

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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) 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 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.

SIGN HERE	Filed with authorized/valid electronic signature.	03/25/2026	CHARLES A. CIMINO, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/29/2026	LOREEN M. ROBINSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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 1055
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 531 6c 316 6d 847 6e 197 6f 1044 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
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.
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1 Coverage Information:

(a) Name of insurance carrier AXA EQUITABLE LIFE INSURANCE COMPANY					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	AC 1850	1	09/01/2024	08/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 2150**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 6528**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 93
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 211

▶ MARKET VALUE ADJUSTMENT

(6) Total additions **7c(6)** 304**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 6832**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1161(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)** 4682**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2150

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
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)

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		31219	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEY TRUST

31-1784820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 13 19 28 59 62 99		25239	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CIUNI & PANICHI, INC.

34-1322309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		24982	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

(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	18238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BONNIE MANNING

34-1059950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	18238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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		12185	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025					
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)					
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) 459183	
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)	
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	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
	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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	84055	96414
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	381067	624276
(2) U.S. Government securities	1c(2)	5618954	5914666
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5451051	5017314
(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)	458629	459183
(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)	13191764	9197776
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6528	2150
(15) Other.....	1c(15)	110775	102649

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	25302823	21414428
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	30903	42426
k Total liabilities (add all amounts in lines 1g through 1j)	1k	30903	42426
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	25271920	21372002

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)	16592	
(B) U.S. Government securities	2b(1)(B)	209585	
(C) Corporate debt instruments	2b(1)(C)	201419	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	5035	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		432631
(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)	381375	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		381375
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	12718741	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12708101	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		10640
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	426608	
(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)		242198
c Other income	2c		75
d Total income. Add all income amounts in column (b) and enter total	2d		1855683

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5499198	
(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)		5499198
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)	36475	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	24982	
(5) Investment advisory and investment management fees	2i(5)	77462	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	31219	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	86265	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		256403
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5755601

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3899918
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 563377.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
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	
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): 04-1414660		
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.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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 **2025**

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: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

0

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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

98.03

b The corresponding number for the second preceding plan year.....

15b

92.87

- 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: 33.9 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 62.0 %

High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 3.7 % Other: 0.4 %

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 _____.

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, 2025 and 2024, 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, 2024, 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, 2025 and 2024, 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).

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.

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, 2025 and Schedule H, line 4j – Schedule of Reportable Transactions for the year ended August 31, 2025 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.

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.

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

- 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).

Curtis E. Panichi, Jr.

Cleveland, Ohio
January 29, 2026

Local 400 Food Terminal Employees' Pension Plan

Statements of Net Assets Available for Benefits in Liquidation

August 31, 2025 and 2024

	<u>Assets</u>	
	2025	2024
Investments at fair value:		
Money market fund	\$ 218,959	\$ 77,984
Registered investment companies	9,197,776	13,191,764
Fixed income securities	11,034,629	11,180,780
Collective investment fund	459,183	458,629
Guaranteed investment contract	2,150	6,528
Total investments	20,912,697	24,915,685
Receivables:		
Accrued interest	83,977	84,055
Due from brokers	12,437	-
Employer withdrawal liability (less allowance for uncollectable amounts of \$14,743,141) (Note 6)	-	-
Total receivables	96,414	84,055
Property and equipment:		
Office furniture and equipment	44,580	44,580
Less: accumulated depreciation	(44,580)	(44,580)
Property and equipment, net	-	-
Cash	405,317	303,083
Total assets	21,414,428	25,302,823
	<u>Liabilities</u>	
Due to related party (Note 11)	42,426	30,903
Total liabilities	42,426	30,903
Net assets available for benefits in liquidation	\$ 21,372,002	\$ 25,271,920

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, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 679,446	\$ 2,053,883
Interest and dividend income	814,006	839,257
	<u>1,493,452</u>	<u>2,893,140</u>
Less: investment expenses	<u>(77,462)</u>	<u>(77,394)</u>
Net investment income	1,415,990	2,815,746
Contributions:		
Recovery of and interest on employer withdrawal liability	362,156	362,156
Other income	<u>75</u>	<u>225</u>
Total additions	1,778,221	3,178,127
Deductions from net assets attributed to:		
Benefits paid to participants	5,499,198	5,475,064
Administrative expenses (Note 10)	178,941	153,264
	<u>5,678,139</u>	<u>5,628,328</u>
Net decrease	(3,899,918)	(2,450,201)
Net assets available for benefits in liquidation:		
Beginning of year	<u>25,271,920</u>	<u>27,722,121</u>
End of year	\$ <u><u>21,372,002</u></u>	\$ <u><u>25,271,920</u></u>

The accompanying notes are an integral part of these financial statements

Local 400 Food Terminal Employees' Pension Plan

Statement of Accumulated Plan Benefits in Liquidation

August 31, 2024

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$	53,686,549
Other participants		19,665,361
Expense loading		<u>781,201</u>
Total actuarial present value of accumulated plan benefits	\$	<u><u>74,133,111</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, 2024

Actuarial present value of accumulated plan benefits at beginning of year, August 31, 2023	\$ 75,312,841
Decrease during the year attributable to:	
Change in actuarial assumptions	4,295,334
Benefits paid and purchases of annuity contracts	<u>(5,475,064)</u>
Net decrease	<u>(1,179,730)</u>
Actuarial present value of accumulated plan benefits at end of year, August 31, 2024	\$ <u><u>74,133,111</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, 2025 and 2024

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, 2025 and 2024

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.

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.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 2: Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

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 29, 2026, the date the financial statements were available to be issued.

Note 3: Certified Investments

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investments held as of August 31, 2025 and 2024, 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), a qualified institution.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

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, 2024 valuation results.

