,925	34,034
Office and miscellaneous	2,196	2,104
Allocation of shared administration	10,825	9,450
Total administrative expenses	95,590	84,610
Total deductions	1,159,082	1,146,356
NET INCREASE	1,430,170	395,884
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	16,723,575	16,327,691
End of year	$ 18,153,745	$ 16,723,575

See accompanying notes to financial statements.

UNITED FOOD AND COMMERCIAL WORKERS
PENSION PLAN FOR SALARIED STAFF

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2017 AND 2016

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of United Food and Commercial Workers Pension Plan for Salaried Staff (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex dividend date. Interest income is recorded on the accrual basis.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

Expenses - Certain investment related expenses are included in the net appreciation in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through June 20, 2018, which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established to provide retirement benefits for eligible salaried employees of United Food and Commercial Workers Unions and Employers Midwest Health Benefits Fund. The Plan is a single employer defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions, participants in the Plan are eligible to participate as of the earliest December 1 or June 1 following the date they earned at least 400 hours of covered employment. Participants are eligible for a normal pension upon attaining age 60 and completing five years of eligibility service.

Effective July 1, 2009, no further increases in salary will be considered in determining the participant's average monthly compensation in calculating the monthly benefit amount. For participants who had no months of covered employment prior to July 1, 2009, or who changed positions after July 1, 2009, compensation for any month will be the lesser of the participant's actual compensation or their monthly compensation as of July 1, 2009, but not greater than the compensation as of July 1, 2009 for the highest paying position worked that month.

Participants should refer to the summary plan description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 4. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by The Segal Company as of November 30, 2016. Information in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	$ 11,143,918
Other participants	3,935,787
Total vested benefits	15,079,705
Nonvested benefits	104,289
Total actuarial present value of accumulated plan benefits	$ 15,183,994

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended November 30, 2016 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		$ 13,956,921
Increase (decrease) during the year attributable to:		
Benefits accumulated and net gains and losses	$ 299,774	
Interest	1,003,636	
Benefits paid	(1,061,746)	
Change in actuarial assumptions	985,409	
Net increase		1,227,073
Actuarial present value of accumulated plan benefits at end of year		$ 15,183,994

The actuarial valuation for the Plan was made using the Unit Credit Actuarial Cost Method. Some of the significant actuarial assumptions used in the valuation are as follows:

- Mortality - RP-2000 combined healthy annuitant and non-annuitant mortality tables with static projection using Scale AA and no collar-adjustment. Mortality is projected from 2000 through the valuation date plus another 7 years for annuitants and through the valuation date plus another 15 years for non-annuitants.

- Retirement age - The retirement age assumption for active participants is determined from percentages based on ages from 55 through 65.

- Investment rate of return - 6.75%, which is net of investment and administrative expenses. The assumed rate of return was adjusted by .40% for the consideration of administrative expenses.

NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received and income from investments.

The change in actuarial assumptions which increased accumulated plan benefits by $985,409 during the year ended November 30, 2016 was a result of decreasing the investment rate of return from 7.5% to 6.75%.

Since information on the accumulated plan benefits at November 30, 2017, and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of November 30, 2017, and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended November 30, 2017. The complete financial status is presented as of November 30, 2016.

On August 17, 2006, the Pension Protection Act (the PPA) was signed into law. Included in its many provisions are numerous revisions surrounding new funding rules for defined benefit plans that may significantly increase required contributions for underfunded plans. The PPA establishes minimum funding standards and limits benefit increases and accruals for underfunded plans. Plans with a funding percentage below 80 percent will be required to implement certain benefit limitations such as restricting lump sum payments and restricting the plan from amending the Plan to enhance benefits. Further limitations such as freezing the accrual of all future benefits will be required for Plan's that are underfunded by more than 60 percent until such time as the percentage increases above 60 percent. Additionally, pursuant to the PPA, each year actuaries are required to certify to a plan's funding percentage. The Plan received such certification for the Adjusted Funding Target Attainment Percentage (AFTAP), which is one way of measuring the funding status of a Plan using actuarial assumptions mandated by the IRS, and the actuary determined that the AFTAP for the Plan was 108.78% as of December 1, 2016.

NOTE 5. FUNDING POLICY

The plan sponsor contributes such amounts as shall be required under accepted actuarial principles to meet the minimum funding standards of ERISA or at the discretion of the employers if those standards have been met. The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of December 1, 2016.

NOTE 6. TAX STATUS

The Plan's latest determination letter is dated October 18, 2013, in which the Internal Revenue Service stated that each, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan's administrator and legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. The Plan is subject to tax, however, on any unrelated business income. The Plan receives a flow-through of partnership income through its investments in limited partnerships.

