

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                     |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                                                                                                                                                                                                                                                                                              |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                                |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input checked="" type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                    |
| D                                                                                          | Check box if filing under: <div><div><input type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                   |

|         |                                                                                                                                                                                                             |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                      |
| 1a      | Name of plan<br>BUEHLER FOOD MARKETS, INCORPORATED EMPLOYEES PENSION PLAN AND TRUST                                                                                                                         |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                          |
| 1c      | Effective date of plan<br>06/20/1959                                                                                                                                                                        |
| 2a      | Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>BUEHLER FOOD MARKETS, INCORPORATED<br><br>P.O. BOX 196<br>WOOSTER, OH 44691-0196 |
| 2b      | Employer Identification Number (EIN)<br>34-0677847                                                                                                                                                          |
| 2c      | Sponsor's telephone number<br>330-264-4355                                                                                                                                                                  |
| 2d      | Business code (see instructions)<br>445110                                                                                                                                                                  |

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

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

|           |                                                         |            |                                                              |
|-----------|---------------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature.       | 07/28/2010 | RICHARD A. LOWE                                              |
|           | Signature of plan administrator                         | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with incorrect/unrecognized electronic signature. | 07/27/2010 | RONALD W. OCASEK                                             |
|           | 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                      |

|                                                                                                                                                                             |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>BUEHLER FOOD MARKETS, INCORPORATED<br><br>P.O. BOX 196<br>WOOSTER, OH 44691-0196 | <b>3b</b> Administrator's EIN<br>34-0677847<br><br><b>3c</b> Administrator's telephone number<br>330-264-4355 |
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|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 2603 |
|-------------------------------------------------------------------------|----------|------|

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 1187 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 366  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 990  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 2543 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 21   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 2564 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |      |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 34   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury<br/>Internal Revenue Service</div></div><div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                               |                                                      |     |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009    |                                                      |     |
| A Name of plan<br>BUEHLER FOOD MARKETS, INCORPORATED EMPLOYEES PENSION PLAN AND TRUST         | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500.<br>BUEHLER FOOD MARKETS, INCORPORATED | D Employer Identification Number (EIN)<br>34-0677847 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
THE NORTHWESTERN MUTUAL 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     |
| 39-0509570 | 67091         | 01688                                 | 14                                                                          | 01/01/2009              | 12/31/2009 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                                                                                                                                                          |              |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                   | <b>4</b>     |      |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....                                                                                                                                     | <b>5</b>     |      |
| <b>6</b> Contracts With Allocated Funds:                                                                                                                                                                                                 |              |      |
| <b>a</b> State the basis of premium rates ▶ <a href="#">SEE ATTACHED.</a>                                                                                                                                                                |              |      |
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                                                  | <b>6b</b>    | 9486 |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                                            | <b>6c</b>    |      |
| <b>d</b> 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. ....<br>Specify nature of costs ▶                           | <b>6d</b>    |      |
| <b>e</b> Type of contract: (1) <input checked="" type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                             |              |      |
| <b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>                                                                                                |              |      |
| <b>7</b> Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                   |              |      |
| <b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |              |      |
| <b>b</b> Balance at the end of the previous year .....                                                                                                                                                                                   | <b>7b</b>    |      |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                                                                                                                                                    | <b>7c(1)</b> |      |
| (2) Dividends and credits .....                                                                                                                                                                                                          | <b>7c(2)</b> |      |
| (3) Interest credited during the year .....                                                                                                                                                                                              | <b>7c(3)</b> |      |
| (4) Transferred from separate account .....                                                                                                                                                                                              | <b>7c(4)</b> |      |
| (5) Other (specify below) .....                                                                                                                                                                                                          | <b>7c(5)</b> |      |
|                                                                                                                                                                                                                                          |              |      |
| (6) Total additions .....                                                                                                                                                                                                                | <b>7c(6)</b> |      |
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ). ....                                                                                                                                                            | <b>7d</b>    |      |
| <b>e</b> Deductions:                                                                                                                                                                                                                     |              |      |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                          | <b>7e(1)</b> |      |
| (2) Administration charge made by carrier .....                                                                                                                                                                                          | <b>7e(2)</b> |      |
| (3) Transferred to separate account .....                                                                                                                                                                                                | <b>7e(3)</b> |      |
| (4) Other (specify below) .....                                                                                                                                                                                                          | <b>7e(4)</b> |      |
|                                                                                                                                                                                                                                          |              |      |
| (5) Total deductions .....                                                                                                                                                                                                               | <b>7e(5)</b> |      |
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....                                                                                                                                              | <b>7f</b>    |      |

**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 organization(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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>BUEHLER FOOD MARKETS, INCORPORATED EMPLOYEES PENSION PLAN AND TRUST</u>                                       | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>BUEHLER FOOD MARKETS, INCORPORATED</u>                     | <b>D</b> Employer Identification Number (EIN)<br><u>34-0677847</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                               |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>                                                                                                                               |
| <b>2</b>      | Assets:                                                                                                                                                                                                |
| <b>a</b>      | Market value ..... <b>2a</b> <u>20279236</u>                                                                                                                                                           |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>22307159</u>                                                                                                                                                        |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                             |
|               | (1) Number of participants (2) Funding Target                                                                                                                                                          |
| <b>a</b>      | For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>345</u> <u>7342547</u>                                                                                                 |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>957</u> <u>5883710</u>                                                                                                                           |
| <b>c</b>      | For active participants:                                                                                                                                                                               |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>3835133</u>                                                                                                                                                  |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>9869657</u>                                                                                                                                                      |
| (3)           | Total active ..... <b>3c(3)</b> <u>1301</u> <u>13704790</u>                                                                                                                                            |
| <b>d</b>      | Total ..... <b>3d</b> <u>2603</u> <u>26931047</u>                                                                                                                                                      |
| <b>4</b>      | If the plan is at-risk, check the box and complete items (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                             |
| <b>b</b>      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>8.05</u> %                                                                                                                                                   |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>114233</u>                                                                                                                                                        |

**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.

|                                                                             |                                        |
|-----------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                            | <u>07/09/2010</u>                      |
| Signature of actuary                                                        | Date                                   |
| <u>BRADFORD L. RIGBY, A.S.A.</u>                                            | <u>08-07217</u>                        |
| Type or print name of actuary                                               | Most recent enrollment number          |
| <u>FINDLEY DAVIES, INC</u>                                                  | <u>216-875-1900</u>                    |
| Firm name                                                                   | Telephone number (including area code) |
| <u>1300 EAST NINTH STREET, SUITE 850</u><br><u>CLEVELAND, OH 44114-1516</u> |                                        |
| 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 ☐