Significant actuarial assumptions used in the August 31, 2024 valuation are as follows:

	2024
Assumed rate of return on investments	As prescribed in PBGC regulations for terminating plans for the applicable withdrawal liability valuation date. Interest rates ranged from 4.47% - 5.36%
Mortality basis	As published by the PBGC for August 31, 2024 under ERISA Section 4044 for healthy and disabled lives.
Retirement age	Participants currently eligible to begin receiving benefits but not yet in pay status are assumed to retire on the valuation date. Other participants not yet in pay status are assumed to retire at the earliest date that a benefit could be elected, (earliest age per ERISA Section 4281.12(b)).
Administrative expenses	\$10,000 plus \$200 per vested participant, plus a percentage (defined by statute) of the excess of the value of benefits over \$200,000.
Benefit Election	All participants are assumed to elect the life annuity.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

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.

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.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

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.

The estimated net withdrawal liability owed to the Plan totaled \$14,743,141 at August 31, 2025 and 2024. 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, 2025 and 2024 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.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 7: Fair Value Measurements (continued)

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2025 and 2024.

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.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 7: Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2025 and 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2025 Total</u>
Money market fund	\$ 218,959	\$ -	\$ -	\$ 218,959
Registered investment companies	9,197,776	-	-	9,197,776
Fixed income securities	-	11,034,629	-	11,034,629
Guaranteed investment contract	-	-	2,150	2,150
	<u>\$ 9,416,735</u>	<u>\$ 11,034,629</u>	<u>\$ 2,150</u>	20,453,514
		Investment valued at NAV*		<u>459,183</u>
		Total investments		<u>\$ 20,912,697</u>

	<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	-	-	6,528	6,528
	<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>

*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, 2025 and 2024, respectively.

<u>Investment</u>	<u>Fair Value</u>		<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
	<u>2025</u>	<u>2024</u>		
EB Short Term Investment Fund	\$ 459,183	\$ 458,629	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.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 7: Fair Value Measurements (continued)

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, 2025 and 2024. There were no purchases or issuances of Level 3 investments during the years ended August 31, 2025 and 2024.

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 \$2,150 and \$6,528 at August 31, 2025 and 2024, 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, 2025 and 2024. 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.

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

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 \$12,353 and \$11,542 for the years ended August 31, 2025 and 2024, respectively.

Note 10: Administrative Expenses

The following amounts represent the administrative expenses incurred by the Plan for the years ended August 31, 2025 and 2024:

	2025	2024
Administrative expenses:		
Actuary	\$ 31,219	\$ 23,314
Audit – fees	24,982	16,968
Casualty insurance	156	164
Employee benefits	10,464	8,630
Equipment lease	131	142
Insurance – fiduciary	12,185	12,939
Fidelity bond	-	1,493
Legal – fees	-	235
Repairs and maintenance	518	345
Office supplies	3,759	5,406
PBGC insurance premium	39,035	39,340
Rent	12,353	11,542
Salaries	36,475	25,890
Taxes – payroll	4,510	3,754
Utilities	2,990	2,914
Record services	-	29
Computer support	164	159
Total administrative expenses	\$ <u>178,941</u>	\$ <u>153,264</u>

Local 400 Food Terminal Employees' Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

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 \$68,796 and \$54,519 during the years ended August 31, 2025 and 2024, respectively. Amounts owed to the Local for underpayment of shared expenses were \$42,426 and \$30,903 at August 31, 2025 and 2024, 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.

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 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
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 (specify) _____
	☐ the first return/report	☐ the final return/report
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	▶ ☒	
D Check box if filing under:	☐ Form 5558	☐ automatic extension
	☐ special extension (enter description)	☐ 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) 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	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		3/25/2026	Charles A. Cimino Jr.
	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

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

Form 5500 (2024)
v. 240311

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 8058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB No. 1510-0110 1210-0099 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>09/01/2024</u> and ending <u>08/31/2025</u>	
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.) ☐ a single-employer plan ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
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 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: 50%;">1b Three-digit plan number (PN)</td> <td style="width: 50%;">001</td> </tr> <tr> <td>1c Effective date of plan</td> <td>09/01/1961</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>34-6665909</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td>(216) 778-6302</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>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	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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor 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 1,055
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 531
c Other retired or separated participants entitled to future benefits	6c 316
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 847
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 197
f Total. Add lines 6d and 6e	6f 1,044
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)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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, 2025

