

EXHIBIT 19

ANNUAL RETURN EXCERPTS

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2016</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>06/01/2016</u> and ending <u>05/31/2017</u>	
<p>A This return/report is for:</p>	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
<p>B This return/report is:</p>	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<p>C If the plan is a collectively-bargained plan, check here.....▶ <input checked="" type="checkbox"/></p>	
<p>D Check box if filing under:</p>	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>PENSION PLAN OF THE WELFARE & PENSION FUND MID-JERSEY TRUCKING</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
	1c Effective date of plan	<u>01/01/1958</u>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MID-JERSEY TRUCKING INDUSTRY LOCAL 701 PENSION TRUST</u></p> <p><u>2003 US ROUTE 130</u> <u>SUITE A</u> <u>NORTH BRUNSWICK, NJ 08902-4810</u></p>	2b Employer Identification Number (EIN)	<u>13-6043977</u>
	2c Plan Sponsor's telephone number	<u>732-297-3900</u>
	2d Business code (see instructions)	<u>484110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/12/2018	ERNEST SOEHL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																														
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN																														
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">2001</td> </tr> </table>	5	2001																												
5	2001																														
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> <td style="text-align: right;">254</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> <td style="text-align: right;">225</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> <td style="text-align: right;">1214</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> <td style="text-align: right;">158</td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> <td style="text-align: right;">1597</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> <td style="text-align: right;">274</td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> <td style="text-align: right;">1871</td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> <td></td> </tr> </table>				6a(1)		254	6a(2)		225	6b		1214	6c		158	6d		1597	6e		274	6f		1871	6g			6h		
6a(1)		254																													
6a(2)		225																													
6b		1214																													
6c		158																													
6d		1597																													
6e		274																													
6f		1871																													
6g																															
6h																															
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">10</td> </tr> </table>	7	10																												
7	10																														
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																															

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 06/01/2016 and ending 05/31/2017

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**

A Name of plan Mid-Jersey Trucking Industry and Local No. 701 Pension Fund	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees of the Mid-Jersey Trucking Industry	D Employer Identification Number (EIN) 13-6043977

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

1a Enter the valuation date: Month 6 Day 1 Year 2016

b Assets	
(1) Current value of assets.....	1b(1) 238,242,493
(2) Actuarial value of assets for funding standard account.....	1b(2) 271,520,738
c (1) Accrued liability for plan using immediate gain methods.....	1c(1) 342,588,284
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases.....	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method.....	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 341,362,749
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 548,240,057
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 3,062,130
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 33,330,712
(3) Expected plan disbursements for the plan year.....	1d(3) 33,461,406

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

SIGN HERE		<u>2/26/2018</u> Date 17-05712 Most recent enrollment number (212) 395-9555 Telephone number (including area code)
Dewey A. Dennis Type or print name of actuary First Actuarial Consulting, Inc. Firm name 1501 Broadway, Suite 1728 New York NY 10036-5601 Address of the firm		

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	238,242,493
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,588	440,008,186
(2) For terminated vested participants	159	25,544,961
(3) For active participants:		
(a) Non-vested benefits		14,355,289
(b) Vested benefits		68,331,621
(c) Total active	254	82,686,910
(4) Total	2,001	548,240,057
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	43.46%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/29/2016	4,067				
09/27/2016	4,066				
12/01/2016	2,568,773				
12/29/2016	4,067				
01/31/2017	4,066				
04/25/2017	4,067				
Totals ▶			3(b)	2,589,106	3(c)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	79.5%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	E
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	<input type="checkbox"/>

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

- | | | | |
|--|---|---|---|
| a <input type="checkbox"/> Attained age normal | b <input checked="" type="checkbox"/> Entry age normal | c <input type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.20 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	10P+3
(2) Females.....	6c(2)	10FP+3
d Valuation liability interest rate.....	6d	7.50 %
e Expense loading.....	6e	52.2 % <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A
f Salary scale.....	6f	% <input checked="" type="checkbox"/> N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	2.7 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	-4.8 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	14,194,306	1,495,845