Accounting principles generally accepted in the United States of America require the Plan 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 tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7. RELATED ORGANIZATIONS

The Plan has two related organizations: United Food and Commercial Workers Health Benefits Fund (the Health Benefits Fund) and United Food and Commercial Workers Midwest Pension Fund (the Midwest Pension Fund). The Plan and the two related organizations share facilities, equipment and personnel that are employed by the Health Benefits Fund. Expenses shared by these organizations are allocated based on estimates of time, space and usage.

The Plan's allocated portion of shared administrative expenses for the years ended November 30, 2017 and 2016 was $10,825 and $9,450 respectively.

NOTE 8. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

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

The following tables set forth, by level within the fair value hierarchy, the fair value of the Plan's investment assets as of November 30, 2017 and 2016. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

		Fair Value Measurements at 11/30/17 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
MCG Equity Group Trust	$ 7,349,384	$ -	$ 7,349,384	$ -
MCG Fixed Income Group Trust	2,548,934	-	2,548,934	-
MCG Alternatives Group Trust	5,861,171	-	5,861,171	-
American Core Realty Fund	2,253,777	-	-	2,253,777
Comerica Short Term Fund	31,397	-	31,397	-
Total	$ 18,044,663	$ -	$ 15,790,886	$ 2,253,777

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at 11/30/16 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
MCG Equity Group Trust	$ 6,584,378	$ -	$ 6,584,378	$ -
MCG Fixed Income Group Trust	2,421,368	-	2,421,368	-
MCG Alternatives Group Trust	5,452,703	-	5,452,703	-
American Core Realty Fund	2,111,997	-	-	2,111,997
Comerica Short Term Fund	34,979	-	34,979	-
Total	$ 16,605,425	$ -	$ 14,493,428	$ 2,111,997

Level 2 Measurements

The Plan's investments classified as Level 2 were all direct filing entities (DFEs) and file a Form 5500 annual report. The Plan is not required to disclose the significant investment strategies of these investments that are DFEs. The MCG Equity Group Trust and MCG Fixed Income Group Trust can be redeemed daily; the MCG Alternatives Group Trust can be redeemed monthly with a one day notice.

Level 3 Measurements

The Board of Trustees periodically evaluates the fair values of the investments in Level 3, incorporating a review of methods and assumptions used by the investment fund managers, economic conditions, industry and market developments and overall credit ratings.

The Plan's Level 3 investment represents a real estate investment fund structured as a limited partnership for which the fair value is determined by the general partner without further adjustment and is generally equal to or based upon the reported capital account or net asset value of the underlying real estate properties. The strategy-based composition of the fund's underlying holdings was approximately 36% office, 21% retail, 18% industrial, 14% multi-family and 11% other at November 30, 2017, and 43% office, 20% retail, 17% industrial, 14% multi-family and 6% other at November 30, 2016. Redemption requests require 10 business days notification and are effective at the end of the calendar quarter in which the request is received by the investment fund.

NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 Measurements (continued)

The table below sets forth a summary of changes in the fair value of the real estate investment fund for the years ended November 30, 2017 and 2016:

Balance at 12/1/15	$ -
Purchases	2,000,000
Net appreciation	111,997
Balance at 11/30/16	2,111,997
Net appreciation	141,780
Balance at 11/30/17	$ 2,253,777

NOTE 9. RISKS AND UNCERTAINTIES

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

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.

The Plan has an ownership interest in a real estate investment fund. The estimated fair value of this fund, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

SCHEDULE I OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
INVESTMENT INCOME	2,043,104.
TOTAL TO SCHEDULE I, LINE 2C	2,043,104.

SCHEDULE I BENEFITS PAID STATEMENT 2

DESCRIPTION	AMOUNT
PAYMENTS DIRECTLY TO PARTICIPANTS OR BENEFICIARIES	1,063,492.
TOTAL TO SCHEDULE I, LINE 2E	1,063,492.

SCHEDULE I ADMINISTRATIVE SERVICE PROVIDERS STATEMENT 3

DESCRIPTION	AMOUNT
PROFESSIONAL FEES	49,644.
INVESTMENT ADVISORY AND MANAGEMENT FEES	53,852.
TOTAL TO SCHEDULE I, LINE 2H	103,496.