(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	Money Market Fund	\$ 218,959	\$ 218,959
	Total cash - money market fund		218,959	218,959
	Registered investment companies:			
	BAIRD SHORT TERM BOND FUND	Registered Investment Companies	821,935	810,339
	FIDELITY LARGE CAP GROWTH IDX	Registered Investment Companies	1,335,098	2,068,985
	FIDELITY LARGE CAP VALUE INDEX	Registered Investment Companies	1,447,204	1,823,396
	FIDELITY MID CAP INDEX FUND	Registered Investment Companies	175,492	231,146
	FIDELITY SMALL CAP INDEX FUND	Registered Investment Companies	259,065	267,733
	METROPOLITAN WEST T/R BOND FD	Registered Investment Companies	3,064,581	2,897,563
	PIMCO DIVERSIFIED INCOME FUND	Registered Investment Companies	1,189,388	1,098,614
	Total registered investment companies		8,292,763	9,197,776
	Fixed income securities:			
	ABBOTT LABORATORIES	3.75% 11/30/2026 35,000	37,092	34,932
	ABBOTT LABORATORIES	4.75% 11/30/2036 5,000	4,841	4,969
	ABBVIE INC	4.95% 3/15/2031 18,000	18,021	18,586
	ADOBE INC	4.80% 4/4/2029 10,000	9,945	10,278
	AEP TRANSMISSION CO LLC	3.10% 12/1/2026 17,000	17,656	16,803
	AIR PRODUCTS & CHEMICALS INC	4.85% 2/8/2034 34,000	33,617	34,216
	ALLSTATE CORP	0.75% 12/15/2025 5,000	4,739	4,947
	AMAZON.COM INC	3.15% 8/22/2027 25,000	25,412	24,679
	AMAZON.COM INC	3.88% 8/22/2037 8,000	8,459	7,269
	AMERICAN AIRLINES INC	3.58% 1/15/2028 20,000	11,045	11,201
	AMERICAN AIRLINES INC	3.15% 8/15/2033 23,000	14,655	14,948
	AMERICAN EXPRESS CO	5.02% 4/25/2031 25,000	25,191	25,688
	AMERICAN EXPRESS CO	5.28% 7/26/2035 100,000	98,097	102,122
	AMERICAN EXPRESS CREDIT CORP	0.00% 5/3/2027 5,000	5,476	4,946
	AMERICAN WATER CAPITAL CORP	5.15% 3/1/2034 17,000	17,671	17,394
	AMERICAN WATER CAPITAL CORP	5.25% 3/1/2035 17,000	16,968	17,295
	AMPHENOL CORP	4.35% 6/1/2029 19,000	18,815	19,176
	AMPHENOL CORP	4.75% 3/30/2026 30,000	30,060	30,062
	ANALOG DEVICES INC	3.50% 12/5/2026 14,000	14,212	13,916
	ANHEUSER-BUSCH INBEV WORLDWIDE INC	4.75% 1/23/2029 15,000	15,812	15,329
	ANHEUSER-BUSCH INBEV WORLDWIDE INC	6.63% 8/15/2033 19,000	22,970	21,300
	APPLE INC	4.50% 5/12/2032 50,000	49,403	50,966
	APPLIED MATERIALS INC	4.80% 6/15/2029 10,000	9,971	10,277
	AT&T INC	5.15% 11/15/2046 9,000	8,435	8,237
	AT&T INC	2.30% 6/1/2027 25,000	23,104	24,214
	AUTOMATIC DATA PROCESSING INC	1.70% 5/15/2028 19,000	17,946	17,982
	AUTOMATIC DATA PROCESSNG INC	4.45% 9/9/2034 12,000	11,967	11,793
	AVERY DENNISON CORP	4.88% 12/6/2028 30,000	31,435	30,554
	AVERY DENNISON CORP	2.25% 2/15/2032 18,000	15,202	15,429
	BANK OF AMERICA CORP	3.82% 1/20/2028 22,000	22,680	21,873
	BANK OF AMERICA CREDIT CARD TRUST	4.98% 11/15/2028 15,000	14,987	15,167
	BANK OF AMERICA CREDIT CARD TRUST	4.79% 5/15/2028 20,000	19,876	20,093
	BRISTOL-MYERS SQUIBB CO	5.75% 2/1/2031 9,000	9,076	9,627
	BROWN-FORMAN CORP	4.75% 4/15/2033 17,000	16,969	17,098
	BURLINGTON NORTH SANTA FE	7.29% 6/1/2036 7,000	9,478	8,401
	CANADIAN NATIONAL RAILWAY CO	6.71% 7/15/2036 9,000	11,310	10,220
	CANADIAN NATIONAL RAILWAY CO	6.90% 7/15/2028 30,000	36,107	32,306
	CANADIAN PACIFIC RAILWAY CO	4.00% 6/1/2028 24,000	23,592	23,989
	CAPITAL ONE MULTI-ASSET EXECUTION TRUST	2.06% 9/5/2019 10,000	9,796	9,815
	CATERPILLAR FINANCIAL SVCS CORP	4.35% 5/15/2026 30,000	29,796	30,040
	CATERPILLAR INC	6.63% 7/15/2028 10,000	12,469	10,628
	CBOE GLOBAL MARKETS INC	1.63% 12/15/2030 20,000	18,104	17,604
	CBOE HOLDINGS INC	3.65% 1/12/2027 17,000	16,788	16,902
	CHEVRON USA INC	4.48% 2/26/2028 25,000	25,025	25,398
	CHUBB INA HOLDINGS LLC	4.90% 8/15/2035 9,000	8,991	8,949
	CHURCH & DWIGHT CO INC	5.60% 11/15/2032 5,000	5,327	5,286
	CINTAS CORP NO 2	3.70% 4/1/2027 35,000	35,466	34,817