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1,749,561
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	177,218,143
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	2,248,303
e Total charges. Add lines 9a through 9d.....	9e	32,225,681

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	76,077,983
g	Employer contributions. Total from column (b) of line 3.....	9g	2,589,106
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	30,072,614
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	6,712,112
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	195,836,335
(2)	"RPA '94" override (90% current liability FFL).....	9j(2)	224,384,379
(3)	FFL credit.....	9j(3)	0
k	(1) Waived funding deficiency.....	9k(1)	0
	(2) Other credits.....	9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	97,501,669
m	Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	65,275,988
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
9o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2016 plan year.....	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3)	Total as of valuation date.....	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Unless otherwise noted, contributions (other than withdrawal liability payments) are paid in substantially equal monthly installments pursuant to collective bargaining agreements. The interest credited to the Funding Standard Account is therefore assumed to be equivalent to a December 1 contribution date.

The source of contributions for the Plan Year ending May 31, 2017, was a draft of the Fund auditor's report.

First Actuarial Consulting, Inc.

Telephone: (212) 398-8888
Facsimile: (212) 868-2233
E-Mail: ddennis@factual.com

1301 Broadway
Suite 1728
New York, NY 10036

MEMORANDUM

To: Secretary of the Treasury
From: Dewey A. Dennis
CC: Mr. Giancarlo Prozioso, Fund Manager, Mid-Jersey Trucking Industry and Local 701 Pension Fund
Date: August 29, 2016
Subject: Mid-Jersey Trucking Industry and Local 701 Pension Fund
- Status as of June 1, 2016

Plan Identification:

Name of the Plan: Mid-Jersey Trucking Industry and Local 701 Pension Fund
EIN/Plan Number: 13-6043977/001
Plan Sponsor: Board of Trustees of the Mid-Jersey Trucking Industry
2003 US Route 130, Suite A, No. Brunswick, NJ 08902
Phone: (732) 297-3900
Plan Year: 2016 (beginning 6/1/2016 and ending 5/31/2017)

A table of the actuarial assumptions and the methodology used for this certification is included in the attachments to this certification as Exhibit A. The above captioned pension fund's funded percentage for 2016 plan year is over 80 percent as outlined in Exhibit B of the attachments to this certification. The above captioned pension fund does not have an accumulated funding deficiency for the 2016 plan year, however, it is projected to have such an accumulated funding deficiency by the end of the 6 succeeding plan years as outlined in Exhibit C of the attachments to this certification. In addition, assets and anticipated contributions are projected to be more than sufficient to meet benefit payments and plan expenses expected over the next seven years.

As called for under Internal Revenue Code Section 432, as amended by the Multiemployer Pension Reform Act of 2014, I certify that the above captioned pension fund is in Endangered Status, but not Seriously Endangered Status, Critical Status, or Critical and Declining Status. However, projections indicate that without favorable experience, this pension fund may be in Critical Status within the next 5 plan years.

Respectfully submitted,



Dewey A. Dennis, EA, MAAA
Enrolled Actuary No. 14-5712

8/29/2016

Date of Signature

Attachments

Actuarial Work Product / Not for Distribution / Internal Use Only

Plan Name: Mid-Jersey Trucking Industry and Local No. 701 Pension Fund
EIN/PN: 13-6043977/001
Plan Sponsor: Board of Trustees Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

Exhibit A. ACTUARIAL ASSUMPTIONS /METHODS

Actuarial Assumptions

Interest Rates Valuation 7.50% per annum
 ASC 960 7.50% per annum
 Withdrawal Liability 7.50% per annum

Mortality RP2000 mortality table set forward three years projected with scale AA on a fully generational basis for healthy participants. RP2000 Disabled mortality table for disabled participants.

The tables specified in IRC Section 431(C)(6)(D)(iv)&(v) were employed to develop Current Liability.

