

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 400 FOOD TERMINAL EMPLOYEES' PENSION PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 09/01/1961 2a Plan sponsor's name (employer, if for a single-employer plan) BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND 707 BROOKPARK ROAD CLEVELAND, OH 44109 2b Employer Identification Number (EIN) 34-6665909 2c Plan Sponsor's telephone number 216-778-6302 2d Business code (see instructions) 813930

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for CHARLES A. CIMINO, JR. and LOREEN M. ROBINSON.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1124
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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 who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	0
	6a(2)	0
	6b	541
	6c	323
	6d	864
	6e	191
	6f	1055
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	6

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan LOCAL 400 FOOD TERMINAL EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 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.

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	1	09/01/2023	08/31/2024

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 0	(b) Total amount of fees paid 0
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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
	(c) Amount	(d) Purpose	

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(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
	(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	6528
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 9230
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3) 166
	(4) Transferred from separate account.....	7c(4)
	(5) Other (specify below)	7c(5) 2024
	▶ MARKET VALUE ADJUSTMENT	
	(6) Total additions	7c(6) 2190
d	Total of balance and additions (add lines 7b and 7c(6))	7d 11420
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 1371
	(2) Administration charge made by carrier	7e(2) 3521
	(3) Transferred to separate account.....	7e(3)
	(4) Other (specify below)	7e(4)
	(5) Total deductions	7e(5) 4892
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 6528

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)			9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)
(2) Claim reserves			9d(2)
(3) Other reserves.....			9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

KEY TRUST

31-1784820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 19 28 59 62 99		24964	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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		23314	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANDCO

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		18000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

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		16968	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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		12939	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	12945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BONNIE MANNING

34-1059950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	12945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARINER INSTITUTIONAL

2000 AUBURN DR #200
BEACHWOOD, OH 44122

(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		6000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan LOCAL 400 FOOD TERMINAL EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF 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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	KEYBANK MULT INV TRUST FOR EMP BENE	
b Name of sponsor of entity listed in (a):	KEYBANK NATIONAL ASSOCIATION	
c EIN-PN 34-6514544-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 458629
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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A Name of plan LOCAL 400 FOOD TERMINAL EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL	D Employer Identification Number (EIN) 34-6665909

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	85369	84055
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	447184	381067
(2) U.S. Government securities	1c(2)	5822697	5618954
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5596903	5451051
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	458516	458629
(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)	15234047	13191764
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	9230	6528
(15) Other	1c(15)	86111	110775

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	27740057	25302823
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	17936	30903
k Total liabilities (add all amounts in lines 1g through 1j)	1k	17936	30903
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	27722121	25271920

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)	362156	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		362156
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15748	
(B) U.S. Government securities	2b(1)(B)	178374	
(C) Corporate debt instruments	2b(1)(C)	196400	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	6213	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		396735
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	442522	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		442522
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	12230413	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12188616	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		41797
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	809740	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		1202346
c Other income	2c		225
d Total income. Add all income amounts in column (b) and enter total	2d		3255521

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5475064	
(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)		5475064
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	25890	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	16968	
(5) Investment advisory and investment management fees	2i(5)	77394	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	23314	
(8) Legal fees	2i(8)	235	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	86857	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		230658
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5705722

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2450201
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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 527207.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

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

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	0

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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 2024

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	94.74
b The corresponding number for the second preceding plan year	15b	91.82

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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 29.9 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 66.5 %
 High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 3.3 % Other: 0.3 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.



Where Relationships Count.

Independent Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Local 400 Food Terminal Employees' Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits in liquidation as of August 31, 2024 and 2023, 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, 2023, 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, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of August 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Independent Member of
Geneva Group International

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 5 to the financial statements, the Board of Trustees of the Plan declared a mass withdrawal in 2009 and terminated the Plan. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting to the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

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

- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i – Schedule of Assets (Held At End of Year), as of August 31, 2024 and Schedule H, line 4j – Schedule of Reportable Transactions for the year ended August 31, 2024 are presented for purposes 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information has been subjected to 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103 (a)(3)(C).

Cimini & Panichi, Inc.

Cleveland, Ohio
January 16, 2025

Local 400 Food Terminal Employees' Pension Plan

Statements of Net Assets Available for Benefits in Liquidation

August 31, 2024 and 2023

	<u>Assets</u>	
	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Money market fund	\$ 77,984	\$ 135,963
Registered investment companies	13,191,764	15,234,047
Fixed income securities	11,180,780	11,505,711
Collective investment fund	458,629	458,516
Guaranteed investment contract	6,528	9,230
Total investments	<u>24,915,685</u>	<u>27,343,467</u>
Receivables:		
Accrued interest	84,055	85,369
Employer withdrawal liability (less allowance for uncollectable amounts of \$14,743,141) (Note 6)	-	-
Total receivables	<u>84,055</u>	<u>85,369</u>
Property and equipment:		
Office furniture and equipment	44,580	44,580
Less: accumulated depreciation	(44,580)	(44,580)
Property and equipment, net	<u>-</u>	<u>-</u>
Cash	<u>303,083</u>	<u>311,221</u>
Total assets	25,302,823	27,740,057
	<u>Liabilities</u>	
Due to related party (Note 11)	<u>30,903</u>	<u>17,936</u>
Total liabilities	<u>30,903</u>	<u>17,936</u>
Net assets available for benefits in liquidation	<u>\$ 25,271,920</u>	<u>\$ 27,722,121</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, 2024 and 2023

	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,053,883	\$ 875,499
Interest and dividend income	839,257	871,669
	2,893,140	1,747,168
Less: investment expenses	(77,394)	(74,435)
Net investment income	2,815,746	1,672,733
Contributions:		
Recovery of and interest on employer withdrawal liability	362,156	362,156
Other income	225	150
Total additions	3,178,127	2,035,039
Deductions from net assets attributed to:		
Benefits paid to participants	5,475,064	5,517,775
Administrative expenses (Note 10)	153,264	157,181
	5,628,328	5,674,956
Net decrease	(2,450,201)	(3,639,917)
Net assets available for benefits in liquidation:		
Beginning of year	27,722,121	31,362,038
End of year	\$ 25,271,920	\$ 27,722,121

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, 2023

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$	53,438,503
Other participants		21,076,143
Expense loading		<u>798,195</u>
Total actuarial present value of accumulated plan benefits	\$	<u><u>75,312,841</u></u>

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, 2023

Actuarial present value of accumulated plan benefits at beginning of year, August 31, 2022	\$ 98,501,767
Decrease during the year attributable to:	
Change in actuarial assumptions	(17,671,151)
Benefits paid and purchases of annuity contracts	<u>(5,517,775)</u>
Net decrease	<u>(23,188,926)</u>
Actuarial present value of accumulated plan benefits at end of year, August 31, 2023	\$ <u><u>75,312,841</u></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, 2024 and 2023

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. The Plan 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 5) subject to the provisions set forth in the Plan agreement and ERISA.