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, 2025

(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
	CINTAS CORP NO 2	4.00% 5/1/2032	18,000	17,512
	CITIGROUP INC	3.20% 10/21/2026	16,000	15,820
	CME GROUP INC	4.40% 3/15/2030	33,000	33,338
	CNH EQUIPMENT TRUST	0.81% 12/15/2026	10,000	179
	CNH INDUSTRIAL CAP LLC	5.50% 1/12/2029	6,000	6,220
	COCA-COLA CO	3.45% 3/25/2030	75,000	73,103
	COLGATE-PALMOLIVE CO	3.25% 8/15/2032	18,000	16,815
	COLORADO HSG & FIN AUTH	4.52% 11/1/2027	10,000	10,097
	COLORADO HSG & FIN AUTH	5.04% 5/1/2027	5,000	5,081
	COLUMBIA S C WTRWKS & SWR SYS	2.32% 2/1/2027	5,000	4,887
	COMCAST CORP	4.25% 10/15/2030	30,000	30,043
	COMCAST CORP	6.50% 11/15/2035	16,000	17,795
	CONNECTICUT LIGHT & PWR CO	0.75% 12/1/2025	10,000	9,906
	CONOCOPHILLIPS CO	4.70% 1/15/2030	21,000	21,399
	CONOCOPHILLIPS CO	4.85% 1/15/2032	9,000	9,155
	CONOCOPHILLIPS CO	5.05% 9/15/2033	100,000	102,142
	CONSUMERS 23 SECURE FUND	5.21% 9/1/2031	27,000	27,772
	CONSUMERS ENERGY CO	4.90% 2/15/2029	15,000	15,388
	CUMMINS INC	5.15% 2/20/2034	15,000	15,361
	CUMMINS INC	1.50% 9/1/2030	15,000	13,227
	D R HORTON INC	4.85% 10/15/2030	17,000	17,365
	DAIMLER TRUCKS RETAIL TRUST	5.90% 3/15/2027	55,000	31,248
	DALLAS-FORT WORTH TEX INTL ARP	2.26% 11/1/2026	10,000	9,801
	DARDEN RESTAURANTS INC	4.35% 10/15/2027	18,000	18,085
	DARDEN RESTAURANTS INC	3.85% 5/1/2027	20,000	19,847
	DISNEY WALT CO	7.30% 4/30/2028	10,000	10,819
	DOMINION ENERGY INC	7.00% 6/15/2038	14,000	15,936
	DOMINION ENERGY SOUTH CAROLINA	5.30% 1/15/2035	15,000	15,375
	DTE ELECTRIC CO	3.70% 3/15/2045	8,000	6,184
	DUKE ENERGY CAROLINAS LLC	4.85% 1/15/2034	20,000	20,089
	DUKE ENERGY CAROLINAS LLC	3.75% 6/1/2045	16,000	12,374
	EATON CORP	4.15% 11/1/2042	17,000	14,576
	EATON CORP	4.15% 3/15/2033	25,000	24,417
	ECOLAB INC	5.25% 1/15/2028	20,000	20,597
	ECOLAB INC	4.80% 3/24/2030	28,000	28,799
	ECOLAB INC	4.30% 6/15/2028	7,000	7,061
	EMERSON ELECTRIC CO	1.80% 10/15/2027	25,000	23,946
	EMERSON ELECTRIC CO	0.88% 10/15/2026	5,000	4,833
	EOG RESOURCES INC	5.00% 7/15/2032	17,000	17,310
	EVERGY INC	2.90% 9/15/2029	15,000	14,211
	EXXON MOBIL CORP	2.44% 8/16/2029	12,000	11,400
	EXXON MOBIL CORPORATION	2.61% 10/15/2030	19,000	17,723
	FANNIE MAE	2.00% 1/25/2042	250,000	21,360
	FANNIE MAE	2.50% 9/25/2042	250,000	30,941
	FANNIE MAE	3.00% 9/1/2042	175,000	127,740
	FANNIE MAE	2.00% 4/25/2041	300,000	4,633
	FANNIE MAE	4.00% 11/1/2037	40,000	26,061
	FANNIE MAE	3.00% 11/1/2029	30,000	2,180
	FANNIE MAE	3.00% 3/25/2038	300,000	13,780
	FANNIE MAE	3.50% 8/1/2031	15,000	1,420
	FANNIE MAE	5.00% 12/1/2052	15,000	12,029
	FANNIE MAE	5.00% 11/25/2035	125,000	120,655
	FANNIE MAE	6.00% 11/1/2054	20,000	18,569
	FANNIE MAE	6.63% 11/15/2030	30,000	34,026
	FANNIE MAE	4.00% 12/1/2040	60,000	5,533
	FANNIE MAE	3.50% 8/1/2042	45,000	6,981
	FANNIE MAE	4.00% 12/1/2043	45,000	5,714
	FANNIE MAE	3.50% 8/1/2047	25,000	5,301
	FANNIE MAE	4.50% 1/1/2040	25,000	22,605
	FANNIE MAE	6.00% 1/1/2055	15,000	14,089

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, 2025

(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	39,843	35,146
	FANNIE MAE	4.50%	3/1/2038	60,000	37,498	37,603
	FANNIE MAE	2.00%	8/25/2042	250,000	28,280	25,999
	FANNIE MAE	4.00%	4/1/2052	30,000	20,483	19,916
	FANNIE MAE	5.50%	4/1/2038	50,000	29,856	30,365
	FANNIE MAE	6.00%	4/1/2055	35,000	33,800	34,026
	FANNIE MAE	1.75%	2/25/2033	400,000	32,238	32,156
	FANNIE MAE	4.00%	5/1/2052	20,000	15,204	14,268
	FANNIE MAE	4.50%	5/1/2038	15,000	10,106	10,151
	FANNIE MAE	4.50%	5/1/2053	55,000	46,126	45,534
	FANNIE MAE	5.00%	5/1/2038	40,000	23,408	23,605
	FANNIE MAE	2.50%	6/1/2050	25,000	14,548	11,957
	FANNIE MAE	3.00%	6/1/2050	32,000	8,564	8,484
	FANNIE MAE	3.00%	6/1/2051	38,000	19,328	19,041
	FANNIE MAE	3.50%	1/1/2051	75,000	25,592	25,230
	FANNIE MAE	5.00%	6/1/2052	20,000	14,519	13,936
	FANNIE MAE	2.50%	6/1/2051	15,000	7,792	8,515
	FANNIE MAE	2.50%	7/1/2051	30,000	17,072	17,441
	FANNIE MAE	3.50%	6/1/2037	31,284	19,702	19,408
	FANNIE MAE	4.00%	7/1/2037	45,000	26,692	26,434
	FANNIE MAE	5.00%	7/1/2038	35,000	22,121	22,402
	FANNIE MAE	5.00%	7/25/2054	75,000	74,379	71,537
	FANNIE MAE	3.00%	6/25/2043	350,000	24,305	22,392
	FANNIE MAE	3.00%	9/25/2045	250,000	52,410	48,520
	FANNIE MAE	3.00%	8/1/2050	63,000	20,231	18,494
	FANNIE MAE	3.00%	8/1/2032	20,000	3,423	3,221
	FANNIE MAE	3.00%	9/1/2050	46,500	15,504	14,323
	FANNIE MAE	5.00%	9/1/2052	5,000	3,831	3,806
	FANNIE MAE	5.50%	9/1/2038	15,000	9,067	9,128
	FANNIE MAE	6.00%	8/1/2038	40,000	23,865	24,502
	FANNIE MAE	0.88%	8/5/2030	40,000	34,725	34,960
	FANNIE MAE	4.50%	9/1/2041	30,000	2,167	2,012
	FANNIE MAE	4.00%	10/1/2042	30,000	3,955	3,666
	FANNIE MAE	2.50%	10/1/2051	30,000	22,896	18,379
	FANNIE MAE	4.00%	9/1/2037	20,000	12,239	12,075
	FANNIE MAE	5.00%	10/1/2037	10,000	5,568	5,590
	FANNIE MAE	5.00%	10/1/2053	10,000	8,467	8,795
	FANNIE MAE	5.00%	10/1/2044	125,000	107,892	109,042
	FEDERAL FARM CR BANKS	5.10%	4/1/2033	100,000	99,774	100,001
	FEDERAL FARM CR BANKS	2.15%	12/1/2031	100,000	99,600	89,368
	FEDERAL FARM CR BANKS	2.00%	12/7/2029	100,000	100,000	93,103
	FEDERAL FARM CR BANKS	4.05%	5/17/2029	100,000	99,850	99,537
	FEDERAL HOME LN BANKS	0.98%	8/17/2028	250,000	243,625	231,212
	FEDEX CORP	1.88%	8/20/2035	45,000	29,979	28,777
	FISERV INC	4.75%	3/15/2030	20,000	19,884	20,287
	FISERV INC	5.15%	8/12/2034	24,000	23,955	24,058
	FLORIDA POWER & LIGHT CO	3.13%	12/1/2025	30,000	31,368	29,900
	FLORIDA POWER & LIGHT CO	5.05%	4/1/2028	35,000	36,148	35,936
	FREDDIE MAC	2.50%	3/15/2043	265,000	11,606	11,457
	FREDDIE MAC	2.50%	1/1/2051	72,000	35,179	33,926
	FREDDIE MAC	3.50%	2/1/2052	20,000	14,194	12,248
	FREDDIE MAC	3.82%	12/25/2032	5,000	4,906	4,850
	FREDDIE MAC	5.50%	2/1/2038	40,000	22,604	23,326
	FREDDIE MAC	3.00%	10/15/2026	400,000	1,986	1,863
	FREDDIE MAC	3.00%	7/15/2032	250,000	7,355	7,106
	FREDDIE MAC	5.00%	11/1/2052	15,000	11,957	12,088
	FREDDIE MAC	5.50%	11/1/2053	15,000	12,710	12,989
	FREDDIE MAC	5.50%	10/1/2039	25,000	21,979	22,133
	FREDDIE MAC	4.00%	12/1/2039	45,000	39,867	40,237
	FREDDIE MAC	5.00%	12/1/2039	20,000	17,024	17,059