Retirement Rates For those eligible to retire, the retirement rates are as follows:

Age	Rate	Age	Rate
40-44	5%	62	50%
45-49	15	63-69	75
50-59	50	70 and over	100
60-61	45		

Termination Rates The termination rates are assumed to follow the published T-6 table. Sample rates are as follows:

Age	Rate
20	7.94%
30	7.40
40	6.11
50	3.62
60 and over	0.13

Disability Rates Sample rates are as follows:

Age	Rate	Age	Rate
25	0.05%	45	0.18%
30	0.05	50	0.40
35	0.06	55	0.85
40	0.09	60	1.74

Administrative Expenses \$600,000 payable at the beginning of the year.



A. ACTUARIAL ASSUMPTIONS /METHODS (cont'd)

<i>Maximum Benefits</i>	It is assumed that the maximum benefit limitation under the IRC will not increase in the future.
<i>Marriage</i>	80% of participants are assumed to be married. Husbands are assumed to be three years older than wives.
<i>Form of Payment</i>	Participants are assumed to elect the normal form for married and single participants.
<i>New Entrants</i>	New entrants are anticipated at a level sufficient to maintain a stable composition of membership.
<i>Cost-of-Living Adjustment</i>	None.
<i>Future Increases in Benefit Limits</i>	None.
<i>Benefits Not Included in the Valuation</i>	None.
<i>Prorata Pensions</i>	25% of the accrued benefit liability for inactive participants without vested rights in the database is included in the Actuarial Accrued Liability to estimate emerging liability for pro-rata pensions commencing in the future.



A. ACTUARIAL ASSUMPTIONS /METHODS (cont'd)

Actuarial Methods

Cost Method

The Entry Age Normal Cost Method is employed in this valuation. Under this method, the normal cost is the annual level dollar contribution that would have been required from the age of plan entry in order to fund the participant's retirement, termination and ancillary benefits if the current plan provisions had always been in effect. The actuarial accrued liability is the present value of all future benefits for inactive participants and is the excess of the present value of all future benefits over the present value of future normal costs for active participants. The present value of all future benefits is determined by discounting to the valuation date, the total future expected cash flow from the plan using the aforementioned actuarial assumptions. The present value of future normal costs is determined by discounting to the valuation date, all of the normal costs anticipated to result from future valuations using the aforementioned actuarial assumptions. The normal cost and actuarial accrued liability for the entire plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all current plan participants.

For purposes of developing the funded ratio prescribed under the 2006 Pension Protection Act (PPA), the Traditional Unit Credit cost method is employed. Under this method, an "accrued benefit" is calculated as of the beginning of the year and is projected as of the end of the year for each benefit that may be payable in the future. The "accrued benefit" is based on the plan's accrual formula and upon service as of the beginning or end of the year. For benefits where the plan's accrual formula is not relevant, benefits are assumed to accrue on a straight-line basis over the period during which the employee earns credited service. The actuarial accrued liability is the present value of the "accrued benefit" as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the "accrued benefit" as of the beginning and the "accrued benefit" projected to the end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

The determination of funded status as of June 1, 2016 reflects a projection of the June 1, 2015 actuarial valuation of the Fund. For this projection and for the projection of the Funding Standard Account under the PPA, we have assumed that all of the actuarial assumptions outlined above would be realized in each year of the projections. Furthermore, underlying these projections are the following assumptions, adopted after conferral with the Fund Administrator and Board of Trustees regarding their expectations concerning the Plan membership's demographic composition going forward:



A. ACTUARIAL ASSUMPTIONS /METHODS (cont'd)

(a) that the active membership would remain stable at its current level,

(b) that, for the plan year ending May 31, 2016, continuing active members will have earned twelve additional Pension Credits for the year.

As a result of these assumptions, our projection of the Funding Standard Account presumes that both employer contributions and normal cost will remain at their most recently measured levels.

Asset Method

The Five-Year Weighted Average of Asset Gains/Losses Method is used in this valuation. The actuarial value of assets was initially set to Market Value as of June 1, 2004 and is subsequently determined by adjusting the market value of assets to reflect the asset gains and losses (the difference between expected investment return and actual investment return) during each of the previous five years (subsequent to June 1, 2004) at the rate of 20% per year (10% per year for 10 years for the 2008 net investment loss). The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of market value.