SCHEDULE I OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
PLAN TERMINATION INSURANCE	32,925.
MISCELLANEOUS	2,196.
SHARED ADMINISTRATIVE EXPENSES	10,825.
TOTAL TO SCHEDULE I, LINE 2I	45,946.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 12/01/2016 and ending 11/30/2017

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

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

A Name of plan
UNITED FOOD AND COMMERCIAL WORKERS PENSION PLAN FOR SALARIED STAFF

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF UFCW UNIONS AND EMPLOYERS MIDWEST PENSION FUND

D Employer Identification Number (EIN)
36-6508328

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 01 Year 2016

2 Assets:

a Market value	2a	17,164,131
b Actuarial value	2b	17,686,724

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	45	11,906,156	11,906,156
b For terminated vested participants	14	805,724	805,724
c For active participants	16	3,434,213	3,546,809
d Total	75	16,146,093	16,258,689

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.01%
6 Target normal cost	6	251,829

Statement by Enrolled Actuary

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

SIGN HERE

David N. Strom DNS
Signature of actuary

09/05/2018
Date

DAVID N. STROM
Type or print name of actuary

1702851
Most recent enrollment number

SEGAL CONSULTING
Firm name

312-984-8500
Telephone number (including area code)

101 NORTH WACKER DRIVE, SUITE 500
CHICAGO IL 60606-1724
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	289,091	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	289,091	0
10	Interest on line 9 using prior year's actual return of 5.87%	16,970	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		557,235
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.21%		34,604
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		591,839
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	306,061	0

Part III Funding Percentages

14	Funding target attainment percentage	14	106.90%
15	Adjusted funding target attainment percentage	15	108.78%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.33%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2017	50,000	0			
10/12/2017	50,000	0			
11/10/2017	50,000	0			
12/07/2017	50,000	0			
01/09/2018	50,000	0			
02/13/2018	50,000	0			
03/08/2018	50,000	0			
04/06/2018	50,000	0			
05/08/2018	50,000	0			
06/04/2018	50,000	0			
07/13/2018	50,000	0			
			Totals ► 18(b)	550,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	513,171

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.43 %	5.91 %	6.65%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	60

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	251,829
b Excess assets, if applicable, but not greater than line 31a	31b	251,829

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	513,171
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	513,171
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Schedule SB, Line 26 – Schedule of Active Participant Data
2016 Form 5500 Schedule SB Attachment

United Food and Commercial Workers Pension Plan for Salaried Staff EIN: 36-6508328 / PN: 002

Participants in Active Service by Age and Years of Credited Service as of December 1, 2016

	Years of Credited Service									
Age	Under 1	1-4	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & Up
Under 25	--	--	--	--	--	--	--	--	--	--
25 - 29	--	--	--	--	--	--	--	--	--	--
30 - 34	--	--	--	--	--	--	--	--	--	--
35 - 39	--	--	--	--	--	--	--	--	--	--
40 - 44	--	--	--	--	--	--	--	--	--	--
45 - 49	--	1	3	--	--	1	--	--	--	--
50 - 54	--	--	--	--	--	--	--	1	--	--
55 - 59	--	--	--	--	--	2	3	--	--	--
60 - 64	--	--	1	--	--	--	--	1	--	--
65 - 69	--	1	--	1	--	--	--	--	1	--
70 & Up	--	--	--	--	--	--	--	--	--	--

Schedule SB Part V – Statement of Actuarial Assumptions/Methods
2016 Form 5500 Schedule SB Attachment

Interest:

The interest rates used for the 2016 plan year are the 24-month average corporate bond segment rates for August 2016 (a four-month lookback) subject to interest rate stabilization. Under stabilization, the interest rates used for funding purposes are calculated in the usual manner (24-month average corporate bond rates) but are then constrained to be within a corridor around a 25-year average of those same bond rates. For 2016, the stabilization corridor is 10%. Under current law, it is scheduled to remain at 10% through 2020, then increase by 5% per year until it reaches 30% for the plan year beginning in 2024. The rates are as follows:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter	Effective Interest Rate
Current Year, reflecting stabilization	4.43%	5.91%	6.65%	6.01%
Current Year, without stabilization	1.51%	3.83%	4.82%	4.03%
Prior Year, reflecting stabilization	4.72%	6.11%	6.81%	6.21%
Prior Year, without stabilization	1.32%	4.06%	5.09%	4.25%

Based on the plan sponsor's election for the 2013 plan year (an election that can next be changed for the 2018 plan year), the segment rates used to determine the PBGC variable rate premium are:

	Payments in the First 5 Years	Payments in Years 6 – 20	Payments Thereafter
Current Year	1.79%	3.80%	4.71%
Prior Year	1.76%	4.15%	5.13%

These interest rates are based on the plan sponsor's election subject to the constraints established by law.