**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2009**  
**v.092308.1**

| Part II Beginning of year carryover and prefunding balances |                                                                                                 | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 224186                | 0                      |
| 8                                                           | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| 9                                                           | Amount remaining (Item 7 minus item 8).....                                                     | 224186                | 0                      |
| 10                                                          | Interest on item 9 using prior year's actual return of <u>-30.17</u> % .....                    | -67637                |                        |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a                                                           | Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| b                                                           | Interest on (a) using prior year's effective rate of <u>6.12</u> % .....                        |                       | 0                      |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| d                                                           | Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| 12                                                          | Reduction in balances due to elections or deemed elections.....                                 | 54243                 | 0                      |
| 13                                                          | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 102306                | 0                      |

| Part III Funding percentages |                                                                                                                                                                 |    |         |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14                           | Funding target attainment percentage.....                                                                                                                       | 14 | 82.45 % |
| 15                           | Adjusted funding target attainment percentage.....                                                                                                              | 15 | 82.45 % |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 93.38 % |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | 17 | %       |

| Part IV Contributions and liquidity shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 02/25/2010                                                                        | 619123                            |                                 |                          |                                   |                                 |
| 03/31/2010                                                                        | 452583                            |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                          |                                   |                                 | 18(b)                    | 1071706                           | 18(c) 0                         |

|                                                                                                                               |                                                                     |         |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |         |
| a Contributions allocated toward unpaid minimum required contribution from prior years.....                                   | 19a                                                                 | 0       |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b                                                                 | 0       |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | 19c                                                                 | 977382  |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |         |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| c If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |         |
| Liquidity shortfall as of end of Quarter of this plan year                                                                    |                                                                     |         |
| (1) 1st                                                                                                                       | (2) 2nd                                                             | (4) 4th |
| 0                                                                                                                             | 0                                                                   | 0       |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b> 2                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 64                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 114233             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 3110331             | 553943             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 668176             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 668176             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 977382             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 309206             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2009                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

|                                                                                                                 |                                                                         |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>BUEHLER FOOD MARKETS, INCORPORATED EMPLOYEES PENSION PLAN AND TRUST</div>        | <div>B Three-digit plan number (PN)</div> <div>▶ 001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>BUEHLER FOOD MARKETS, INCORPORATED</div> | <div>D Employer Identification Number (EIN)</div> <div>34-0677847</div> |

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

**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)

UBS FINANCIAL SERVICES

13-2638166

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 40733                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

MARSHALL & ILSLEY TRUST N.A.

39-1186267

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21                            | NONE                                                                                                     | 22998                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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<br>(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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                    |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                            |                                                                        |            |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b>   |                                                                        |            |
| <b>A</b> Name of plan<br><b>BUEHLER FOOD MARKETS, INCORPORATED EMPLOYEES PENSION PLAN AND TRUST</b>        | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
|                                                                                                            |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BUEHLER FOOD MARKETS, INCORPORATED</b> | <b>D</b> Employer Identification Number (EIN)<br><br><b>34-0677847</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | <b>0</b>              | <b>1071706</b>  |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | <b>21662</b>          | <b>10290</b>    |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | <b>225901</b>         | <b>207462</b>   |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | <b>19800227</b>       | <b>24179065</b> |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | <b>238164</b>         | <b>249644</b>   |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 20285954              | 25718167        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 20285954 | 25718167 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1071706    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1071706   |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |      |      |
|------------------------------------------------------------------------------------------------------|-----------------|------|------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 1230 |      |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |      |      |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |      |      |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |      |      |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |      |      |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |      |      |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |      | 1230 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> |        |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 739255 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 739255 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 11480      |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 11480     |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 4704036   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 8039      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 6535746   |

**Expenses**

|                                                                                            |              |        |         |
|--------------------------------------------------------------------------------------------|--------------|--------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 913046 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 913046  |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 41550  |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 148937 |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 190487  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 1103533 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 5432213 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: BROCKMAN, COATS, GEDELIAN & CO.

(2) EIN: 34-1526704

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |         |
| <b>n</b> 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?  
If yes, enter the amount of any plan assets that reverted to the employer this year ..... ☐ Yes ☒ No Amount:

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

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

|                                                                                                            |                                                                    |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>BUEHLER FOOD MARKETS, INCORPORATED EMPLOYEES PENSION PLAN AND TRUST</u>        | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BUEHLER FOOD MARKETS, INCORPORATED</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-0677847</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                          | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br>EIN(s): <u>31-1296401</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                               |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                | <b>3</b> | <u>2</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                                         |                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                                         |                             |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                                         |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                               |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                               |                             |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                               |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                                         |                             |                                         |
| <b>7</b> 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            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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(es). If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> 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 |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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 |
| <b>12</b> 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

**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 items 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 items 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 items 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 items 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 items 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 items 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 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 items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 56% Investment-Grade Debt: 42% High-Yield Debt: 0% Real Estate: 0% Other: 2%

- 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

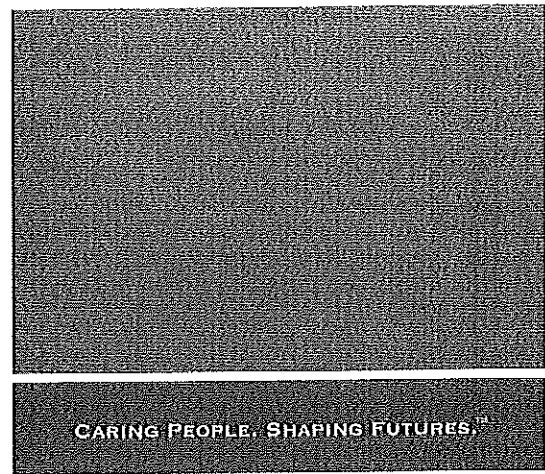
- c** What duration measure was used to calculate item 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**BUEHLER FOOD MARKETS,  
INCORPORATED EMPLOYEES  
PENSION PLAN AND TRUST**

**December 31, 2009 and 2008**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**



BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

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BROCKMAN, COATS, GEDULIAN & CO.