Pension 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, with 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, 2024 and 2023

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

Basis of Accounting

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

Basis of Presentation

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

Use of Estimates

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

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 2: Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are reported at fair 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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisory and custodian. See Note 7 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Assessed Withdrawal Liability Receivable

The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectability once a withdrawal liability has been actuarially determined and formally assessed by the Plan. See Note 6.

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 account 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

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits in liquidation. Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits in liquidation.

Subsequent Events

The Plan has evaluated subsequent events through January 16, 2025, the date the financial statements were available to be issued.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 3: Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at August 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by KeyBank National Association (the custodian of the Plan).

Note 4: 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, 2023 valuation results.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 4: Actuarial Present Value of Accumulated Plan Benefits (continued)

Significant actuarial assumptions used in the August 31, 2023 valuation are as follows:

	2023
Assumed rate of return on investments	As prescribed in PBGC regulations for terminating plans for the applicable withdrawal liability valuation date. First 20 years: 5.24% After 20 years: 4.58%
Mortality basis	As published by the PBGC for August 31, 2023 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.

Note 5: 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.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 5: Plan Termination (continued)

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. Plan management currently anticipates that the Plan's assets will be sufficient to pay benefits through August 31, 2028.

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 was closed on October 9, 2018. During the review, the PBGC calculated benefit payments to participants in a different manner than what the Plan has historically calculated. The Plan made certain changes in how benefit payments are calculated to the satisfaction of the PBGC.

Note 6: Assessed Withdrawal Liability

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Plan's Board of Trustees, at times, approve settlements and payment plan arrangements for assessed amounts owed to the Plan.

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.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 6: Assessed Withdrawal Liability (continued)

The estimated net withdrawal liability owed to the Plan totaled \$14,743,141 at August 31, 2024 and 2023. 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 uncollectible accounts at August 31, 2024 and 2023 on the statements of net assets available for benefits in liquidation.

The future quarterly installment payments from other Employers, expected not to exceed \$90,539 per quarter, are recognized as interest on employer withdrawal liability on the statements of changes in net assets available for benefits in liquidation.

Note 7: 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.

- 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.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 7: Fair Value Measurements (continued)

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, 2024 and 2023.

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

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

Fixed income securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit rating.

Collective investment fund: Valued at the NAV of units of the fund. The NAV, as provided by the fund manager, is used as a practical expedient to estimating fair value. The NAV is based on the fair value of the underlying assets 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.

Guaranteed investment contract: Valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2024 and 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2024 Total</u>
Money market fund	\$ 77,984	\$ -	\$ -	\$ 77,984
Registered investment companies	13,191,764	-	-	13,191,764
Fixed income securities	-	11,180,780	-	11,180,780
Guaranteed investment contract	<u>-</u>	<u>-</u>	<u>6,528</u>	<u>6,528</u>
	<u>\$ 13,269,748</u>	<u>\$ 11,180,780</u>	<u>\$ 6,528</u>	24,457,056
			Investment valued at NAV*	<u>458,629</u>
			Total investments	\$ <u>24,915,685</u>

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 7: Fair Value Measurements (continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2023 Total</u>
Money market fund	\$ 135,963	\$ -	\$ -	\$ 135,963
Registered investment companies	15,234,047	-	-	15,234,047
Fixed income securities	-	11,505,711	-	11,505,711
Guaranteed investment contract	<u>-</u>	<u>-</u>	<u>9,230</u>	<u>9,230</u>
	<u>\$ 15,370,010</u>	<u>\$ 11,505,711</u>	<u>\$ 9,230</u>	26,884,951
		Investment valued at NAV*		<u>458,516</u>
		Total investments		<u>\$ 27,343,467</u>

*In accordance with the "Fair Value Measurement" 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 these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of August 31, 2024 and 2023, respectively.

<u>Investment</u>	<u>Fair Value</u>		<u>Redemption Frequency</u> <u>(if currently eligible)</u>	<u>Redemption</u> <u>Notice Period</u>
	<u>2024</u>	<u>2023</u>		
EB Short Term Investment Fund	\$ 458,629	\$ 458,516	Daily	None

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

There were no transfers in or out of Level 3 for the years ended August 31, 2024 and 2023. There were no purchases or issuances of Level 3 investments during the years ended August 31, 2024 and 2023.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 8: Guaranteed Investment Contract with Insurance Company

On January 26, 1965, the Plan entered into an immediate participation guaranteed investment contract with Equitable Holdings, Inc. (fka AXA Equitable Life Insurance Company) ("Equitable") totaling \$6,528 and \$9,230 at August 31, 2024 and 2023, respectively. Equitable 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 annuity contracts provide for periodic dividends at Equitable's discretion on the basis of its experience under the contracts. There were no dividends paid for the years ended August 31, 2024 and 2023. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

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 9: Shared Lease Obligations

The Plan shares in lease obligations and common administrative expenses with Local 400 Food Terminal Employees Welfare Fund (the "Welfare Fund"). The lease agreement has expired and is now operating as a month-to-month obligation.

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 \$11,542 and \$8,926 for the years ended August 31, 2024 and 2023, respectively.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 10: Administrative Expenses

The following amounts represent the administrative expenses incurred by the Plan for the years ended August 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Administrative expenses:		
Actuary	\$ 23,314	\$ 21,689
Audit – fees	16,968	24,470
Casualty insurance	164	121
Employee benefits	8,630	10,180
Equipment lease	142	146
Insurance – fiduciary	12,939	12,922
Fidelity bond	1,493	-
Legal – fees	235	1,168
Repairs and maintenance	345	680
Office supplies	5,406	3,632
PBGC insurance premium	39,340	37,184
Rent	11,542	8,926
Salaries	25,890	30,172
Taxes – payroll	3,754	3,627
Utilities	2,914	2,099
Record services	29	165
Computer support	<u>159</u>	<u>-</u>
Total administrative expenses	\$ <u>153,264</u>	\$ <u>157,181</u>

Note 11: 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 \$54,519 and \$56,634 during the years ended August 31, 2024 and 2023, respectively. Amounts owed to the Local for underpayment of shared expenses were \$30,903 and \$17,936 at August 31, 2024 and 2023, respectively.

As described in Notes 5 and 6, the Local and the Welfare Fund, along with other employers, withdrew from the Plan effective July 27, 2009. The Local and the Welfare Fund were each required to pay a withdrawal liability beginning in fiscal year 2010, payable in quarterly installment payments in perpetuity to the Plan.