For purposes of developing the PPA projections as of June 1, 2016, the Fund auditor has provided us with an unaudited financial statement of assets as of May 31, 2016.



Exhibit B DEVELOPMENT OF FUNDED PERCENTAGE AT 6/1/2016

Computation of Actuarial Value of Assets

Investment Gain /(Loss)

1. Market value of assets as of June 1, 2015			\$280,491,302
2. Expected return on market value of assets			
	<u>Amount</u>	<u>Weight for Timing</u>	<u>Weighted Amount</u>
(a) Contributions during 2015 plan year	\$2,709,220	1/2	\$1,354,610
(b) Benefits paid	(31,592,949)	13/24	(17,112,848)
(c) Administrative expenses	(637,693)	1/2	(318,846)
(d) Total			(\$16,077,084)
(e) Weighted market value of assets during 2015: (1) + 2(d)			\$264,414,218
(f) Expected return (2e) x 7.50%			19,831,066
3. Actual Return			
(a) Market value of assets as of June 1, 2015			(\$280,491,302)
(b) Contributions for prior plan year			(2,709,220)
(c) Benefits paid and administrative expenses			32,230,642
(d) Market value of assets as of June 1, 2016			<u>238,504,916</u>
(e) Actual Return			(\$12,464,964)
4. Investment gain /(loss), 3(e)-2(f)			(\$32,296,030)

Actuarial Value of Assets

1. Market value of assets as of June 1, 2016					\$238,504,916
2. Deferred gain /(loss)					
	<u>Plan Year Ending</u>	<u>Investment Gain /(Loss)</u>	<u>Percent Recognized</u>	<u>Percent Deferred</u>	<u>Deferred Gain /(Loss)</u>
(a)	2009	(\$90,767,215)	80%	20%	(\$18,153,443)
(b)	2013	31,857,376	80%	20%	6,371,475
(c)	2014	21,504,764	60%	40%	8,601,906
(d)	2015	(6,949,677)	40%	60%	(4,169,806)
(e)	2016	(32,296,030)	20%	80%	(25,836,824)
(f) Total:					(\$33,186,692)
3. Assets minus deferred gain /(loss), (1)-(2)(f)					\$271,691,608
4. Corridor for actuarial value of assets					
(a) 80% of market value of assets					\$190,803,933
(b) 120% of market value of assets					286,205,899
5. Actuarial value of assets as of June 1, 2016 (3), not less than (4)(a) nor greater than (4)(b)					\$271,691,608

Note: The figures on this page were developed from unaudited assets as of 5/31/2016.

Actuarial Certification of the Mid-Jersey Trucking Industry and Local No. 701 Pension Fund as of June 1, 2016



Ex. B DEVELOPMENT OF FUNDED PERCENTAGE AT 6/1/2016 cont'd

In order to estimate the actuarial accrued liability as of June 1, 2016 under the Traditional Unit Credit funding method, we performed a one-year projection valuation on our actuarial software program that developed the Plan's liabilities for the June 1, 2015 actuarial valuation. For this one-year projection, we assumed that all of the actuarial assumptions listed in Exhibit A were realized for the projection year (with the exception of the asset return assumption, where the actual unaudited returns were used).

This one-year projection yielded an actuarial accrued liability under the Traditional Unit Credit funding method of \$338,454,199 as of June 1, 2016. The ratio of Actuarial Value of Assets to the projected actuarial accrued liability is 80.27% (\$271,691,608 divided by \$338,454,199).

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Actuarial Certification of the Mid-Jersey Trucking Industry and Local No. 701 Pension Fund as of June 1, 2016



Plan Name: Mid-Jersey Trucking Industry and Local No. 701 Pension Fund
EIN/PN: 13-6043977/001
Plan Sponsor: Board of Trustees Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