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor of  
Buehler Food Markets, Incorporated  
Employees Pension Plan and Trust:

We were engaged to audit the financial statements of Buehler Food Markets, Incorporated Employees Pension Plan and Trust (the "Plan") as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedules as of December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Sponsor instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Marshall & Isley Trust Company (M&I), the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Sponsor that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Sponsor has obtained a certification from the trustee for the years ended December 31, 2009 and 2008, that the information provided to the Plan Sponsor by the trustee is complete and accurate.

As described in Note 2, these financial statements and supplemental schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Brockman, Coats, Gedulian & Co.*

July 23, 2010

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
MODIFIED CASH BASIS  
December 31, 2009 and 2008

---

|                                                 | <u>2009</u>          | <u>2008</u>          |
|-------------------------------------------------|----------------------|----------------------|
| Assets:                                         |                      |                      |
| Investments at fair value:                      |                      |                      |
| Pooled equity funds                             | \$ 16,256,675        | \$ 13,190,054        |
| Pooled fixed Income securities funds            | 7,922,390            | 6,610,173            |
| Money market fund                               | 207,462              | 225,901              |
| Cash surrender value of life insurance policies | <u>249,644</u>       | <u>238,164</u>       |
| Net assets available for benefits               | <u>\$ 24,636,171</u> | <u>\$ 20,264,292</u> |

*The accompanying notes are an integral part of these financial statements.*

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
MODIFIED CASH BASIS  
for the years ended December 31, 2009 and 2008

|                                                              | <u>2009</u>          | <u>2008</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| Additions:                                                   |                      |                      |
| Investment income                                            | \$ 752,325           | \$ 767,997           |
| Net appreciation in fair value of investments                | 4,704,036            | -                    |
| Miscellaneous income                                         | 7,571                | -                    |
| Increase in cash surrender value of life insurance           | <u>11,480</u>        | <u>11,771</u>        |
| Total additions                                              | <u>5,475,412</u>     | <u>779,768</u>       |
| Deductions:                                                  |                      |                      |
| Net depreciation in fair value of investments                | -                    | 9,667,430            |
| Distributions paid to participants                           | 913,046              | 926,157              |
| Administrative expenses                                      | 64,548               | 57,075               |
| Insurance premiums                                           | <u>125,939</u>       | <u>90,175</u>        |
| Total deductions                                             | <u>1,103,533</u>     | <u>10,740,837</u>    |
| Net increase (decrease) in net assets available for benefits | 4,371,879            | (9,961,069)          |
| Net assets available for benefits, beginning of year         | <u>20,264,292</u>    | <u>30,225,361</u>    |
| Net assets available for benefits, end of year               | <u>\$ 24,636,171</u> | <u>\$ 20,264,292</u> |

The accompanying notes are an integral part of these financial statements.

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS  
for the years ended December 31, 2009 and 2008

---

1. Plan Description:

The following description of Buehler Food Markets, Incorporated Employees Pension Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

*General* - The Plan is a defined benefit plan which covers substantially all hourly and salaried employees of Buehler Food Markets, Incorporated (the "Company"). The normal monthly retirement benefit for hourly employees is \$16.00 per month for each full year (1,560 hours or more) of credited service (\$14.00 per month for each year of service prior to 1991) with a maximum benefit of \$480.00 per month and \$10.24 per month per year of credited service for part time personnel (1,000 hours to 1,560 hours) with a maximum benefit of \$307.20 per month. The normal, monthly retirement benefit for salaried employees is computed by multiplying the greater of a specified percentage of average monthly compensation (as defined in the Plan agreement) by years of credited service or credited service times a flat dollar amount.

*Payment of Benefits* - Participants may choose optional forms of payments of benefits, which consist of life only settlement, five year certain and continuous, ten year certain and continuous, 50% joint and survivor settlement or 100% joint and survivor settlement. A lump sum payment will be made only if the terminated participant has an account balance of \$5,000 or less. Under the straight life annuity, the participant receives a normal payment for life as calculated under the Plan's benefit formulas. Under the five year certain and continuous option and ten year certain and continuous option, the participant receives a reduced benefit for the rest of the participant's life, but the benefit payments are guaranteed for a minimum of five and ten years, respectively. Under the 50% joint and survivor settlement option, the participant receives reduced benefits during his or her lifetime with 50% of that amount being continued to his or her beneficiary after the participant's death for the remainder of his or her lifetime. Under the 100% joint and survivor settlement option, the participant receives a reduced benefit during his or her lifetime. After the participant's death, the beneficiary receives the same amount of reduced benefit for the remainder of his or her lifetime.

The Plan permits early retirement at age 55, with five years of service, for all employees; however, accrued benefits are reduced 1/3 of 1% for each retired month between age 55 and 60 and ½ of 1% for each retired month between age 60 and normal retirement (age 65). For a salaried employee with less than five years of service at retirement, the reduction is 5/9 of 1% per month.

The Plan provides disability retirement for all employees. If a participant becomes totally and permanently disabled, the participant will be eligible for a deferred vested benefit at the date of disability. Distribution of the benefit cannot begin until the participant's normal retirement date, unless the participant is otherwise eligible for early retirement. The disability benefit for salaried employees is calculated in the same way as a normal retirement benefit based on credited service and the terms of the Plan at the time the participant became disabled. For hourly employees, the accrued benefit is payable at date of disability and is a minimum of \$90.00 per month.

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS, Continued  
for the years ended December 31, 2009 and 2008

---

1. Plan Description, Continued:

Participants are automatically covered by a pre-retirement survivor benefit if they die after becoming eligible for a benefit under the Plan and have a spouse to whom they have been married at least one year prior to receiving benefits from the Plan. The benefit paid to the surviving spouse is the surviving spouse's portion of the 50% joint and survivor benefit.

*Vesting* - An employee becomes fully vested in all pension benefits earned prior to termination upon completion of a five year cliff vesting schedule for hourly employees and seven year graded vesting schedule for salaried employees. Salaried employees become 20% vested in their pension benefits upon the completion of three years of credited service, and vesting percentages gradually increase by increments of 20% per year for each year of service thereafter.

Effective December 31, 2006, the Plan was frozen and no additional service or earnings will accrue for benefit purposes. However, service will continue to accrue for vesting purposes.

2. Significant Accounting Policies:

*Method of Accounting* - The accounting records of the Plan are maintained on the modified cash basis. Under this basis of accounting, investments are carried at fair value, income and other additions to net assets available for benefits are recognized when received and expenses and other deductions (i.e., benefits distributed to participants, etc.) are recognized when paid.