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, 2025

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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
	FREDDIE MAC	4.00%	1/1/2040	5,000	4,527	4,540
	FREDDIE MAC	5.50%	12/1/2054	45,000	41,974	42,489
	FREDDIE MAC	2.50%	3/1/2052	6,000	3,950	3,968
	FREDDIE MAC	3.00%	3/1/2052	20,000	12,900	13,442
	FREDDIE MAC	3.50%	2/1/2052	71,000	51,019	47,848
	FREDDIE MAC	4.50%	3/1/2038	5,000	3,154	3,208
	FREDDIE MAC	5.00%	3/1/2038	70,000	44,163	44,667
	FREDDIE MAC	6.25%	7/15/2032	25,000	30,089	28,465
	FREDDIE MAC	3.00%	12/25/2025	10,000	7,707	7,805
	FREDDIE MAC	3.43%	1/25/2027	20,000	19,991	19,812
	FREDDIE MAC	3.50%	4/1/2050	90,000	18,242	18,118
	FREDDIE MAC	2.50%	4/1/2052	6,000	3,979	4,051
	FREDDIE MAC	4.00%	2/25/2052	125,000	93,162	93,243
	FREDDIE MAC	5.00%	4/1/2053	20,000	16,377	16,669
	FREDDIE MAC	5.00%	4/1/2039	15,000	10,544	10,731
	FREDDIE MAC	2.50%	11/15/2040	250,000	22,003	20,994
	FREDDIE MAC	2.50%	4/1/2037	35,000	20,616	20,959
	FREDDIE MAC	3.50%	7/25/2033	100,000	69,167	71,049
	FREDDIE MAC	4.00%	5/1/2052	20,000	15,561	14,496
	FREDDIE MAC	5.00%	5/1/2039	40,000	29,993	30,104
	FREDDIE MAC	5.00%	4/25/2036	125,000	121,882	123,019
	FREDDIE MAC	5.00%	5/1/2040	45,000	42,635	43,108
	FREDDIE MAC	4.00%	6/1/2052	47,000	34,677	35,246
	FREDDIE MAC	4.50%	6/1/2040	35,000	33,835	33,847
	FREDDIE MAC	2.67%	3/25/2026	35,000	32,412	32,736
	FREDDIE MAC	2.92%	6/25/2032	30,000	26,955	27,620
	FREDDIE MAC	4.50%	7/1/2052	40,000	31,573	30,754
	FREDDIE MAC	4.00%	6/1/2052	10,000	6,943	6,931
	FREDDIE MAC	1.50%	6/15/2041	25,000	731	730
	FREDDIE MAC	3.00%	9/1/2051	50,000	32,161	28,241
	FREDDIE MAC	2.50%	6/1/2037	40,000	24,139	24,475
	FREDDIE MAC	3.50%	7/25/2032	15,000	14,540	14,289
	FREDDIE MAC	4.00%	9/1/2037	70,000	42,528	42,531
	FREDDIE MAC	4.50%	9/1/2037	15,000	9,026	8,862
	FREDDIE MAC	5.00%	9/1/2052	70,000	54,781	54,574
	FREDDIE MAC	5.00%	8/1/2053	125,000	106,223	109,881
	FREDDIE MAC	5.50%	9/1/2038	40,000	24,114	24,587
	FREDDIE MAC	2.50%	9/15/2030	375,000	5,322	4,926
	FREDDIE MAC	4.00%	9/1/2037	30,000	18,388	18,345
	FREDDIE MAC	4.50%	10/1/2052	24,000	18,461	18,850
	FREDDIE MAC	4.50%	9/1/2037	60,000	35,446	35,441
	FREDDIE MAC	6.00%	10/1/2038	15,000	9,036	9,048
	FREDDIE MAC	5.00%	10/1/2054	20,000	18,184	18,609
	FREDDIE MAC GOLD	4.00%	1/1/2047	25,000	5,531	5,018
	FREDDIE MAC GOLD	3.00%	10/1/2029	75,000	4,718	4,465
	FREDDIE MAC GOLD	4.00%	11/1/2048	139,000	10,202	10,032
	FREDDIE MAC GOLD	3.00%	12/1/2030	25,000	2,668	2,509
	FREDDIE MAC GOLD	3.00%	1/1/2033	227,000	28,423	29,225
	FREDDIE MAC GOLD	2.50%	7/1/2029	100,000	5,417	5,237
	FREDDIE MAC GOLD	3.00%	8/1/2031	50,000	6,887	6,379
	GATX CORP	5.50%	6/15/2035	9,000	8,982	9,163
	GENERAL MOTORS FINANCIAL CO INC	2.70%	8/20/2027	18,000	17,090	17,463
	GENERAL MOTORS FINL CO INC	5.40%	5/8/2027	20,000	20,199	20,335
	GEORGIA PAC CORP	7.38%	12/1/2025	20,000	22,632	20,124
	GEORGIA POWER CO	4.85%	3/15/2031	8,000	7,987	8,196
	GEORGIA POWER CO	4.65%	5/16/2028	25,000	25,082	25,370
	GEORGIA-PACIFIC CORP	7.75%	11/15/2029	28,000	31,557	31,832
	GOLDMAN SACHS GROUP INC	3.10%	2/24/2033	75,000	64,760	68,200
	GOLDMAN SACHS GROUP INC	3.85%	1/26/2027	100,000	99,111	99,535
	GOVERNMENT NATL MTG ASSN	4.50%	1/20/2035	125,000	107,557	108,891