Exhibit C - Funding Standard Account Projection

**Mid-Jersey Trucking Industry and Local No. 701 Pension Fund
Funding Standard Account projection**

	Plan Year Beginning June 1,							
	2015	2016	2017	2018	2019	2020	2021	2022
Charges								
Normal Cost	1,789,719	1,789,719	1,789,719	1,789,719	1,789,719	1,789,719	1,789,719	1,789,719
Amortization Charges	26,979,203	28,133,518	24,395,571	23,729,815	23,986,928	24,718,674	24,573,128	24,573,128
Interest	2,157,669	2,244,243	1,963,897	1,913,965	1,933,249	1,988,129	1,977,214	1,977,214
Total Charges	30,926,591	32,167,480	28,149,187	27,433,499	27,709,896	28,496,522	28,340,061	28,340,061
Credits								
Prior Year's Credit Balance	84,794,978	76,070,479	65,450,754	58,052,842	45,994,064	24,544,539	699,673	(24,777,097)
Contributions	2,709,220	2,709,220	2,709,220	2,709,220	2,709,220	2,709,220	2,709,220	2,709,220
Amortization Credits	12,122,468	12,122,468	12,122,468	7,637,155	0	0	0	0
Interest	7,370,404	6,716,067	5,919,587	5,028,346	3,551,151	1,942,436	154,071	(1,756,687)
Total Credits	106,997,070	97,618,234	86,202,029	73,427,563	52,254,435	29,196,195	3,562,964	(23,824,564)
Credit Balance (Funding Deficiency)	76,070,479	65,450,754	58,052,842	45,994,064	24,544,539	699,673	(24,777,097)	(52,164,625)

The PPA test looks at the current year (2016) and the subsequent six years (through 2022) for a funding deficiency. This Plan fails the test since there is a funding deficiency projected for the 2021 Plan year.

Further projections show that the Plan should be able to pay all benefit payments over the projection period if all assumptions are met over that time.

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Schedule MB, line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

The pension fund was certified to be in endangered status for the June 1, 2016, plan year. Prior to June 1, 2016, the pension fund was neither in endangered status, critical status nor critical-and-declining status. A funding improvement plan was adopted April 26, 2017, with a funding improvement period beginning June 1, 2019.

The funding improvement plan is expected to (1) avoid having a funding deficiency for each year of the funding improvement period and (2) increase the fund's funded percentage to 86.23% by the end of the funding improvement period.

Plan Name: Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

EIN/PN: 13-6043977/001

Plan Sponsor: Board of Trustees Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

Actuarial Assumptions

Interest Rates Valuation 7.50% per annum
RPA '94 Current Liability 3.20% per annum

Mortality The RP2000 mortality table set forward three years projected with scale AA on a fully generational basis for healthy participants. For disabled participants the mortality assumption is to follow the RP2000 disabled mortality table. The tables specified in IRC Section 431(C)(6)(D)(iv)&(v) were employed to develop Current Liability.

Retirement Rates For those eligible to retire, the retirement rates are as follows:

Age	Rate	Age	Rate
40-44	5%	62	50%
45-49	15	63-69	75
50-59	50	70 and over	100
60-61	45		

Termination Rates The termination rates are assumed to follow the published T-6 table. Sample rates are as follows:

Age	Rate	Age	Rate
20	7.94%	50	3.62%
30	7.40	60 and over	0.13
40	6.11		

Disability Rates Sample rates are as follows:

Age	Rate	Age	Rate
25	0.05%	45	0.18%
30	0.05	50	0.40
35	0.06	55	0.85
40	0.09	60	1.74

Administrative Expenses \$600,000 payable at the beginning of the year.

New Entrants No new entrants or rehired employees are assumed in the future.

Maximum Benefits It is assumed that the maximum benefit limitation under the IRC will not increase in the future.

Marriage 80% of participants are assumed to be married. Husbands are assumed to be three years older than wives.

Form of Payment Participants are assumed to elect the normal form for married and single participants.

Benefits Not Included in the Valuation None.

Plan Name: Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

EIN/PN: 13-6043977/001

Plan Sponsor: Board of Trustees Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

Actuarial Methods

Cost Method The Entry Age Normal Cost Method is employed in this valuation. Under this method, the normal cost is the annual level dollar contribution that would have been required from the age of plan entry in order to fund the participant's retirement, termination and ancillary benefits if the current plan provisions had always been in effect. The actuarial accrued liability is the present value of all future benefits for inactive participants and is the excess of the present value of all future benefits over the present value of future normal costs for active participants. The present value of all future benefits is determined by discounting to the valuation date, the total future expected cash flow from the plan using the aforementioned actuarial assumptions. The present value of future normal costs is determined by discounting to the valuation date, all of the normal costs anticipated to result from future valuations using the aforementioned actuarial assumptions. The normal cost and actuarial accrued liability for the entire plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all current plan participants.