*Use of Estimates* - The preparation of financial statements requires management to make estimates and assumptions that affect the reported amount of net assets available for benefits at the date of the financial statements and the reported amount of additions and deductions to net assets available for benefits during the reporting period. Although management believes such estimates and assumptions are reasonable, actual results could differ from these estimates.

*Administrative Expenses* - Administrative expenses are paid by the Plan unless the Company elects to pay the amounts.

*Investments Valuation* - The cash surrender value of life insurance contracts is valued at settlement amounts determined by the issuer that would be received by the Plan upon surrender of the policies. Other investments are stated at fair value using quoted market prices. The change in the difference between fair value and the cost of the investments is reflected in the statements of changes in net assets available for benefits - modified cash basis as net appreciation (depreciation) in fair value of investments.

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS, Continued  
for the years ended December 31, 2009 and 2008

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2. Significant Accounting Policies, Continued:

**Subsequent Events** - During 2009, the Plan Sponsor adopted the new subsequent event accounting pronouncement. The new accounting pronouncement does not change the existing guidance on recognition and disclosure of subsequent events, but requires additional disclosure of the date through which the Plan Sponsor has evaluated subsequent events. The Plan Sponsor has evaluated subsequent events through July 23, 2010, the date which the financial statements were available to be issued.

3. Information Certified by Trustee (Unaudited):

The following is a summary of unaudited information included in the Plan's financial statements and supplemental schedules that was prepared by Marshall & Ilsley Trust Company, the trustee of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee that such information is complete and accurate. This information includes all investments except the cash surrender value of life insurance policies.

|                                                                  | <u>December 31,</u> |                       |
|------------------------------------------------------------------|---------------------|-----------------------|
|                                                                  | <u>2009</u>         | <u>2008</u>           |
| Investments, at fair value                                       | \$ 24,636,171       | \$ 20,246,292         |
| Interest and dividend income                                     | \$ 752,325          | \$ 767,997            |
| Net appreciation (depreciation) in fair value<br>of investments: |                     |                       |
| Pooled equity funds                                              | \$ 4,013,574        | \$ (8,738,323)        |
| Pooled fixed income funds                                        | <u>690,462</u>      | <u>(929,107)</u>      |
|                                                                  | <u>\$ 4,704,036</u> | <u>\$ (9,667,430)</u> |

All information included in the supplemental schedules is certified by the trustee of the Plan.

**BUEHLER FOOD MARKETS, INCORPORATED**  
**EMPLOYEES PENSION PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS**  
**MODIFIED CASH BASIS, Continued**  
**for the years ended December 31, 2009 and 2008**

**4. Investments:**

The following presents investments of the Plan in excess of 5% of net assets available for benefits (at fair value):

|                                       | 2009                |               | 2008                |               |
|---------------------------------------|---------------------|---------------|---------------------|---------------|
|                                       | Number<br>of Shares | Fair<br>Value | Number<br>of Shares | Fair<br>Value |
| PIMCO Total Return Fund               | 350,549.898         | \$3,785,939   | 410,484.454         | \$4,162,312   |
| PIMCO All Asset Fund                  | 141,103.801         | 1,621,283     | 107,859.168         | 1,088,299     |
| Blackrock Global Allocation Fund      | 91,214.588          | 1,638,214     | -                   | -             |
| American Europacific Growth Fund      | 69,533.543          | 2,661,744     | -                   | -             |
| Dodge & Cox Income Fund               | 190,893.668         | 2,473,982     | -                   | -             |
| Loomis Sayles Bond Institutional Fund | 124,622.101         | 1,662,459     | -                   | -             |
| American Funds Fundamental Investors  | -                   | -             | 47,205.906          | 1,179,676     |
| Hartford Capital Appreciation Fund    | -                   | -             | 46,293.125          | 1,068,908     |
| American Funds Bond Fund of America   | -                   | -             | 133,371.973         | 1,435,082     |
| Vanguard Windsor II Fund              | -                   | -             | 31,100.771          | 1,054,938     |
| Allianz NFJ Dividend Value Fund       | -                   | -             | 108,903.578         | 1,049,830     |

The Plan maintains its investments in brokerage accounts which are not federally insured. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the statements of net assets available for benefits – modified cash basis and the statements of changes in net assets available for benefits – modified cash basis.

**5. Funding Policy:**

The Company makes contributions to the Plan in the amount determined by actuarial computations in order to fully provide benefits for the employees when they retire. The Company makes contributions to the Plan as required to fulfill the minimum funding requirements of ERISA. Employees are not required, under Plan provisions, to make contributions.

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS, Continued  
for the years ended December 31, 2009 and 2008

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6. Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments for plan benefits that have accrued on the basis of each participant's earnings and service history as of the valuation date. 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 payable under all circumstances (i.e., retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the 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 significant actuarial assumptions used in the valuation as of January 1, 2009 were: (a) life expectancy of participants (the RP-2000 Mortality Table for males and females, projected to valuation year); (b) retirement age assumptions (the assumed average retirement age was 64), and (c) investment return (the assumed average rate of return was 8.00%).

The foregoing actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is as follows:

|                                                            | <u>January 1,</u>    |                      |
|------------------------------------------------------------|----------------------|----------------------|
|                                                            | <u>2009</u>          | <u>2008</u>          |
| Actuarial present value of accumulated plan benefits:      |                      |                      |
| Vested benefits:                                           |                      |                      |
| Participants currently receiving payments                  | \$ 7,454,919         | \$ 6,761,181         |
| Other participants                                         | <u>15,466,015</u>    | <u>17,385,673</u>    |
| Total vested benefits                                      | 22,920,934           | 24,146,854           |
| Nonvested benefits                                         | <u>3,780,391</u>     | <u>367,673</u>       |
| Total actuarial present value of accumulated plan benefits | <u>\$ 26,701,325</u> | <u>\$ 24,514,527</u> |

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS, Continued  
for the years ended December 31, 2009 and 2008

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6. Actuarial Present Value of Accumulated Plan Benefits, Continued:

The increase in the actuarial present value of accumulated plan benefits is the result of the following:

|                                                                          |                      |
|--------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits,<br>January 1, 2008 | \$ 24,514,527        |
| Increase (decrease) during the year attributable to:                     |                      |
| Changes in actuarial assumptions                                         | 417,328              |
| Benefits accumulated                                                     | 774,598              |
| Decrease in the discount period                                          | 1,921,029            |
| Distributions to participants and other factors                          | <u>(926,157)</u>     |
| Actuarial present value of accumulated plan benefits,<br>January 1, 2009 | <u>\$ 26,701,325</u> |

7. Plan Termination:

Although it has not expressed any intention to do so, the Corporation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. If the Plan is terminated, the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations and with the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested, normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. 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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS, Continued  
for the years ended December 31, 2009 and 2008

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8. Tax Status:

The Plan obtained its latest determination letter on August 26, 2003, in which the Internal Revenue Service stated that the Plan, as then designated, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan sponsor and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and has no income subject to unrelated business tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. Fair Value Measurements:

The plan measures its assets in accordance with the Financial Accounting Standards Board (FASB) framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

Level 2 – Inputs to the valuation methodology include: 1) quoted prices for similar assets or liabilities in active markets; 2) quoted prices for identical or similar assets or liabilities in inactive markets; 3) inputs other than quoted prices that are observable for the asset or liability; 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The 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 December 31, 2009 and 2008.