Schedule SB Part V – Statement of Actuarial Assumptions/Methods
2016 Form 5500 Schedule SB Attachment

<table>
<tr><td>Mortality rates:</td><td>RP-2000 combined healthy annuitant and non-annuitant mortality tables (sex-specific) with static projection using scale AA and no collar-adjustment. Mortality is projected from 2000 through the valuation date plus another 7 years for annuitants, and through the valuation date plus another 15 years for non-annuitants. This assumption is one of the choices allowed by the regulations.</td></tr>
<tr><td>Salary scale:</td><td>4.0% (Only applicable for the current year, up to each participant’s July 1, 2009 pay rate). Based on a review of the historical experience, in light of the plan provisions and professional judgment, this assumption reflects a reasonable expectation for the future.</td></tr>
<tr><td>Sample termination rates:</td><td>
<table>
<tr><th>Age</th><th>Male</th><th>Female</th></tr>
<tr><td>20</td><td>6.40%</td><td>12.90%</td></tr>
<tr><td>25</td><td>4.90</td><td>9.90</td></tr>
<tr><td>30</td><td>3.40</td><td>6.90</td></tr>
<tr><td>35</td><td>2.40</td><td>4.90</td></tr>
<tr><td>40</td><td>1.30</td><td>2.90</td></tr>
<tr><td>45</td><td>0.70</td><td>1.90</td></tr>
<tr><td>50</td><td>0.00</td><td>0.80</td></tr>
<tr><td>55</td><td>0.00</td><td>0.00</td></tr>
<tr><td>60</td><td>0.00</td><td>0.00</td></tr>
</table>
Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, this assumption reflects a reasonable expectation for the future.
</td></tr>
<tr><td>Disability rates:</td><td>None</td></tr>
</table>

Schedule SB Part V – Statement of Actuarial Assumptions/Methods
2016 Form 5500 Schedule SB Attachment

<table>
<tr><td>Retirement (from active status) rates:</td><td>
<table>
<tr><th>Age</th><th>Rates</th></tr>
<tr><td>55 - 59</td><td>12%</td></tr>
<tr><td>60</td><td>20%</td></tr>
<tr><td>61</td><td>15%</td></tr>
<tr><td>62</td><td>20%</td></tr>
<tr><td>63 - 64</td><td>15%</td></tr>
<tr><td>65</td><td>100%</td></tr>
</table>
Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, this assumption reflects a reasonable expectation for the future.
</td></tr>
<tr><td>Retirement from inactive status:</td><td>Age 55 for those with at least 30 years of credited service, age 65 for terminations before December 1, 1995, age 60 for others, or current age, if older. Based on a review of the assumed ages compared to historical experience, in light of the plan provisions and professional judgment, this assumption reflects a reasonable expectation for the future.</td></tr>
<tr><td>Percent married:</td><td>85%</td></tr>
<tr><td>Spouse gender</td><td>100% opposite sex</td></tr>
<tr><td>Age difference:</td><td>Male spouses are assumed to be three years older than female spouses.</td></tr>
<tr><td>Form of payment:</td><td>All participants are assumed to elect the life only form of payment.</td></tr>
<tr><td>Administrative expenses:</td><td>Plan-related expenses of $96,000 expected to be paid by the plan during the year were assumed for the 2016 plan year.</td></tr>
<tr><td>Asset method:</td><td>As selected by the plan sponsor, assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. The adjusted market values reflect cash flow and expected earnings to the valuation date. The expected earnings are based on an assumed rate of return of 7.50%, not to exceed the applicable third segment rates of 6.99% and 6.81% for the 2014 and 2015 plan years, respectively.</td></tr>
</table>

Schedule SB Part V – Statement of Actuarial Assumptions/Methods
2016 Form 5500 Schedule SB Attachment

Funding method:	Funding method is unit credit actuarial cost method, as prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year. If all assumptions are met (including the investment earnings implicitly assumed by the interest rate), funding the plan at the minimum required contribution level is generally designed to achieve a 100% funded status within seven years. Once that is achieved, or for overfunded plans, the required contribution will generally equal the target normal cost reduced by any overfunding.
Funding relief:	As allowed under the Pension Relief Act, the plan sponsor has elected to use a 15-year amortization for the shortfall bases applicable to the 2009 and 2010 plan years. This funding relief was eliminated when the plan's net assets exceeded the funding target for the 2012 plan year.