Asset Method The Five-Year Weighted Average of Asset Gains/Losses Method is used in this valuation. The actuarial value of assets is determined by adjusting the market value of assets to reflect the asset gains and losses (the difference between expected investment return and actual investment return) during each of the last 5 years at the rate of 20% per year (10% per year for ten years for the 2008 net investment loss). The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of market value.

Changes in Assumptions and Methods Since the Prior Actuarial Valuation

There were no changes in the actuarial assumptions or methods since the prior actuarial valuation.

Effective Date January 1, 1975

Plan Year 12-month period beginning on a June 1st

Participation An employee of a contributing employer becomes a Participant of the Plan upon the completion of 960 hours of service.

Vesting Service A full or partial year of Vesting Service is granted for each 12-month period in accordance with the following schedule:

<u>Vesting Service Granted</u>	<u>Hours of Service Completed in 12-Month Period</u>	<u>Vesting Service Granted</u>	<u>Hours of Service Completed in 12-Month Period</u>
0.0	0-119	0.4	480-599
0.1	120-239	0.5	600-999
0.2	240-359	1.0	1,000 or more
0.3	360-479		

Pension Credits One Pension Credit is granted for each month a Participant works at least 120 hours. Hours may be banked for months when less than 120 hours were worked and one Pension Credit is awarded when banked hours total at least 120 hours. However, no Participant shall accrue more than 12 Pension Credits in any 12 consecutive month period.

A Participant who is an employee of YRC Worldwide Inc. (“YRC”) will earn ¼ of a Pension Credit for each 120-hour month worked after May 31, 2011.

Accrued Benefit For retirement on or after June 1, 2007, a monthly Accrued Benefit is equal to the sum of:

- \$29.17 times Pension Credits earned prior to October 1, 2003;
- \$22.92 times Pension Credits earned after September 30, 2003, but before July 1, 2009;
- \$11.46 times Pension Credits earned after June 30, 2009.

For employees of Crown Beer and Shore Point Distributors, a monthly Accrued Benefit is equal to the sum of:

- \$29.17 times Pension Credits earned prior to March 1, 2003;
- \$18.75 times Pension Credits earned after February 28, 2003, but before March 1, 2004;
- \$14.58 times Pension Credits earned after February 29, 2004, but before April 1, 2005;
- \$16.67 times Pension Credits earned after March 31, 2005, but before April 1, 2008;
- \$19.17 times Pension Credits earned after March 31, 2008, but before July 1, 2009;
- \$9.58 times Pension Credits earned after June 30, 2009.

Plan Name: Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

EIN/PN: 13-6043977/001

Plan Sponsor: Board of Trustees Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