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS, Continued  
for the years ended December 31, 2009 and 2008

9. Fair Value Measurements, Continued:

Pooled equity and fixed income securities funds and money market funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Cash Surrender Value of Life Insurance Policies Valued at amortized cost, which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

Assets at Fair Value as of December 31, 2009

|                                                 | <u>Level 1</u>       | <u>Level 3</u>    | <u>Total</u>         |
|-------------------------------------------------|----------------------|-------------------|----------------------|
| Pooled equity funds:                            |                      |                   |                      |
| Small cap equity funds                          | \$ 635,970           | \$ -              | \$ 635,970           |
| Mid cap equity funds                            | 1,527,043            | -                 | 1,527,043            |
| Large cap equity funds                          | 5,113,060            | -                 | 5,113,060            |
| International equity funds                      | 4,921,865            | -                 | 4,921,865            |
| Balanced funds                                  | 1,621,283            | -                 | 1,621,283            |
| Other equity funds                              | <u>2,437,454</u>     | <u>-</u>          | <u>2,437,454</u>     |
| Total pooled equity funds                       | 16,256,675           | -                 | 16,256,675           |
| Pooled fixed income securities funds:           |                      |                   |                      |
| Taxable bond funds                              | 4,136,441            | -                 | 4,136,441            |
| Corporate and government bond funds             | <u>3,785,949</u>     | <u>-</u>          | <u>3,785,949</u>     |
| Total pooled fixed income securities funds      | 7,922,390            | -                 | 7,922,390            |
| Money market fund                               | 207,462              | -                 | 207,462              |
| Cash surrender value of life insurance policies | <u>-</u>             | <u>249,644</u>    | <u>249,644</u>       |
| Total assets at fair value                      | <u>\$ 24,386,527</u> | <u>\$ 249,644</u> | <u>\$ 24,636,171</u> |

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS, Continued  
for the years ended December 31, 2009 and 2008

9. Fair Value Measurements, Continued:

Assets at Fair Value as of December 31, 2008

|                                                 | <u>Level 1</u>       | <u>Level 3</u>    | <u>Total</u>         |
|-------------------------------------------------|----------------------|-------------------|----------------------|
| Pooled equity funds:                            |                      |                   |                      |
| Small cap equity funds                          | \$ 763,806           | \$ -              | \$ 763,806           |
| Mid cap equity funds                            | 947,253              | -                 | 947,253              |
| Large cap equity funds                          | 5,754,177            | -                 | 5,754,177            |
| International equity funds                      | 1,535,717            | -                 | 1,535,717            |
| Balanced funds                                  | 1,088,299            | -                 | 1,088,299            |
| Other equity funds                              | <u>3,100,802</u>     | <u>-</u>          | <u>3,100,802</u>     |
| Total pooled equity funds                       | 13,190,054           | -                 | 13,190,054           |
| Pooled fixed income securities funds:           |                      |                   |                      |
| Taxable bond funds                              | 1,010,673            | -                 | 1,010,673            |
| Corporate and government bond funds             | <u>5,599,500</u>     | <u>-</u>          | <u>5,599,500</u>     |
| Total pooled fixed income securities funds      | 6,610,173            | -                 | 6,610,173            |
| Money market fund                               | 225,901              | -                 | 225,901              |
| Cash surrender value of life insurance policies | <u>-</u>             | <u>238,164</u>    | <u>238,164</u>       |
| Total assets at fair value                      | <u>\$ 20,026,128</u> | <u>\$ 238,164</u> | <u>\$ 20,264,292</u> |

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009 and 2008:

|                                   | <u>Cash Surrender<br/>Value of Life<br/>Insurance<br/>Policies</u> |
|-----------------------------------|--------------------------------------------------------------------|
| Balance, January 1, 2008          | \$ 226,393                                                         |
| Increase in cash surrender values | <u>11,771</u>                                                      |
| Balance, December 31, 2008        | 238,164                                                            |
| Increase in cash surrender values | <u>11,480</u>                                                      |
| Balance, December 31, 2009        | <u>\$ 249,644</u>                                                  |

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS  
MODIFIED CASH BASIS, Continued  
for the years ended December 31, 2009 and 2008

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10. Reconciliation of Financial Statements to 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of the Form 5500:

|                                                                 | <u>December 31,</u><br><u>2009</u> | <u>December 31,</u><br><u>2008</u> |
|-----------------------------------------------------------------|------------------------------------|------------------------------------|
| Net assets available for benefits, per the financial statements | \$ 24,636,171                      | \$ 20,264,292                      |
| Accrued income                                                  | 10,290                             | 21,662                             |
| Employer contribution receivable                                | <u>1,071,706</u>                   | <u>-</u>                           |
| Net assets available for benefits per Schedule H of Form 5500   | <u>\$ 25,718,167</u>               | <u>\$ 20,285,954</u>               |

The following is a reconciliation of total change in net assets per the financial statements to total change in net assets per Schedule H of Form 5500:

|                                                                     | <u>2009</u>         | <u>2008</u>           |
|---------------------------------------------------------------------|---------------------|-----------------------|
| Total Increase (decrease) in net assets per financial statements    | \$ 4,371,879        | \$ (9,961,069)        |
| Change in accrued income                                            | (11,372)            | (1,215)               |
| Change in employer contribution receivable                          | <u>1,071,706</u>    | <u>-</u>              |
| Total increase (decrease) in net assets per Schedule H of Form 5500 | <u>\$ 5,432,213</u> | <u>\$ (9,962,284)</u> |