Certain plan investments are managed by the custodian of the Plan. In addition, the plan pays fees for several arrangements with services providers. These transactions are party-in-interest transactions under ERISA.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 12: Tax Status

The Plan obtained its latest determination letter on January 21, 2016, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, 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 13: 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 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.

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning <u>09/01/2023</u> and ending <u>08/31/2024</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ B This return/report is: <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

Part II Basic Plan Information --- enter all requested information											
1a Name of plan LOCAL 400 FOOD TERMINAL EMPLOYEES' PENSION PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL EMPLOYEES PENSION FUND 707 BROOKPARK ROAD US CLEVELAND OH 44109	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 09/01/1961</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 34-6665909</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number (216) 778-6302</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 813930</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 09/01/1961		2b Employer Identification Number (EIN) 34-6665909		2c Plan Sponsor's telephone number (216) 778-6302		2d Business code (see instructions) 813930	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 09/01/1961											
2b Employer Identification Number (EIN) 34-6665909											
2c Plan Sponsor's telephone number (216) 778-6302											
2d Business code (see instructions) 813930											

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	<i>x Charles A. Cimino Jr.</i>	x 3/27/25	<i>x Charles A. Cimino Jr.</i>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6059(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to this Form 5500.	OMB Nos. 1510-0110 1210-0089 2023 This Form is Open to Public Inspection
	Annual Report Identification Information For calendar plan year 2023 or fiscal plan year beginning <u>09/01/2023</u> and ending <u>08/31/2024</u>	

Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

A This return/report is for a multiemployer plan; a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions);

B This return/report is: a single-employer plan; a DFE (see below);

the first return/report; the first return/report;

an amended return/report; a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5500; automatic extension; the DFVC program;

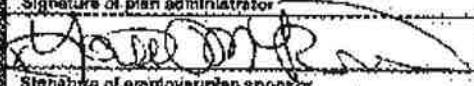
special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Basic Plan Information -- enter all requested information

1a Name of plan LOCAL 400 FOOD TERMINAL EMPLOYERS' PENSION PLAN	3b Three-digit plan number (PN) ▶ <u>001</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) BOARD OF TRUSTEES OF LOCAL 400 FOOD TERMINAL EMPLOYERS PENSION FUND 707 BROOKHURST ROAD 09 CLEVELAND OH 44100	1c Effective date of plan <u>09/01/1961</u> 2b Employer Identification Number (EIN) <u>34-6665909</u> 2c Plan Sponsor's telephone number <u>(216) 778-6302</u> 2d Business office (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.

Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	<u>3/29/25</u>	<u>Loreen M. Robinson</u>
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	1,124
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	541
c Other retired or separated participants entitled to future benefits	6c	323
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	864
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	191
f Total. Add lines 6d and 6e	6f	1,055
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who 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	6
--	----------	---

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

1B 1I

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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

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

a Pension Schedules

- (1) R (Retirement Plan Information)
- (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) DCG (Individual Plan Information) - Number Attached _____
- (5) MEP (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) H (Financial Information)
- (2) I (Financial Information - Small Plan)
- (3) A (Insurance Information) - Number Attached 1
- (4) C (Service Provider Information)
- (5) D (DFE/Participating Plan Information)
- (6) G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

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, 2024

(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
	Money market fund:			
	FEDERATED GOVERNMENT OBLIGATIONS FUND		\$ 77,984	\$ 77,984
	Total cash - money market fund		77,984	77,984
	Registered investment companies:			
	BAIRD SHORT TERM BOND FUND		786,746	771,708
	FIDELITY LARGE CAP GROWTH IDX		2,061,981	2,621,113
	FIDELITY LARGE CAP VALUE INDEX		2,018,217	2,384,971
	FIDELITY MID CAP INDEX FUND		706,741	852,844
	FIDELITY SMALL CAP INDEX FUND		844,998	813,258
	METROPOLITAN WEST T/R BOND FD		4,960,731	4,728,438
	PIMCO DIVERSIFIED INCOME FUND		1,134,030	1,019,432
	Total registered investment companies		12,513,444	13,191,764
	Fixed income securities:			
	ABBOTT LABORATORIES	3.75% 11/30/2026	35,000	37,092
	ABBVIE INC	4.95% 3/15/2031	40,000	40,046
	ADOBE INC	2.15% 2/1/2027	5,000	5,198
	ADOBE INC	2.30% 2/1/2030	10,000	9,355
	ADOBE INC	4.80% 4/4/2029	25,000	24,864
	AEP TRANSMISSION CO LLC	3.10% 12/1/2026	20,000	20,771
	AIR PRODUCTS & CHEMICALS INC	4.85% 2/8/2034	30,000	29,747
	AIR PRODUCTS & CHEMICALS INC	4.80% 3/3/2033	10,000	10,127
	ALLSTATE CORP	0.75% 12/15/2025	30,000	28,435
	AMAZON.COM INC	3.15% 8/22/2027	30,000	30,494
	AMAZON.COM INC	3.88% 8/22/2037	10,000	10,574
	AMERICAN AIRLINES INC	3.15% 8/15/2033	10,000	6,847
	AMERICAN EXPRESS CREDIT CORP	0.00% 5/3/2027	5,000	5,476
	AMERICAN WATER CAPITAL CORP	3.45% 6/1/2029	15,000	15,042
	AMERICAN WATER CAPITAL CORP	3.40% 3/1/2025	10,000	10,687
	AMGEN INC	3.13% 5/1/2025	250,000	275,357
	AMPHENOL CORP	2.05% 3/1/2025	30,000	29,177
	AMPHENOL CORP	4.75% 3/30/2026	30,000	30,060
	ANALOG DEVICES INC	3.50% 12/5/2026	15,000	15,227
	ANALOG DEVICES INC	2.95% 4/1/2025	15,000	15,620
	ANHEUSER-BUSCH INBEV WORLDWIDE INC	4.75% 1/23/2029	15,000	15,812
	ANHEUSER-BUSCH INBEV WORLDWIDE INC	6.63% 8/15/2033	20,000	24,283
	APPLE INC	2.05% 9/11/2026	30,000	29,864
	APPLIED MATERIALS INC	1.75% 6/1/2030	20,000	18,454
	APPLIED MATERIALS INC	4.80% 6/15/2029	10,000	9,971
	AT&T INC	5.15% 11/15/2046	10,000	9,372
	AT&T INC	2.30% 6/1/2027	25,000	23,104
	AUTOMATIC DATA PROCESSING INC	1.70% 5/15/2028	35,000	33,059
	AVERY DENNISON CORP	4.88% 12/6/2028	30,000	31,434
	BANK OF AMERICA CORP	3.82% 1/20/2028	15,000	15,770
	BANK OF AMERICA CREDIT CARD TRUST	4.98% 11/15/2028	15,000	14,987
	BANK OF AMERICA CREDIT CARD TRUST	4.79% 5/15/2028	15,000	14,854
	BRISTOL-MYERS SQUIBB CO	5.75% 2/1/2031	25,000	25,211
	BROWN-FORMAN CORP	4.75% 4/15/2033	15,000	15,029
	BURLINGTON NORTHERN SANTA FE	7.29% 6/1/2036	5,000	7,131
	BURLINGTON NORTHERN SANTA FE	5.50% 3/15/2055	5,000	4,974
	CANADIAN NATIONAL RAILWAY CO	6.71% 7/15/2036	10,000	12,743
	CANADIAN NATIONAL RAILWAY CO	6.90% 7/15/2028	30,000	36,107
	CANADIAN PACIFIC RAILWAY CO	4.00% 6/1/2028	20,000	19,630
	CAPITAL ONE MULTI-ASSET EXECUTION TR	2.80% 3/15/2027	45,000	43,745
	CATERPILLAR FINANCIAL SVCS CORP	4.35% 5/15/2026	30,000	29,796
	CATERPILLAR INC	6.63% 7/15/2028	10,000	12,469
	CBOE GLOBAL MARKETS INC	1.63% 12/15/2030	20,000	18,104
	CBOE HOLDINGS INC	3.65% 1/12/2027	15,000	14,830
	CHURCH & DWIGHT CO INC	5.60% 11/15/2032	10,000	10,655