Schedule SB Part V – Summary of Plan Provisions
2016 Form 5500 Schedule SB Attachment

PLAN STATUS: COMPENSATION LIMITED AS OF JULY 1, 2009	
Normal retirement:	
Age requirement:	60 (65 if terminated before December 1, 1995)
Service requirement:	5 years of plan participation
Amount:	2.5% of average monthly compensation multiplied by credited service up to 20 years, plus 2.0% of average monthly compensation multiplied by credited service in excess of 20 years to a maximum of 15 years, minus 100% of the benefit accrued after January 1, 2006 and 50% of the benefit accrued before January 1, 2006 under other defined benefit plans sponsored by the employer (e.g., the Industry Plan). The benefit formula under the Industry Plan is a flat dollar per year of credited service. The flat dollar varies based on the employee contribution rate and ranged from $4 to $53 through 2010 and from $2 to $35 in 2011 and thereafter. Average monthly compensation is the average of the highest 36 (consecutive) months of compensation. Compensation after July 1, 2009 is limited to the participant's pay rate (or rate for their current position) as of July 1, 2009.
Early retirement:	
Age requirement:	55
Service requirement:	5 years of eligibility service
Amount:	Normal pension accrued reduced by 1/3% per month preceding normal retirement age
Special early pension:	
Age requirement:	55
Service requirement:	30 years of credited service at date of termination or retirement
Amount:	Normal pension accrued (unreduced)
Late retirement:	
	Participants who work past their normal retirement date have their benefit suspended and, therefore, only earn additional accruals to their actual retirement date.

Disability:	
Age requirement:	None
Service requirement:	5 years of eligibility service
Amount:	Normal pension accrued including accrual of credited service while disabled until the earlier of recovery or normal retirement date and based on average monthly compensation at date of disability, payable at normal retirement date.
Vesting:	
Age:	None
Service requirement:	5 years of eligibility service
Amount:	Normal or early pension accrued based on plan in effect when last active
Spouse's pre-retirement death benefits:	
Age:	None
Service requirement:	5 years of eligibility service
Amount:	50% of the benefit employee would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date the employee would have been age 55. If the employee died within 3 calendar years of earning credited service or during the disability period, the spouse would be eligible for 50% of the normal pension accrued (not subject to any reduction for early commencement or form of payment) payable immediately after the death of the employee.
Form:	Monthly annuity for the life of the spouse
Participation:	
	January 1 or July 1 following completion of 400 hours of covered employment
Service (note that pre-employment periods with Local No. 28 are limited to five years):	
Eligibility:	Participants will be credited with one year of eligibility service for each calendar year in which the participant earns 400 or more hours of service
Credited:	Credited service earned in each calendar year is the ratio of the number of hours worked to 1,600 hours, subject to a maximum of one year of credited service per calendar year. No credited service is earned if less than 400 hours are worked in a year.

Schedule SB Part V – Summary of Plan Provisions
2016 Form 5500 Schedule SB Attachment

Forms of Benefit:	
Normal Form:	Life annuity, if single 50% joint and survivor, if married
Optional Forms:	75% or 100% joint and survivor, Social Security level income option to age 62 or age 66
Joint and survivor conversion basis:	Actuarial equivalence based on the 1971 Group Annuity Mortality male table, without margins, projected to 1976 by Scale E, weighted 60% no setback / 40% 7-year setback for participants and 40% no setback / 60% 7-year setback for beneficiaries, and 7% interest
Social Security level income option conversion basis:	Based on 417(e) assumptions using the applicable interest rate for the October prior to the plan year of determination
Section 415 limit:	
	$210,000
Section 401(a)(17) limit:	
	$265,000, for compensation as of July 1, 2009

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
2016 Form 5500 Schedule SB Attachment

<table>
<tr><td>Retirement (from active status) rates:</td><td>
<table>
<tr><th>Age</th><th>Rates</th></tr>
<tr><td>55 - 59</td><td>12%</td></tr>
<tr><td>60</td><td>20%</td></tr>
<tr><td>61</td><td>15%</td></tr>
<tr><td>62</td><td>20%</td></tr>
<tr><td>63 - 64</td><td>15%</td></tr>
<tr><td>65</td><td>100%</td></tr>
</table>
Based on a review of the assumed rates compared to historical experience, in light of the plan provisions and professional judgment, this assumption reflects a reasonable expectation for the future.
</td></tr>
<tr><td>Description of weighted average retirement age (Schedule SB, Line 22):</td><td>60, determined as follows: The weighted-average retirement age is calculated as the sum of the product of each potential past or future retirement age times the probability of surviving to that age, and then retiring at that age, assuming no other decrements.</td></tr>
</table>

In conjunction with the transfer of administration for the UFCW Unions and Employers Midwest Pension Fund (the "Fund") to a third-party, effective August 1, 2018, the Fund office was closed and all Salaried staff were terminated from employment. This is not expected to require a material increase in plan costs or required contribution rates.

ACTIVE PARTICIPANT DATA

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE SB

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE SB

THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE SB