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST  
EIN: 34-0677847  
PLAN NO. 001

SCHEDULE H, LINE 4I - SUPPLEMENTAL SCHEDULE OF  
ASSETS HELD AT END OF YEAR  
MODIFIED CASH BASIS  
December 31, 2009

| (a)<br>Party In<br>Interest | (b) Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | (c) Description<br>of Investment<br>Including<br>Maturity Date,<br>Rate of Interest,<br>Collateral, Par or<br>Maturity Value | (d) Cost      | (e) Current<br>Value |
|-----------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|
|                             | American Century Small Cap Value Fund                          | Pooled equity fund                                                                                                           | \$ 194,641    | \$ 206,457           |
|                             | Oppenheimer Main Street Small Cap Fund                         | Pooled equity fund                                                                                                           | 207,125       | 214,382              |
|                             | Royce Pennsylvania Mutual Fund                                 | Pooled equity fund                                                                                                           | 246,534       | 215,131              |
|                             | Columbia Acorn Fund                                            | Pooled equity fund                                                                                                           | 247,496       | 230,014              |
|                             | JP Morgan Mid Cap Value Fund                                   | Pooled equity fund                                                                                                           | 196,287       | 250,589              |
|                             | T Rowe Price Mid Cap Growth Fund                               | Pooled equity fund                                                                                                           | 518,377       | 539,965              |
|                             | T Rowe Price Mid Cap Value Fund                                | Pooled equity fund                                                                                                           | 235,213       | 243,601              |
|                             | Wells Fargo Advantage Mid Cap Disciplined<br>Fund              | Pooled equity fund                                                                                                           | 321,447       | 262,875              |
|                             | Allianz NFJ Dividend Value Fund                                | Pooled equity fund                                                                                                           | 898,129       | 736,235              |
|                             | American Beacon Large Cap Value Fund                           | Pooled equity fund                                                                                                           | 1,323,311     | 1,096,648            |
|                             | Columbia Marsico Focused Equities Fund                         | Pooled equity fund                                                                                                           | 774,688       | 601,871              |
|                             | American Fundamental Investors                                 | Pooled equity fund                                                                                                           | 1,175,433     | 992,903              |
|                             | T Rowe Price Growth Stock Fund                                 | Pooled equity fund                                                                                                           | 687,532       | 586,299              |
|                             | Vanguard Windsor II Fund                                       | Pooled equity fund                                                                                                           | 1,329,390     | 1,099,103            |
|                             | Blackrock International Opportunities Fund                     | Pooled equity fund                                                                                                           | 625,780       | 621,907              |
|                             | Blackrock Global Allocation Fund                               | Pooled equity fund                                                                                                           | 1,652,408     | 1,638,214            |
|                             | American Europacific Growth Fund                               | Pooled equity fund                                                                                                           | 2,212,229     | 2,661,744            |
|                             | PIMCO All Asset Fund                                           | Pooled equity fund                                                                                                           | 1,690,814     | 1,621,283            |
|                             | Hartford Capital Appreciation Fund                             | Pooled equity fund                                                                                                           | 1,233,655     | 1,001,726            |
|                             | T Rowe Price Spectrum Growth Fund                              | Pooled equity fund                                                                                                           | 1,093,323     | 850,186              |
|                             | Vanguard Morgan Growth Fund                                    | Pooled equity fund                                                                                                           | 727,664       | 585,542              |
|                             | Dodge & Cox Income Fund                                        | Pooled fixed income fund                                                                                                     | 2,342,385     | 2,473,982            |
|                             | Loomis Sayles Bond Institutional Fund                          | Pooled fixed income fund                                                                                                     | 1,665,215     | 1,662,459            |
|                             | American Bond Fund of America                                  | Pooled fixed income fund                                                                                                     | 10            | 10                   |
|                             | PIMCO Total Return Fund                                        | Pooled fixed income fund                                                                                                     | 3,627,563     | 3,785,939            |
| *                           | Marshall Prime Money Market                                    | Money market fund                                                                                                            | 207,462       | 207,462              |
|                             | Northwest Mutual Life<br>Insurance Companies                   | Cash surrender value of<br>life insurance policies                                                                           | 249,644       | 249,644              |
|                             | Total                                                          |                                                                                                                              | \$ 25,683,755 | \$ 24,636,171        |

\* Represents a party-in-interest to the Plan.

BUHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST  
EIN: 34-0677847  
PLAN NO. 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
MODIFIED CASH BASIS  
for the year ended December 31, 2009

| (a) Identity of Party Involved  | (b) Description of Assets                                                                                                                                                                                                                                                                                                               | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred with Transaction | (g) Cost of Asset | (h) Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|------------------|---------------------------------------|-------------------|----------------------------------------|------------------------|
| <u>Reporting Criterion I:</u>   | Any transaction within the Plan year, with respect to any Plan asset, involving an amount in excess of five percent of the current value of Plan assets.                                                                                                                                                                                |                    |                   |                  |                                       |                   |                                        |                        |
|                                 | - Blackrock Global Allocation Fund                                                                                                                                                                                                                                                                                                      | \$ 1,629,384       | \$ -              | \$ -             | \$ -                                  | \$ 1,629,384      | \$ 1,629,384                           | \$ -                   |
|                                 | - American Bond Fund of America                                                                                                                                                                                                                                                                                                         | -                  | 1,425,788         | -                | -                                     | 1,761,555         | 1,761,555                              | (335,767)              |
|                                 | - Dodge & Cox Income Fund                                                                                                                                                                                                                                                                                                               | 1,425,788          | -                 | -                | -                                     | 1,425,788         | 1,425,788                              | -                      |
| <u>Reporting Criterion II:</u>  | Any series of transactions (other than transactions with respect to securities) within the Plan year with or in conjunction with the same person which, when aggregated, regardless of the category of asset and the gain or loss of any transaction, involves an amount in excess of five percent of the current value of Plan assets. |                    |                   |                  |                                       |                   |                                        |                        |
|                                 | None.                                                                                                                                                                                                                                                                                                                                   |                    |                   |                  |                                       |                   |                                        |                        |
| <u>Reporting Criterion III:</u> | Any series of transactions within the Plan year involving securities of the same issue which, when aggregated, involve an amount in excess of five percent of the current value of Plan assets.                                                                                                                                         |                    |                   |                  |                                       |                   |                                        |                        |
|                                 | - Blackrock Global Allocation Fund                                                                                                                                                                                                                                                                                                      | \$ 1,652,408       | \$ -              | \$ -             | \$ -                                  | \$ 1,652,408      | \$ 1,652,408                           | \$ -                   |
|                                 | - American Bond Fund of America                                                                                                                                                                                                                                                                                                         | -                  | 1,432,778         | -                | -                                     | 1,768,119         | 1,768,119                              | (335,341)              |
|                                 | - Dodge & Cox Income Fund                                                                                                                                                                                                                                                                                                               | 2,398,162          | -                 | -                | -                                     | 2,398,162         | 2,398,162                              | -                      |
|                                 | - American Europacific Growth Fund                                                                                                                                                                                                                                                                                                      | 1,741,091          | -                 | -                | -                                     | 1,741,091         | 1,741,091                              | -                      |
|                                 | - Marshall Prime Money Market                                                                                                                                                                                                                                                                                                           | 10,587,176         | -                 | -                | -                                     | 10,587,176        | 10,587,176                             | -                      |
|                                 | - Marshall Prime Money Market                                                                                                                                                                                                                                                                                                           | -                  | 10,505,615        | -                | -                                     | 10,505,615        | 10,505,615                             | -                      |
| <u>Reporting Criterion IV:</u>  | Any transaction within the Plan year with respect to securities with or in conjunction with a person if any prior or subsequent single transaction within the Plan year with such person with respect to securities exceeds five percent of the current value of Plan assets.                                                           |                    |                   |                  |                                       |                   |                                        |                        |
|                                 | None.                                                                                                                                                                                                                                                                                                                                   |                    |                   |                  |                                       |                   |                                        |                        |