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, 2024

(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
	CINCINNATI GAS & ELEC CO	6.90%	6/1/2025	10,000	12,565	10,137
	CINTAS CORP NO 2	3.70%	4/1/2027	35,000	35,466	34,498
	CINTAS CORP NO 2	4.00%	5/1/2032	20,000	19,731	19,356
	CITIGROUP INC	3.20%	10/21/2026	15,000	14,251	14,598
	CNH EQUIPMENT TRUST	0.81%	12/15/2026	10,000	4,269	4,178
	CNH EQUIPMENT TRUST	0.40%	12/15/2025	85,000	7,448	7,668
	CNH INDUSTRIAL CAP LLC	5.50%	1/12/2029	15,000	15,378	15,514
	COCA-COLA CO	3.45%	3/25/2030	75,000	69,941	72,231
	COLGATE-PALMOLIVE CO	3.25%	8/15/2032	20,000	19,115	18,577
	COLORADO HSG & FIN AUTH	4.52%	11/1/2027	10,000	10,000	10,080
	COLORADO HSG & FIN AUTH	5.04%	5/1/2027	10,000	10,000	10,187
	COLUMBIA S C WTRWKS & SWR SYS	2.32%	2/1/2027	5,000	5,000	4,794
	COMCAST CORP	4.25%	10/15/2030	30,000	29,155	29,662
	COMCAST CORP	6.50%	11/15/2035	16,000	18,915	18,073
	CONNECTICUT LIGHT & PWR CO	0.75%	12/1/2025	20,000	18,757	19,102
	CONOCO INC	6.95%	4/15/2029	35,000	38,254	38,854
	CONOCOPHILLIPS CO	5.05%	9/15/2033	100,000	98,455	102,550
	CONSUMERS 23 SECURE FUND	5.21%	9/1/2031	20,000	20,192	20,645
	CONTINENTAL AIRLINES INC	4.00%	10/29/2024	70,000	33,564	33,341
	CUMMINS INC	5.15%	2/20/2034	15,000	15,052	15,558
	CUMMINS INC	1.50%	9/1/2030	15,000	13,788	12,826
	CVS HEALTH CORP	5.13%	2/21/2030	75,000	74,613	76,181
	DAIMLER TRUCKS RETAIL TRUST	5.90%	3/15/2027	40,000	39,999	40,478
	DALLAS-FORT WORTH TEX INTL ARP	2.26%	11/1/2026	10,000	10,000	9,588
	DICKS SPORTING GOODS INC	3.15%	1/15/2032	25,000	21,370	22,117
	DOMINION ENERGY INC	7.00%	6/15/2038	14,000	17,583	16,084
	DTE ELECTRIC CO	3.70%	3/15/2045	5,000	5,222	3,986
	DUKE ENERGY CAROLINAS LLC	4.85%	1/15/2034	15,000	14,741	15,062
	DUKE ENERGY CAROLINAS LLC	3.75%	6/1/2045	10,000	9,464	7,965
	EASTMAN CHEMICAL CO	3.80%	3/15/2025	20,000	19,544	19,851
	EATON CORP	4.15%	11/1/2042	17,000	16,900	15,088
	EATON CORP	4.15%	3/15/2033	25,000	23,877	24,303
	ECOLAB INC	5.25%	1/15/2028	20,000	20,221	20,660
	ECOLAB INC	4.80%	3/24/2030	11,000	11,059	11,250
	ELI LILLY & CO	4.50%	2/9/2027	25,000	24,987	25,223
	EMERSON ELECTRIC CO	1.80%	10/15/2027	25,000	23,839	23,248
	EMERSON ELECTRIC CO	0.88%	10/15/2026	5,000	4,675	4,662
	ESTEE LAUDER CO INC	4.65%	5/15/2033	10,000	9,831	9,978
	EVERGY INC	2.45%	9/15/2024	35,000	35,042	34,956
	EVERGY INC	2.90%	9/15/2029	15,000	14,747	13,781
	EXXON MOBIL CORPORATION	2.44%	8/16/2029	30,000	28,575	27,773
	EXXON MOBIL CORPORATION	2.61%	10/15/2030	20,000	18,021	18,247
	FANNIE MAE	2.00%	1/25/2042	250,000	30,741	29,030
	FANNIE MAE	2.50%	9/25/2042	250,000	43,522	39,507
	FANNIE MAE	3.00%	9/1/2042	175,000	137,366	142,266
	FANNIE MAE	2.00%	4/25/2041	300,000	7,661	7,207
	FANNIE MAE	4.00%	11/1/2037	40,000	30,744	30,873
	FANNIE MAE	3.00%	11/1/2029	30,000	3,227	3,021
	FANNIE MAE	3.00%	3/25/2038	300,000	21,983	20,672
	FANNIE MAE	3.50%	8/1/2031	15,000	2,103	1,970
	FANNIE MAE	5.00%	12/1/2052	15,000	12,835	13,256
	FANNIE MAE	6.00%	12/1/2053	20,000	18,640	18,934
	FANNIE MAE	6.63%	11/15/2030	40,000	48,333	45,858
	FANNIE MAE	4.00%	12/1/2040	60,000	7,433	6,887
	FANNIE MAE	3.50%	8/1/2042	45,000	8,851	7,805
	FANNIE MAE	4.00%	12/1/2043	45,000	7,156	6,562
	FANNIE MAE	3.50%	8/1/2047	25,000	6,193	5,833
	FANNIE MAE	6.00%	1/1/2053	20,000	16,359	16,858