Local 400 Food Terminal Employees' Pension Plan

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	GOVERNMENT NATL MTG ASSN	1.00% 2/20/2051 15,000	6,238	5,187
	GOVERNMENT NATL MTG ASSN	6.00% 4/15/2029 1,461,916	3,213	3,091
	GOVERNMENT NATL MTG ASSN	5.00% 7/20/2054 150,000	147,422	145,360
	GOVERNMENT NATL MTG ASSN	3.50% 9/15/2041 30,000	2,146	1,950
	GOVERNMENT NATL MTG ASSN II	3.00% 10/20/2051 30,000	17,514	17,692
	GOVERNMENT NATL MTG ASSN II	3.00% 12/20/2051 45,000	27,852	28,066
	GOVERNMENT NATL MTG ASSN II	3.50% 12/20/2051 20,000	15,096	13,113
	GOVERNMENT NATL MTG ASSN II	5.50% 4/20/2053 15,000	11,259	11,334
	GOVERNMENT NATL MTG ASSN II	4.50% 5/20/2052 20,000	15,585	14,837
	GOVERNMENT NATL MTG ASSN II	6.50% 5/20/2055 40,000	40,617	40,798
	GOVERNMENT NATL MTG ASSN II	7.00% 5/20/2055 9,000	9,202	9,198
	GOVERNMENT NATL MTG ASSN II	2.50% 6/20/2052 20,000	12,796	12,899
	GOVERNMENT NATL MTG ASSN II	6.50% 6/20/2055 44,000	44,977	45,073
	GOVERNMENT NATL MTG ASSN II	7.00% 6/20/2055 50,000	51,586	51,562
	GOVERNMENT NATL MTG ASSN II	7.00% 7/20/2055 50,000	51,706	51,706
	GOVERNMENT NATL MTG ASSN II	7.00% 8/20/2055 35,000	36,368	36,255
	GOVERNMENT NATL MTG ASSN II	3.00% 9/20/2051 30,000	19,267	17,155
	HCA INC	5.88% 2/15/2026 25,000	25,100	25,021
	HERSHEY CO	1.70% 6/1/2030 19,000	17,285	17,014
	HOME DEPOT INC	4.95% 9/30/2026 20,000	20,071	20,187
	HOME DEPOT INC	4.85% 6/25/2031 25,000	25,342	25,814
	HOME DEPOT INC	5.15% 6/25/2026 5,000	4,999	5,042
	HOST HOTELS & RESORTS L P	5.70% 6/15/2032 17,000	16,808	17,460
	ILLINOIS TOOL WORKS INC	2.65% 11/15/2026 39,000	37,550	38,453
	INTEL CORP	3.75% 8/5/2027 10,000	9,867	9,895
	INTEL CORP	4.15% 8/5/2032 75,000	70,169	71,381
	JACOBS ENGINEERING GROUP INC	6.35% 8/18/2028 20,000	20,042	21,086
	JOHN DEERE OWNER TRUST	5.18% 3/15/2028 25,000	18,915	19,099
	JPMORGAN CHASE & CO	6.25% 10/23/2034 75,000	74,130	81,933
	JPMORGAN CHASE & CO	5.10% 4/22/2031 22,000	22,303	22,697
	JPMORGAN CHASE & CO	2.18% 6/1/2028 10,000	9,370	9,669
	JPMORGAN CHASE & CO	1.47% 9/22/2027 100,000	98,244	97,100
	KENVUE INC	5.05% 3/22/2053 7,000	6,208	6,395
	KENVUE INC	5.35% 3/22/2026 20,000	19,955	20,093
	KEURIG DR PEPPER INC	5.20% 3/15/2031 23,000	22,834	23,522
	KEURIG DR PEPPER INC	5.30% 3/15/2034 18,000	17,853	18,162
	KEYCORP	2.55% 10/1/2029 100,000	104,373	93,530
	KIMBERLY-CLARK CORP	3.95% 11/1/2028 30,000	30,719	30,039
	KIMBERLY-CLARK CORP	6.63% 8/1/2037 6,000	7,165	6,941
	KLA CORP	4.95% 7/15/2052 6,000	5,325	5,445
	KROGER CO	2.65% 10/15/2026 5,000	5,131	4,917
	LOCKHEED MARTIN CORP	4.50% 2/15/2029 25,000	24,977	25,356
	LOWES COS INC	2.63% 4/1/2031 75,000	63,971	68,357
	MARIN CALIF CMNTY COLLEGE DIST	3.89% 8/1/2033 15,000	14,983	14,516
	MARTIN MARIETTA MATERIALS INC	2.40% 7/15/2031 14,000	12,364	12,481
	MARTIN MARIETTA MATERIALS INC	3.20% 7/15/2051 13,000	10,563	8,616
	MASTERCARD INC	4.88% 5/9/2034 15,000	15,386	15,279
	MASTERCARD INC	4.35% 1/15/2032 75,000	75,886	75,046
	MCDONALDS CORP	4.60% 5/15/2030 26,000	25,960	26,450
	MCDONALDS CORP	4.40% 2/12/2031 25,000	24,998	25,083
	METRO WASTEWTR RECLAMATION DIST COLO	2.36% 4/1/2027 15,000	15,000	14,661
	METRO WASTEWTR RECLAMATION DIST COLO	2.71% 4/1/2031 10,000	10,000	9,389
	MOLSON COORS BREWING CO	3.00% 7/15/2026 25,000	24,230	24,711
	MOLSON COORS BREWING CO	4.20% 7/15/2046 11,000	8,170	8,708
	MONDELEZ INTERNATIONAL INC	2.63% 3/17/2027 27,000	25,192	26,393
	MORGAN STANLEY	2.70% 1/22/2031 100,000	103,653	93,197
	MORGAN STANLEY	4.35% 9/8/2026 150,000	150,405	150,113
	NATIONAL RURAL UTIL COOP FIN CORP	5.00% 2/7/2031 75,000	74,820	77,478
	NATIONAL RURAL UTILS COOP FIN	2.40% 3/15/2030 17,000	17,439	16,730
	NATIONAL RURAL UTILS COOP FIN CORP	3.05% 4/25/2027 20,000	18,220	18,593