## SCHEDULE A, Line 6a – Basis of Premium Rates

Buehler Food Markets, Incorporated Employees Pension Plan and Trust  
Plan Number 001  
EIN: 34-0677847



**Northwestern Mutual\***

720 East Wisconsin Avenue  
Milwaukee, WI 53202

### Actuarial Assumptions Used In Determining Insurance Contract Premiums

#### Interest, Mortality and Expense Factors Upon Which Current Contract Premiums Are Based

For contracts issued by Northwestern Mutual, Milwaukee, WI, on or after January 1, 2009 in connection with Employee Trust Plans. Assumptions for contracts issued prior to January 1, 2009 may differ.

#### GENERAL ACCOUNT CONTRACTS

| Policy/Contract Plan              | Net Premium Interest Rate | Net Premium Mortality Table      |
|-----------------------------------|---------------------------|----------------------------------|
| Retirement Annuity with Insurance | 4.0%                      | None                             |
| Guaranteed Interest Funds in VAs  | 1%                        | None                             |
| Single Premium Retirement Annuity | 1%                        | None                             |
| 90 Life & 65 Life                 | 4%                        | 2001 CSO** Smoker and Non-Smoker |
| Single Premium Life               | 4%                        | 1980 CSO** Blended               |
| CompLife                          | 4.0%                      | 2001 CSO** Smoker and Non-Smoker |
| Term 10                           | 4.0%                      | 2001 CSO** Smoker and Non-Smoker |
| Term 80                           |                           |                                  |
| Level Term 10                     |                           |                                  |
| Level Term 20                     |                           |                                  |
| Estate CompLife                   | 4.0%                      | 2001 CSO** Smoker and Non-Smoker |
| Survivorship CompLife             | 4%                        | 2001 CSO** Smoker and Non-Smoker |

#### SEPARATE ACCOUNT CONTRACTS

| Policy/Contract Plan            | Net Premium Interest Rate | Net Premium Mortality Table |
|---------------------------------|---------------------------|-----------------------------|
| Variable Annuity Accounts A & B | None                      | None                        |
| Group Pension Annuity           | None                      | None                        |

#### Gross Premium Loading Formulas

**Annuities:** Expense loadings vary by contract and may be "front-end" loads or "back-end" withdrawal charges. Some front-end loads grade down by amount. Some contracts may have asset based charges and/or annual contract fees. All expense charges for the Separate Account contracts are described in the Prospectuses for these accounts.

**Life insurance other than term:** The expense loading is a percentage of the net premium plus a per thousand charge plus a policy fee. These charges vary by plan, age, duration, and underwriting classification. All expense charges for the Separate Account contracts are described in the Prospectuses.

**Term life insurance:** Gross premiums are tables of Maximum Premiums and Scheduled Premiums. The tables vary by plan, age, duration, and underwriting classification. The tables have been filed with the state insurance departments.

\*\* CSO – Commissioners Standard Ordinary Mortality Table.

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |

► 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.

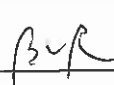
|                                                                                                                                                                          |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>BUEHLER FOOD MARKETS, INCORPORATED EMPLOYEES PENSION PLAN AND TRUST                                                                         | <b>B</b> Three-digit plan number (PN) <u>001</u>                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>BUEHLER FOOD MARKETS, INCORPORATED                                                       | <b>D</b> Employer Identification Number (EIN)<br><br>34-0677847 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other |                                                                 |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500                  |                                                                 |

**Part I Basic Information**

|                                                                                                                                                                                               |              |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>                                                                                                               |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                              |              |                            |                    |
| a Market value.....                                                                                                                                                                           | <b>2a</b>    |                            | 20,279,236         |
| b Actuarial value.....                                                                                                                                                                        | <b>2b</b>    |                            | 22,307,160         |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                           |              | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                           | <b>3a</b>    | 345                        | 7,342,547          |
| b For terminated vested participants.....                                                                                                                                                     | <b>3b</b>    | 957                        | 5,883,710          |
| c For active participants:                                                                                                                                                                    |              |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                  | <b>3c(1)</b> |                            | 3,835,133          |
| (2) Vested benefits.....                                                                                                                                                                      | <b>3c(2)</b> |                            | 9,869,657          |
| (3) Total active.....                                                                                                                                                                         | <b>3c(3)</b> | 1,301                      | 13,704,790         |
| d Total.....                                                                                                                                                                                  | <b>3d</b>    | 2,603                      | 26,931,047         |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                        |              |                            |                    |
| a Funding target disregarding prescribed at-risk assumptions.....                                                                                                                             | <b>4a</b>    |                            |                    |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>    |                            |                    |
| <b>5</b> Effective interest rate.....                                                                                                                                                         | <b>5</b>     |                            | 8.05 %             |
| <b>6</b> Target normal cost.....                                                                                                                                                              | <b>6</b>     |                            | 114,233            |