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, 2024

(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	2.50%	1/25/2043	250,000	42,198	36,994
	FANNIE MAE	4.50%	3/1/2038	60,000	45,864	45,980
	FANNIE MAE	6.00%	3/1/2054	40,000	37,875	38,514
	FANNIE MAE	2.00%	8/25/2042	250,000	35,195	32,499
	FANNIE MAE	4.00%	4/1/2052	30,000	22,909	22,639
	FANNIE MAE	5.50%	4/1/2038	35,000	27,353	27,637
	FANNIE MAE	1.75%	2/25/2033	400,000	45,417	44,835
	FANNIE MAE	4.00%	5/1/2052	20,000	16,791	16,013
	FANNIE MAE	4.50%	5/1/2053	55,000	49,830	49,604
	FANNIE MAE	5.00%	5/1/2038	30,000	22,481	22,583
	FANNIE MAE	2.50%	6/1/2050	25,000	15,829	13,338
	FANNIE MAE	3.00%	6/1/2050	32,000	9,335	9,514
	FANNIE MAE	3.00%	6/1/2051	38,000	21,268	21,493
	FANNIE MAE	5.00%	6/1/2052	20,000	16,560	15,961
	FANNIE MAE	2.50%	6/1/2051	15,000	8,423	9,484
	FANNIE MAE	2.50%	7/1/2051	30,000	18,495	19,404
	FANNIE MAE	3.50%	6/1/2037	31,284	23,115	22,799
	FANNIE MAE	4.00%	7/1/2037	15,000	10,900	10,671
	FANNIE MAE	5.00%	7/1/2038	35,000	27,674	27,912
	FANNIE MAE	5.00%	7/25/2054	75,000	74,379	73,319
	FANNIE MAE	3.00%	6/25/2043	350,000	27,073	24,766
	FANNIE MAE	3.00%	9/25/2045	250,000	61,165	55,951
	FANNIE MAE	3.00%	8/1/2050	63,000	21,911	20,615
	FANNIE MAE	5.63%	7/15/2037	15,000	16,526	17,078
	FANNIE MAE	3.00%	8/1/2032	20,000	4,309	4,015
	FANNIE MAE	3.00%	9/1/2050	46,500	16,896	16,062
	FANNIE MAE	5.00%	9/1/2052	5,000	4,248	4,235
	FANNIE MAE	6.00%	8/1/2038	40,000	31,435	31,949
	FANNIE MAE	0.38%	8/25/2025	50,000	46,990	48,100
	FANNIE MAE	0.88%	8/5/2030	140,000	121,537	118,051
	FANNIE MAE	4.50%	9/1/2041	30,000	2,414	2,245
	FANNIE MAE	4.00%	10/1/2042	30,000	4,370	4,059
	FANNIE MAE	2.50%	10/1/2051	30,000	24,766	20,446
	FANNIE MAE	4.00%	9/1/2037	20,000	14,750	14,609
	FANNIE MAE	5.00%	10/1/2037	10,000	7,105	7,108
	FEDERAL FARM CR BANKS	2.15%	12/1/2031	100,000	99,600	87,260
	FEDERAL FARM CR BANKS	2.00%	12/7/2029	100,000	100,000	90,075
	FEDERAL FARM CR BANKS	4.05%	5/17/2029	100,000	99,850	99,906
	FEDERAL HOME LN BANKS	1.00%	5/26/2026	250,000	249,813	236,682
	FEDERAL HOME LN BANKS	0.98%	8/17/2028	250,000	243,625	222,362
	FEDEX CORP	1.88%	8/20/2035	40,000	28,757	26,984
	FIFTH THIRD BANCORP	2.38%	1/28/2025	125,000	116,774	123,527
	FISERV INC	4.75%	3/15/2030	15,000	14,966	15,165
	FISERV INC	5.15%	8/12/2034	25,000	24,954	25,266
	FLORIDA POWER & LIGHT CO	3.13%	12/1/2025	30,000	31,368	29,513
	FLORIDA POWER & LIGHT CO	5.05%	4/1/2028	30,000	30,995	30,722
	FREDDIE MAC	3.00%	8/15/2031	250,000	6,328	6,102
	FREDDIE MAC	2.50%	3/15/2043	265,000	18,254	17,836
	FREDDIE MAC	2.50%	1/1/2051	72,000	37,918	37,745
	FREDDIE MAC	3.50%	2/1/2052	20,000	15,978	14,029
	FREDDIE MAC	3.82%	12/25/2032	5,000	4,906	4,832
	FREDDIE MAC	5.50%	2/1/2038	40,000	29,140	29,849
	FREDDIE MAC	3.00%	10/15/2026	400,000	5,865	5,449
	FREDDIE MAC	3.00%	2/15/2040	500,000	14,613	13,840
	FREDDIE MAC	3.00%	7/15/2032	250,000	16,137	15,437
	FREDDIE MAC	5.00%	11/1/2052	15,000	12,981	13,150
	FREDDIE MAC	5.50%	11/1/2052	20,000	17,176	17,309
	FREDDIE MAC	3.75%	8/25/2025	15,000	15,057	13,788