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, 2025

(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
	NEBRASKA PUB PWR DIST	2.49%	1/1/2027	10,000	10,000	9,802
	NETFLIX INC	5.40%	8/15/2054	7,000	7,033	6,823
	NEW YORK ST URBAN DEV CORP	3.27%	3/15/2028	25,000	24,466	24,700
	NISOURCE INC	5.35%	7/15/2035	50,000	49,752	50,491
	NVENT FINANCE S A R L	4.55%	4/15/2028	22,000	21,879	22,031
	O REILLY AUTOMOTIVE INC	3.90%	6/1/2029	30,000	28,829	29,708
	OGE ENERGY CORP	5.45%	5/15/2029	15,000	15,095	15,588
	OGLETHORPE POWER CORP	4.55%	6/1/2044	15,000	13,756	12,490
	ONEOK INC	5.00%	3/1/2026	14,000	14,593	14,010
	ORACLE CORP	6.15%	11/9/2029	10,000	10,384	10,689
	OREGON ST DEPT TRANSN HWY USER TAX	1.33%	11/15/2028	15,000	12,513	13,938
	PACCAR FINANCIAL CORP	4.60%	1/31/2029	22,000	21,954	22,422
	PACCAR FINANCIAL CORP	5.20%	11/9/2026	15,000	14,977	15,218
	PACCAR FINANCIAL CORP	4.00%	8/8/2028	7,000	6,999	7,018
	PACIFIC GAS & ELECTRIC CO	5.90%	6/15/2032	9,000	9,147	9,360
	PEPSICO INC	2.75%	3/19/2030	53,000	49,884	50,056
	PEPSICO INC	2.63%	7/29/2029	250,000	256,003	237,791
	PG&E ENERGY RECOVERY FUND	1.46%	7/15/2033	20,000	12,144	11,462
	PRINCE GEORGES CNTY MD	1.19%	9/15/2026	5,000	5,000	4,861
	PROGRESSIVE CORP	3.00%	3/15/2032	22,000	19,352	20,215
	PRUDENTIAL FINANCIAL INC	2.10%	3/10/2030	75,000	65,935	69,100
	PUBLIC SERVICE ELECTRIC & GAS CO	5.20%	3/1/2034	20,000	20,091	20,539
	PUBLIC STORAGE	5.10%	8/1/2033	19,000	19,251	19,587
	PUBLIC STORAGE	5.13%	1/15/2029	18,000	18,332	18,631
	PUBLIC SVC ELEC AND GAS CO	5.20%	8/1/2033	21,000	21,497	21,703
	QUANTA SERVICES INC	4.75%	8/9/2027	22,000	21,982	22,238
	QUANTA SERVICES INC	3.05%	10/1/2041	10,000	8,534	7,184
	REPUBLIC SERVICES INC	1.75%	2/15/2032	27,000	23,833	22,950
	REPUBLIC SERVICES INC	3.95%	5/15/2028	30,000	28,632	29,990
	ROPER TECHNOLOGIES INC	4.75%	2/15/2032	20,000	19,997	20,141
	ROPER TECHNOLOGIES INC	2.95%	9/15/2029	250,000	276,155	238,510
	STATE STREET CORP	4.68%	10/22/2032	75,000	73,634	76,023
	TENNESSEE GAS PIPELINE CO	7.00%	10/15/2028	18,000	17,881	17,631
	TENNESSEE VALLEY AUTHORITY	4.38%	8/1/2034	14,000	16,181	15,075
	TEXAS INSTRUMENTS INC	4.60%	2/8/2027	100,000	99,529	99,825
	TEXAS INSTRUMENTS INC	1.75%	5/4/2030	13,000	12,998	13,127
	TEXAS ST PUB FAC AUTH	3.95%	10/1/2037	10,000	9,340	9,008
	T-MOBILE USA INC	3.88%	4/15/2030	5,000	5,176	4,691
	TRANSATLANTIC HOLDINGS INC	8.00%	11/30/2039	7,000	8,524	8,779
	TRANSCONTINENTAL GAS PIPE LINE	7.85%	2/1/2026	18,000	21,185	18,113
	TRANSCONTINENTAL GAS PIPE LINE	4.00%	3/15/2028	24,000	24,127	23,946
	TRAVELERS COS INC	5.05%	7/24/2035	11,000	11,061	11,069
	TRAVELERS COS INC	5.70%	7/24/2055	4,000	3,983	4,006
	UNION PACIFIC RR CO	3.23%	5/14/2026	75,000	46,300	46,271
	UNITED PARCEL SERVICE	5.20%	4/1/2040	7,000	7,709	6,932
	UNITED PARCEL SERVICE INC	4.88%	3/3/2033	20,000	20,195	20,432
	UNITED STATES TREAS BDS	2.75%	11/15/2042	25,000	23,743	18,896
	UNITED STATES TREAS BDS	2.38%	11/15/2049	62,000	52,543	39,239