Accrued Benefit (cont'd)	<p>For employees of Southern Wine Spirits New Jersey, a monthly Accrued Benefit is equal to the sum of:</p> <ul style="list-style-type: none"> - \$23.75 times Pension Credits earned prior to June 1, 2007; - \$18.75 times Pension Credits earned after May 31, 2007, but before July 1, 2009; - \$9.38 times Pension Credits earned after June 30, 2009. <p>For employees of ASCO, a monthly Accrued Benefit is equal to the sum of:</p> <ul style="list-style-type: none"> - \$14.00 times Pension Credits earned prior to June 1, 2007; - \$11.00 times Pension Credits earned after May 31, 2007, but before July 1, 2009; - \$5.50 times Pension Credits earned after June 30, 2009. <p>For employees of Yellow Roadway Corporation (YRC), a monthly Accrued Benefit is equal to the sum of:</p> <ul style="list-style-type: none"> - \$29.17 times Pension Credits earned prior to October 1, 2003; - \$22.92 times Pension Credits earned after September 30, 2003, but before July 1, 2009; - \$0.46 times Pension Credits earned after June 30, 2009, but before September 1, 2009; - \$11.46 times Pension Credits earned after May 31, 2011.
Regular Retirement Benefit	<p>Eligibility: Age 60 and at least 60 Pension Credits.</p> <p>Amount: Accrued Benefit.</p>
Early Retirement Benefit	<p>Eligibility: Age 50 and at least 120 Pension Credits.</p> <p>Amount: Accrued Benefit reduced by 6/10 of 1% for each of the first 60 months and 1/3 of 1% for each of the next 60 months by which the early retirement date precedes the attainment of age 60.</p>
Service Retirement Benefit	<p>Eligibility: For those hired prior to January 1, 2006, any age with at least 240 Pension Credits. For those hired on or after January 1, 2006, any age with at least 300 Pension Credits.</p> <p>Amount: Accrued Benefit.</p>
Disability Retirement Benefit	<p>Eligibility: At least 120 Pension Credits with total and permanent disability.</p> <p>Amount: Accrued Benefit reduced for early retirement as if a Participant attained age 53 (or current age if past age 53) payable on the seventh month following the onset of disability.</p>
Deferred Vested Benefit	<p>Eligibility: 5 years of Vesting Service.</p> <p>Amount: Accrued Benefit payable at age 60 or Early Retirement Benefit payable at Early Retirement Date, if eligible.</p>

Plan Name: Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

EIN/PN: 13-6043977/001

Plan Sponsor: Board of Trustees Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

Pre-Retirement Death Benefit	Eligibility: 5 years of Vesting Service. Amount: An annuity with a payment of 100% of Regular, Early or Service Retirement Benefit payable to a surviving spouse when a Participant would have been eligible for Regular, Early or Service pension shall a married Participant die, reduced appropriately for difference in age of participant and spouse. For unmarried Participants, 60 monthly payments equal to Regular, Early or Service Retirement Benefit a Participant would have received if he were alive, payable immediately. In addition, an active Participant's beneficiary shall receive \$15,000 upon the Participant's death or \$30,000 if the death is accidental.
Post-Retirement Death Benefit	Amount: A lump sum of \$15,000 for disabled participants, and \$10,000 for all others.
Beneficiaries' Life Insurance	Beneficiaries of deceased participants are eligible for \$2,500 life insurance.
Normal Form of Benefit	Unreduced 100% Joint and Survivor Annuity for married Participants, and Life Annuity with 60 payments guaranteed for non-married Participants.

Changes in Plan Provisions Since the Prior Actuarial Valuation

There were no changes in the plan provisions since the prior actuarial valuation.

<u>Plan Year</u>	<u>Expected Benefit Payments</u>
2016	\$33,461,406
2017	33,262,856
2018	32,952,059
2019	32,480,866
2020	31,856,242
2021	31,100,717
2022	30,409,185
2023	29,691,084
2024	29,176,323
2025	28,414,332

Plan Name: Mid-Jersey Trucking Industry and Local No. 701 Pension Fund
EIN/PN: 13-6043977/001
Plan Sponsor: Board of Trustees Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

Schedule MB, line 8b(2) – Schedule of Active Participant Data

Age	Years of Credited Service											Total			
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up					
Under 25	4														4
25 to 29		2	1	1											4
30 to 34	5	20	7	3											35
35 to 39	2	1	9	12	1										25
40 to 44	5	4	9	18	4	1									41
45 to 49	8	4	5	21	2	1									41
50 to 54	2	5	7	18	3										35
55 to 59	5	8	4	16	9	2	1								45
60 to 64		6	4	9	2					1					22
65 to 69			1	1											2
70 & up															
Total	31	50	47	99	21	4	1								254

Plan Name: Mid-Jersey Trucking Industry and Local No. 701 Pension Fund
EIN/PN: 13-6043977/001
Plan Sponsor: Board of Trustees Mid-Jersey Trucking Industry and Local No. 701 Pension Fund