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, 2024

(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	5.50%	11/1/2052	40,000	34,545	35,203
	FREDDIE MAC	3.00%	3/1/2052	20,000	13,967	14,894
	FREDDIE MAC	3.50%	2/1/2052	71,000	56,513	53,932
	FREDDIE MAC	4.50%	3/1/2038	5,000	3,795	3,858
	FREDDIE MAC	5.00%	3/1/2038	70,000	53,143	53,565
	FREDDIE MAC	6.25%	7/15/2032	25,000	30,089	28,902
	FREDDIE MAC	3.06%	12/25/2024	15,000	15,775	14,291
	FREDDIE MAC	3.00%	12/25/2025	10,000	9,822	9,803
	FREDDIE MAC	3.43%	1/25/2027	20,000	19,991	19,639
	FREDDIE MAC	3.50%	4/1/2050	90,000	20,358	20,670
	FREDDIE MAC	4.00%	2/25/2052	125,000	102,473	104,536
	FREDDIE MAC	5.00%	4/1/2039	15,000	13,591	13,777
	FREDDIE MAC	2.50%	11/15/2040	250,000	31,662	29,759
	FREDDIE MAC	2.50%	4/1/2037	35,000	23,984	24,133
	FREDDIE MAC	3.50%	7/25/2033	100,000	76,767	78,146
	FREDDIE MAC	4.00%	5/1/2052	20,000	17,206	16,289
	FREDDIE MAC	5.00%	5/1/2039	35,000	33,172	33,148
	FREDDIE MAC	2.67%	3/25/2026	35,000	34,329	34,041
	FREDDIE MAC	2.92%	6/25/2032	15,000	13,507	13,668
	FREDDIE MAC	4.50%	7/1/2052	40,000	34,513	33,953
	FREDDIE MAC	4.00%	6/1/2052	10,000	7,735	7,841
	FREDDIE MAC	1.50%	6/15/2041	25,000	1,005	990
	FREDDIE MAC	3.00%	9/1/2051	50,000	35,571	32,012
	FREDDIE MAC	2.50%	6/1/2037	40,000	28,231	28,391
	FREDDIE MAC	3.50%	7/25/2032	15,000	14,540	14,211
	FREDDIE MAC	4.00%	9/1/2037	70,000	50,752	50,928
	FREDDIE MAC	4.50%	9/1/2037	15,000	10,824	10,624
	FREDDIE MAC	5.00%	9/1/2052	50,000	43,266	42,983
	FREDDIE MAC	5.00%	8/1/2053	125,000	115,589	120,374
	FREDDIE MAC	5.50%	9/1/2038	40,000	31,488	31,840
	FREDDIE MAC	2.50%	9/15/2030	375,000	8,412	7,696
	FREDDIE MAC	4.00%	9/1/2037	30,000	21,731	21,775
	FREDDIE MAC	4.50%	9/1/2037	60,000	42,980	42,923
	FREDDIE MAC GOLD	4.00%	1/1/2047	25,000	6,188	5,720
	FREDDIE MAC GOLD	3.00%	10/1/2029	75,000	6,572	6,164
	FREDDIE MAC GOLD	4.00%	11/1/2048	139,000	11,265	11,165
	FREDDIE MAC GOLD	3.00%	12/1/2030	25,000	3,513	3,272
	FREDDIE MAC GOLD	3.00%	1/1/2033	227,000	35,318	35,949
	FREDDIE MAC GOLD	2.50%	7/1/2029	100,000	8,443	8,071
	FREDDIE MAC GOLD	3.00%	8/1/2031	50,000	9,023	8,280
	GENERAL MOTORS FINANCIAL CO INC	1.25%	1/8/2026	30,000	28,537	28,625
	GENERAL MOTORS FINANCIAL CO INC	2.70%	8/20/2027	25,000	23,736	23,707
	GENUINE PARTS CO	6.50%	11/1/2028	15,000	14,933	16,053
	GEORGIA PAC CORP	7.38%	12/1/2025	45,000	50,922	46,491
	GEORGIA POWER CO	4.65%	5/16/2028	25,000	25,082	25,254
	GOLDMAN SACHS GROUP INC	3.10%	2/24/2033	75,000	64,760	66,342
	GOVERNMENT NATL MTG ASSN	4.50%	1/20/2035	125,000	116,573	120,095
	GOVERNMENT NATL MTG ASSN	1.00%	2/20/2051	15,000	6,922	5,712
	GOVERNMENT NATL MTG ASSN	6.00%	4/15/2029	1,461,916	4,510	4,339
	GOVERNMENT NATL MTG ASSN	3.50%	9/15/2041	30,000	2,420	2,244
	GOVERNMENT NATL MTG ASSN II	6.50%	1/20/2054	35,000	34,891	34,820
	GOVERNMENT NATL MTG ASSN II	3.50%	12/20/2051	20,000	16,712	14,803
	GOVERNMENT NATL MTG ASSN II	7.00%	2/20/2054	15,000	14,851	14,890
	GOVERNMENT NATL MTG ASSN II	6.00%	3/20/2054	20,000	19,889	19,974
	GOVERNMENT NATL MTG ASSN II	6.50%	3/20/2054	20,000	19,974	20,023
	GOVERNMENT NATL MTG ASSN II	5.50%	4/20/2053	15,000	13,617	13,631
	GOVERNMENT NATL MTG ASSN II	6.50%	4/20/2054	10,000	10,077	10,082
	GOVERNMENT NATL MTG ASSN II	7.00%	4/20/2054	35,000	35,233	35,236