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, 2025

(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 BDS	2.50% 2/15/2045 92,000	77,440	64,098
	UNITED STATES TREAS BDS	4.63% 2/15/2055 46,000	44,306	43,844
	UNITED STATES TREAS BDS	2.50% 5/15/2046 94,000	79,910	64,265
	UNITED STATES TREAS BDS	3.00% 5/15/2047 69,000	60,562	51,095
	UNITED STATES TREAS BDS	1.25% 5/15/2050 99,000	59,502	46,650
	UNITED STATES TREAS BDS	1.38% 8/15/2050 124,000	76,349	59,908
	UNITED STATES TREAS NTS	2.00% 11/15/2026 25,000	23,976	24,474
	UNITED STATES TREAS NTS	3.13% 11/15/2028 20,000	19,887	19,715
	UNITED STATES TREAS NTS	4.13% 11/15/2032 80,000	82,155	80,894
	UNITED STATES TREAS NTS	4.38% 11/30/2030 50,000	50,957	51,510
	UNITED STATES TREAS NTS	2.75% 2/15/2028 45,000	46,089	44,116
	UNITED STATES TREAS NTS	1.50% 2/15/2030 40,000	36,528	36,494
	UNITED STATES TREAS NTS	3.50% 2/15/2033 50,000	50,092	48,465
	UNITED STATES TREAS NTS	4.00% 2/15/2026 11,000	10,989	10,994
	UNITED STATES TREAS NTS	4.00% 2/15/2034 100,000	97,902	99,414
	UNITED STATES TREAS NTS	4.00% 2/15/2034 85,000	82,888	84,502
	UNITED STATES TREAS NTS	4.63% 2/15/2035 101,000	103,777	104,456
	UNITED STATES TREAS NTS	4.88% 4/30/2026 55,000	55,240	55,307
	UNITED STATES TREAS NTS	2.38% 5/15/2029 45,000	44,909	43,077
	UNITED STATES TREAS NTS	3.38% 5/15/2033 90,000	87,104	86,263
	UNITED STATES TREAS NTS	3.38% 5/15/2033 50,000	47,547	47,924
	UNITED STATES TREAS NTS	4.38% 5/15/2034 37,000	37,307	37,723
	UNITED STATES TREAS NTS	4.13% 7/31/2031 50,000	51,388	50,819
	UNITED STATES TREAS NTS	1.50% 8/15/2026 20,000	19,047	19,560
	UNITED STATES TREAS NTS	0.63% 8/15/2030 80,000	73,695	68,941
	UNITED STATES TREAS NTS	1.25% 8/15/2031 90,000	80,537	77,769
	UNITED STATES TREAS NTS	2.75% 8/15/2032 60,000	54,823	55,709
	UNIVERSITY MICH UNIV	1.37% 4/1/2027 5,000	5,000	4,813
	VENTAS REALTY L P	4.00% 3/1/2028 15,000	14,649	14,926
	VENTAS REALTY L P	5.63% 7/1/2034 12,000	12,490	12,412
	VERIZON MASTER TRUST	4.17% 8/20/2030 40,000	39,990	40,163
	VIRGINIA ST RES AUTH INFRASTR	2.53% 11/1/2028 30,000	30,000	28,960
	VISA INC	3.15% 12/14/2025 10,000	10,339	9,972
	VULCAN MATERIALS CO	4.95% 12/1/2029 14,000	14,056	14,363
	WALT DISNEY CO	7.13% 4/8/2028 12,000	14,852	12,913
	WASTE CONNECTIONS INC	4.25% 12/1/2028 14,000	14,331	14,102
	WASTE MANAGEMENT INC	0.75% 11/15/2025 19,000	18,057	18,852
	WASTE MANAGEMENT INC	4.15% 4/15/2032 32,000	31,541	31,479
	WASTE MANAGEMENT INC	4.95% 7/3/2031 17,000	17,331	17,589
	WELLS FARGO & COMPANY	3.00% 4/22/2026 17,000	16,057	16,867
	WISCONSIN ELEC PWR CO	5.00% 5/15/2029 20,000	20,003	20,617
	WISCONSIN ELECTRIC POWER CO	4.60% 10/1/2034 10,000	10,043	9,863
	WISCONSIN ELECTRIC POWER CO	4.75% 9/30/2032 15,000	14,834	15,297
	WISCONSIN ENERGY CORP	6.20% 4/1/2033 10,000	11,893	10,723
	WW GRAINGER INC	3.75% 5/15/2046 12,000	9,539	9,321
	WW GRAINGER INC	4.45% 9/15/2034 17,000	16,955	16,631
	XYLEM INC	2.25% 1/30/2031 22,000	18,913	19,767
	Total fixed income securities		11,254,521	11,034,629
	Collective investment fund:			
*	EB SHORT TERM INVESTMENT FUND	Collective Investment Fund	459,183	459,183
	Total collective investment fund		459,183	459,183
	Guaranteed investment contract:			
	EQUITABLE IPG CONTRACT	Guaranteed Investment Contract	2,282	2,150
	Total guaranteed investment contract		2,282	2,150
	Total investments		\$ 20,227,708	\$ 20,912,697

* 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, 2025

(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							
	44 PURCHASES	\$ 5,526,940	\$ -	\$ -	\$ -	\$ 5,526,940	\$ 5,526,940	\$ -
	59 SALES	-	5,526,385	-	-	5,526,385	5,526,385	-
KeyBank	Federated Government Obligations							
	198 PURCHASES	3,175,011	-	-	-	3,175,011	3,175,011	-
	110 SALES	-	3,000,082	-	-	3,000,082	3,000,082	-
KeyBank	Metropolitan West T/R Bond Fund							
	12 PURCHASES	173,414	-	-	-	173,414	173,414	-
	7 SALES	-	1,975,165	-	-	1,925,000	1,975,165	50,165