	Date of First Charge or Credit	Remaining Period (years)	Outstanding Balance (beginning of year)	Amortization Charge or Credit
1. <u>Amortization charges</u>				
(a) Assumptions change	6/1/1997	11.00	\$8,826,422	\$1,122,372
(b) Other	6/1/1997	1.00	3,838,898	3,838,898
(c) Plan amendment	6/1/1997	11.00	3,867,394	491,780
(d) Plan amendment	6/1/1998	12.00	14,112,727	1,697,176
(e) Plan amendment	6/1/1999	13.00	41,313,852	4,729,540
(f) Plan amendment	6/1/2000	14.00	16,620,862	1,821,297
(g) Plan amendment	6/1/2001	15.00	3,052,832	321,718
(h) Actuarial loss	6/1/2002	1.00	820,354	820,354
(i) Plan amendment	6/1/2002	16.00	11,734,364	1,194,079
(j) Actuarial loss	6/1/2003	2.00	4,264,050	2,209,087
(k) Actuarial loss	6/1/2004	3.00	1,909,784	683,147
(l) Plan amendment	6/1/2005	19.00	326,016	30,452
(m) Actuarial loss	6/1/2006	5.00	633,029	145,546
(n) Plan amendment	6/1/2008	7.00	819,880	143,994
(o) Actuarial loss	6/1/2009	8.00	28,493,865	4,525,278
(p) Actuarial loss	6/1/2010	9.00	4,286,740	625,136
(q) Actuarial loss	6/1/2011	10.00	5,237,567	709,804
(r) Actuarial loss	6/1/2012	11.00	11,930,805	1,517,127
(s) Actuarial loss	6/1/2014	13.00	570,715	65,335
(t) Actuarial loss	6/1/2015	14.00	363,681	39,852
(u) Actuarial loss	6/1/2016	15.00	<u>14,194,306</u>	<u>1,495,845</u>
Total			\$177,218,143	\$28,227,817
2. <u>Amortization Credits</u>				
(a) Combined Credits	6/1/2013	2.63	<u>\$30,072,614</u>	<u>\$12,122,468</u>
Total			\$30,072,614	\$12,122,468
3. Total Charges minus Credits: (1) – (2)			\$147,145,529	\$16,105,349

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 06/01/2016 and ending 05/31/2017

A Name of plan <u>PENSION PLAN OF THE WELFARE & PENSION FUND MID-JERSEY TRUCKING</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MID-JERSEY TRUCKING INDUSTRY LOCAL 701 PENSION TRUST</u>	D Employer Identification Number (EIN) <u>13-6043977</u>	

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

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer SHORE POINT DISTRIBUTION CO.

b EIN 21-0611286

c Dollar amount contributed by employer

1168975

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 05 Day 01 Year 2017

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

(1) Contribution rate (in dollars and cents) 6.50

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

a Name of contributing employer SWSNJ WAREHOUSING, INC.

b EIN 20-2313553

c Dollar amount contributed by employer

332251

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 12 Day 31 Year 2020

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) 8.55

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

a Name of contributing employer YRC FREIGHT

b EIN 34-0492670

c Dollar amount contributed by employer

235813

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 03 Day 31 Year 2019

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) 1.71

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

a Name of contributing employer BUNZL DISTRIBUTION NORTHEAST, LLC

b EIN 11-1949280

c Dollar amount contributed by employer

210131

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 03 Day 31 Year 2021

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) 11.42

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

a Name of contributing employer ARKANSAS BEST FREIGHT SYSTEM

b EIN 71-0249444

c Dollar amount contributed by employer

182973

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 03 Day 31 Year 2018

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) 11.42

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	1304
b The plan year immediately preceding the current plan year	14b	1377
c The second preceding plan year	14c	1280

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	95.00
b The corresponding number for the second preceding plan year	15b	102.00

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	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 56.0 % Investment-Grade Debt: 4.0 % High-Yield Debt: 25.0 % Real Estate: 1.0 % Other: 14.0 %

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b. Yes No

20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: Design-based safe harbor "Prior year" ADP test "Current year" ADP test N/A

21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio percentage test Average benefit test N/A

21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? Yes No

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

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