Local 400 Food Terminal Employees' Pension Plan

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

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August 31, 2024

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	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
	GOVERNMENT NATL MTG ASSN II	4.50%	5/20/2052	20,000	17,401	16,741
	GOVERNMENT NATL MTG ASSN II	7.00%	5/20/2054	30,000	30,405	30,448
	GOVERNMENT NATL MTG ASSN II	7.00%	6/20/2054	15,000	15,291	15,330
	GOVERNMENT NATL MTG ASSN II	6.50%	8/20/2054	35,000	35,656	35,763
	GOVERNMENT NATL MTG ASSN II	3.00%	9/20/2051	20,000	15,057	12,954
	HCA INC	5.88%	2/15/2026	25,000	25,100	25,206
	HCA INC	4.13%	6/15/2029	10,000	9,294	9,756
	HERSHEY CO	1.70%	6/1/2030	25,000	22,744	21,770
	HERSHEY CO	3.20%	8/21/2025	35,000	35,777	34,583
	HOME DEPOT INC	4.95%	9/30/2026	20,000	20,071	20,290
	HOME DEPOT INC	5.15%	6/25/2026	10,000	9,998	10,158
	HONOLULU HAWAII CITY & CNTY WASTEWTR	2.32%	7/1/2025	10,000	10,000	9,809
	ILLINOIS TOOL WORKS INC	2.65%	11/15/2026	50,000	48,141	48,489
	INTEL CORP	3.75%	8/5/2027	20,000	19,734	19,419
	INTEL CORP	4.15%	8/5/2032	75,000	70,169	70,296
	JACOBS ENGINEERING GROUP INC	6.35%	8/18/2028	20,000	20,042	21,146
	JOHN DEERE OWNER TRUST	0.36%	9/15/2025	25,000	839	869
	JOHN DEERE OWNER TRUST	5.18%	3/15/2028	25,000	24,910	25,170
	JOHN DEERE OWNER TRUST	5.59%	6/15/2026	25,000	12,881	12,893
	JPMORGAN CHASE & CO	6.25%	10/23/2034	75,000	74,130	82,207
	JPMORGAN CHASE & CO	2.18%	6/1/2028	10,000	9,363	9,403
	JPMORGAN CHASE & CO	1.47%	9/22/2027	100,000	98,244	93,935
	KENVUE INC	5.05%	3/22/2053	10,000	8,868	9,961
	KENVUE INC	5.35%	3/22/2026	25,000	24,944	25,361
	KEURIG DR PEPPER INC	5.20%	3/15/2031	25,000	24,753	25,787
	KEURIG DR PEPPER INC	5.30%	3/15/2034	20,000	19,741	20,615
	KEYCORP	2.55%	10/1/2029	100,000	104,373	89,551
	KIMBERLY CLARK CORP	2.65%	3/1/2025	15,000	14,640	14,818
	KIMBERLY-CLARK CORP	3.95%	11/1/2028	30,000	30,719	29,774
	KLA CORP	4.95%	7/15/2052	7,000	6,213	6,794
	KLA-TENCOR CORP	4.65%	11/1/2024	15,000	15,727	14,980
	KROGER CO	2.65%	10/15/2026	5,000	5,131	4,812
	LOCKHEED MARTIN CORP	4.50%	2/15/2029	25,000	24,977	25,234
	LOCKHEED MARTIN CORP	7.75%	5/1/2026	5,000	6,756	5,274
	LOWES COS INC	2.63%	4/1/2031	75,000	63,971	66,487
	LOWES COS INC	3.13%	9/15/2024	25,000	25,796	24,975
	LOWES COS INC	5.63%	4/15/2053	10,000	9,826	10,113
	MARIN CALIF CMNTY COLLEGE DIST	3.89%	8/1/2033	15,000	14,983	14,450
	MARTIN MARIETTA MATERIALS INC	3.20%	7/15/2051	15,000	12,189	10,444
	MCDONALDS CORP	3.70%	1/30/2026	10,000	9,891	9,885
	METRO WASTEWTR RECLAMATION DIST COLO	2.36%	4/1/2027	15,000	15,000	14,389
	METRO WASTEWTR RECLAMATION DIST COLO	2.71%	4/1/2031	10,000	10,000	9,213
	MOLSON COORS BREWING CO	3.00%	7/15/2026	20,000	19,362	19,453
	MOLSON COORS BREWING CO	4.20%	7/15/2046	10,000	7,377	8,383
	MONDELEZ INTERNATIONAL INC	2.63%	3/17/2027	30,000	27,992	28,710
	MONDELEZ INTERNATIONAL INC	1.50%	5/4/2025	20,000	18,729	19,533
	MORGAN STANLEY	2.70%	1/22/2031	100,000	103,653	90,535
	NATIONAL RURAL UTILS COOP FIN CORP	5.00%	2/7/2031	75,000	74,820	77,336
	NATIONAL RURAL UTILS COOP FIN CORP	3.05%	4/25/2027	20,000	20,516	19,369
	NATIONAL RURAL UTILS COOP FIN CORP	2.40%	3/15/2030	20,000	18,220	17,911
	NEBRASKA PUB PWR DIST	2.49%	1/1/2027	10,000	10,000	9,603
	NETFLIX INC	5.40%	8/15/2054	7,000	7,033	7,296
	NEW YORK ST URBAN DEV CORP	3.27%	3/15/2028	25,000	24,466	24,390
	NORTH TEX TWY AUTH	1.88%	1/1/2030	35,000	30,451	31,136
	NVENT FINANCE S A R L	4.55%	4/15/2028	22,000	21,879	21,785
	O REILLY AUTOMOTIVE INC	3.90%	6/1/2029	25,000	23,966	24,330
	OGE ENERGY CORP	5.45%	5/15/2029	20,000	20,127	20,697
	OGLETHORPE POWER CORP	4.55%	6/1/2044	15,000	13,756	12,801

Local 400 Food Terminal Employees' Pension Plan

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August 31, 2024

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	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	
	ONEOK INC	5.00%	3/1/2026	17,000	17,720	17,029
	ORACLE CORP	6.15%	11/9/2029	25,000	25,959	26,794
	OREGON ST DEPT TRANSN HWY USER TAX	1.33%	11/15/2028	15,000	12,513	13,398
	PACCAR FINANCIAL CORP	4.60%	1/31/2029	20,000	19,950	20,288
	PACCAR FINANCIAL CORP	5.20%	11/9/2026	15,000	14,977	15,289
	PACCAR FINANCIAL CORP	4.45%	8/6/2027	5,000	4,993	5,042
	PACIFIC GAS & ELECTRIC CO	6.75%	1/15/2053	9,000	9,622	9,842
	PACIFIC GAS & ELECTRIC CO	5.90%	6/15/2032	10,000	10,163	10,364
	PACKAGING CORP OF AMERICA	3.65%	9/15/2024	13,000	13,338	12,982
	PEPSICO INC	2.75%	3/19/2030	55,000	51,858	50,944
	PEPSICO INC	2.63%	7/29/2029	250,000	256,003	233,320
	PG&E ENERGY RECOVERY FUND	1.46%	7/15/2033	15,000	10,877	9,868
	PINNACLE WEST CAPITAL CORP	1.30%	6/15/2025	25,000	24,043	24,250
	PRINCE GEORGES CNTY MD	0.84%	9/15/2024	5,000	5,000	4,993
	PRINCE GEORGES CNTY MD	1.19%	9/15/2026	5,000	5,000	4,715
	PROGRESSIVE CORP	3.00%	3/15/2032	20,000	17,526	18,113
	PRUDENTIAL FINANCIAL INC	2.10%	3/10/2030	75,000	65,935	66,698
	PUBLIC SERVICE CO OF COLORADO	4.30%	3/15/2044	5,000	5,655	4,272
	PUBLIC SERVICE CO OF COLORADO	2.90%	5/15/2025	10,000	10,150	9,850
	PUBLIC SERVICE ELECTRIC & GAS CO	3.05%	11/15/2024	15,000	14,974	14,929
	PUBLIC SERVICE ELECTRIC & GAS CO	5.20%	3/1/2034	15,000	15,050	15,510
	PUBLIC SERVICE ELECTRIC & GAS CO	5.20%	8/1/2033	20,000	20,461	20,684
	PUBLIC STORAGE	5.10%	8/1/2033	15,000	15,176	15,350
	QUANTA SERVICES INC	0.95%	10/1/2024	15,000	14,078	14,942
	QUANTA SERVICES INC	3.05%	10/1/2041	10,000	8,534	7,341
	REPUBLIC SERVICES INC	3.38%	11/15/2027	10,000	10,616	9,720
	REPUBLIC SERVICES INC	1.75%	2/15/2032	20,000	18,116	16,476
	REPUBLIC SERVICES INC	3.95%	5/15/2028	30,000	28,632	29,614
	ROPER TECHNOLOGIES INC	4.75%	2/15/2032	15,000	15,012	14,987
	ROPER TECHNOLOGIES INC	2.95%	9/15/2029	250,000	276,155	232,643
	ROSS STORES INC	3.38%	9/15/2024	250,000	254,535	249,758
	T-MOBILE USA INC	3.50%	4/15/2025	20,000	20,576	19,786
	T-MOBILE USA INC	3.88%	4/15/2030	10,000	10,222	9,621
	TENNESSEE GAS PIPELINE CO	7.00%	10/15/2028	10,000	11,890	10,791
	TEXAS INSTRUMENTS INC	4.60%	2/8/2027	15,000	14,998	15,160
	TEXAS INSTRUMENTS INC	1.75%	5/4/2030	10,000	9,340	8,764
	TEXAS ST PUB FAC AUTH	3.95%	10/1/2037	5,000	5,176	4,722
	TRANSATLANTIC HOLDINGS INC	8.00%	11/30/2039	10,000	12,177	12,925
	TRANSCONTINENTAL GAS PIPE LINE	7.85%	2/1/2026	15,000	18,102	15,511
	TRANSCONTINENTAL GAS PIPE LINE	4.00%	3/15/2028	5,000	5,376	4,898
	UNION PACIFIC RR CO	3.23%	5/14/2026	70,000	45,657	44,723
	UNITED PARCEL SERVICE INC	5.20%	4/1/2040	5,000	5,679	5,057
	UNITED PARCEL SERVICE INC	4.88%	3/3/2033	20,000	20,195	20,440
	UNITED STATES TREAS BDS	2.75%	11/15/2042	90,000	85,887	72,338
	UNITED STATES TREAS BDS	2.38%	11/15/2049	60,000	51,906	41,904
	UNITED STATES TREAS BDS	2.50%	2/15/2045	95,000	80,409	71,347
	UNITED STATES TREAS BDS	2.50%	5/15/2046	95,000	81,224	70,322
	UNITED STATES TREAS BDS	3.00%	5/15/2047	80,000	70,426	64,356
	UNITED STATES TREAS BDS	1.25%	5/15/2050	83,000	53,369	43,604
	UNITED STATES TREAS BDS	1.38%	8/15/2050	80,000	55,505	43,325
	UNITED STATES TREAS NTS	2.00%	11/15/2026	50,000	47,968	48,026
	UNITED STATES TREAS NTS	3.13%	11/15/2028	35,000	34,802	34,126
	UNITED STATES TREAS NTS	4.13%	11/15/2032	110,000	113,445	112,058
	UNITED STATES TREAS NTS	4.50%	11/15/2033	45,000	46,351	47,044
	UNITED STATES TREAS NTS	4.38%	11/30/2030	50,000	50,957	51,582
	UNITED STATES TREAS NTS	2.00%	2/15/2025	25,000	24,198	24,684
	UNITED STATES TREAS NTS	2.75%	2/15/2028	65,000	66,907	62,821
	UNITED STATES TREAS NTS	1.50%	2/15/2030	45,000	41,094	39,994

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, 2024

(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
	UNITED STATES TREAS NTS	1.13%	2/15/2031	80,000	72,217	68,018
	UNITED STATES TREAS NTS	3.50%	2/15/2033	50,000	50,092	48,641
	UNITED STATES TREAS NTS	4.00%	2/15/2034	100,000	97,902	100,625
	UNITED STATES TREAS NTS	4.00%	2/15/2034	40,000	38,685	40,250
	UNITED STATES TREAS NTS	2.50%	3/31/2027	5,000	4,769	4,840
	UNITED STATES TREAS NTS	4.88%	4/30/2026	25,000	24,980	25,323
	UNITED STATES TREAS NTS	2.38%	5/15/2029	75,000	74,848	70,591
	UNITED STATES TREAS NTS	3.38%	5/15/2033	80,000	77,603	76,982
	UNITED STATES TREAS NTS	3.38%	5/15/2033	50,000	47,547	48,114
	UNITED STATES TREAS NTS	4.38%	5/15/2034	40,000	40,382	41,450
	UNITED STATES TREAS NTS	0.63%	8/15/2030	85,000	78,301	70,829
	UNITED STATES TREAS NTS	1.25%	8/15/2031	90,000	80,537	75,973
	UNITED STATES TREAS NTS	2.75%	8/15/2032	75,000	68,529	69,361
	UNITED STATES TREAS NTS	3.13%	8/15/2025	15,000	14,745	14,820
	UNITED STATES TREAS NTS	1.50%	9/30/2024	20,000	19,532	19,945
	UNIVERSITY MICH UNIV	1.37%	4/1/2027	5,000	5,000	4,661
	VERIZON MASTER TRUST	0.99%	4/20/2028	25,000	24,991	24,853
	VIRGINIA ST RES AUTH INFRASTR	2.53%	11/1/2028	30,000	30,000	28,352
	VISA INC	3.15%	12/14/2025	10,000	10,339	9,845
	WALT DISNEY CO	3.70%	10/15/2025	250,000	267,973	247,848
	WALT DISNEY CO	7.13%	4/8/2028	15,000	18,565	16,250
	WASTE CONNECTIONS INC	4.25%	12/1/2028	25,000	25,592	24,857
	WASTE MANAGEMENT INC	0.75%	11/15/2025	35,000	33,263	33,447
	WELLS FARGO & COMPANY	3.00%	4/22/2026	30,000	28,336	29,281
	WISCONSIN ELECTRIC POWER CO	5.00%	5/15/2029	15,000	14,929	15,411
	WISCONSIN ELECTRIC POWER CO	3.10%	6/1/2025	20,000	19,981	19,714
	WISCONSIN ELECTRIC POWER CO	4.75%	9/30/2032	12,000	11,813	12,190
	WISCONSIN ENERGY CORP	6.20%	4/1/2033	10,000	11,893	10,849
	WW GRAINGER INC	1.85%	2/15/2025	25,000	24,565	24,599
	WW GRAINGER INC	3.75%	5/15/2046	11,000	8,752	8,991
	Total fixed income securities				11,545,275	11,180,780
	Collective investment fund:					
*	EB SHORT TERM INVESTMENT FUND				458,629	458,629
	Total collective investment fund				458,629	458,629
	Guaranteed investment contract:					
	EQUITABLE IPG CONTRACT				7,161	6,528
	Total guaranteed investment contract				7,161	6,528
	Total investments				\$ 24,602,493	\$ 24,915,685

* Indicates a party-in-interest

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, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>Series of transactions, when aggregated, involving an amount in excess of 5% of the current value of Plan assets:</u>								
KeyBank	EB Short Term Investment Fund							
	41 PURCHASES	\$ 5,051,302	\$ -	\$ -	\$ -	\$ 5,051,302	\$ 5,051,302	\$ -
	47 SALES	-	5,051,217	-	-	5,051,217	5,051,217	-
KeyBank	Federated Government Obligations							
	193 PURCHASES	3,166,070	-	-	-	3,166,070	3,166,070	-
	107 SALES	-	3,224,048	-	-	3,224,048	3,224,048	-
KeyBank	Metropolitan West T/R Bond Fund							
	12 PURCHASES	221,932	-	-	-	221,932	221,932	-
	8 SALES	-	1,495,000	-	-	1,495,908	1,495,000	(908)