**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.

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b> | <div style="text-align: center;"> <br/>         Signature of actuary<br/>         Bradford L. Rigby, A.S.A.<br/>         Type or print name of actuary<br/>         Findley Davies, Inc<br/>         Firm name<br/>         1300 East Ninth Street, Suite 850<br/>         Cleveland OH 44114-1516<br/>         Address of the firm       </div> | <div style="text-align: center;"> <u>7/09/2010</u><br/>         Date<br/>         08-07217<br/>         Most recent enrollment number<br/>         (216) 875-1900<br/>         Telephone number (including area code)       </div> |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009  
v.092308.1

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 224,186               | N/A                    |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8) .....                                                    | 224,186               | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>(30.17)</u> % .....                  | (67,637)              |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.12</u> % .....                        |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                          |                       | 0                      |
| <b>12</b> Reduction in balances due to elections or deemed elections .....                               | 54,243                | 0                      |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....             | 102,306               | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 82.45 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 82.45 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 93.38 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 02/25/2010               | 619,123                           |                                 |                          |                                   |                                 |
| 03/31/2010               | 452,583                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 1,071,706                         | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years. ....                     | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 977,382 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
| 0       | 0       | 0       | 0       |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 | <b>21b</b>        |                   |                   | 2                                                              |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              | <b>22</b>         |                   |                   | 64                                                             |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. ....                  | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                             | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions) .....                                                                                                       | <b>31</b>           | 114,233            |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 3,110,330           | 553,943            |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) .....                                                  | <b>34</b>           | 668,176            |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 0                   | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35) .....                                                                                                                  | <b>36</b>           | 668,176            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) .....                                                  | <b>37</b>           | 977,382            |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions) .....                                                                                           | <b>38</b>           | 309,206            |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

## APPENDIX A

### SUMMARY OF PRINCIPAL PLAN PROVISIONS

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Plan Sponsor</i></b>                | Buehler Food Markets, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b><i>EIN/PN</i></b>                      | 34-0677847/001                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b><i>Effective Date</i></b>              | July 1, 1976; amended and restated effective January 1, 1997, last amended effective December 31, 2006.                                                                                                                                                                                                                                                                                                                                           |
| <b><i>Plan Year</i></b>                   | The 12-month period beginning each January 1.                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b><i>Participation</i></b>               | Employees shall become participants on the January 1 immediately following the attainment of age 20-1/2 and the completion of six months of service and 500 hours. Participation was frozen as of December 31, 2006.                                                                                                                                                                                                                              |
| <b><i>Compensation</i></b>                | All amounts paid to salaried employees for services during the fiscal year excluding bonuses, incentive compensation, and any special payments but including elective deferrals under Section 125 and 401(k) as limited by IRC Section 401(a)(17).                                                                                                                                                                                                |
| <b><i>Average Annual Compensation</i></b> | The total Compensation during any five consecutive calendar years out of the last ten whole calendar years that produce the highest annual average provided that if the participant's entire period of service is less than five complete years, the Average Annual Compensation shall be the total of all compensation averaged over the participant's entire period of service. Average Annual Compensation was frozen as of December 31, 2006. |
| <b><i>Vesting Service</i></b>             | <u>Salaried employees:</u><br>Elapsed time measured in years and completed months.<br><br><u>Hourly employees:</u><br>One year of vesting service is earned for each plan year in which an employee completes 1,000 hours of service.                                                                                                                                                                                                             |

## APPENDIX A (Continued)

### ***Credited Service***

#### Salaried employees:

Elapsed time measured in years and completed months.

#### Hourly employees:

Based on Hours as follows:

| <u>Hours of Service</u> | <u>Credited Service</u> |
|-------------------------|-------------------------|
| Less than 1,000         | .00 years               |
| 1,000 to 1,559          | .64 years               |
| 1,560 or more           | 1.00 years              |

### ***Accrued Benefit***

#### Salaried employees:

An annuity payable under the Normal Form equal to the greater of (a) and (b):

- a. \$3.00 for each year of Credited Service through June 30, 1970 plus \$6.00 for each year thereafter.
- b. 1/2 of 1% of the monthly compensation as of June 30, 1970 multiplied by Credited Service up to June 30, 1970 plus 1% of the Average Monthly Compensation multiplied by Credited Service thereafter.

#### Hourly employees:

An annuity payable under the Normal Form equal to \$14.00 for each year of Credited Service through December 31, 1990 plus \$16.00 for each year thereafter, up to a maximum of \$480.00 per month.

### ***Participant Contributions***

Through December 31, 1990, participants were required to contribute 1-1/2% of monthly compensation plus 2-1/2% of compensation greater than \$400. Contributions were not permissible on and after January 1, 1991.

A terminating participant will receive a refund of his contributions with a minimum of 3% credited interest per annum through to June 30, 1976, 5% per annum from July 1, 1976 through December 31, 1987, and an annual rate equal to 120% of the mid-term applicable federal rate in effect for the first month of the plan year thereafter.

### ***Normal Retirement Benefit***

#### Eligibility:

The later of the fifth anniversary of participation or age 65.

#### Monthly Benefit:

The Accrued Benefit.

**APPENDIX A (Continued)**

***Late Retirement  
Benefit***

*Eligibility:*

After age 65.

*Monthly Benefit:*

The Accrued Benefit using Compensation and Credited Service through actual termination, but not less than the Normal Retirement Benefit actuarially increased for late commencement.

***Early Retirement  
Benefit***

*Eligibility:*

Hourly employees: Age 55 and 5 years of Credited Service.

Salaried employees: Age 55 and 5 years of Credited Service or for participants as of December 31, 1990 at age 60 and no service requirement.

*Monthly Benefit:*

Accrued Benefit commencing in full at age 65 or commencing earlier but reduced by 1/3 of 1% for each of the first 60 months and by 1/2 of 1% for each additional month.

Salaried employees with less than 5 years of service: The Accrued Benefit shall be reduced by 5/9 of 1% for each whole month the Annuity Starting Date precedes the Normal Retirement Date.

***Disability Retirement  
Benefit***

*Eligibility:*

Permanent and total disability.

*Monthly Benefit:*

The Accrued Benefit payable at age 55 and reduced according to the early retirement provisions.

## APPENDIX A (Continued)

### ***Termination Benefit***

#### Eligibility:

Upon termination after completion of at least three years of Credited Service for a salaried employee and 5 years of Credited Service for an hourly employee, a participant will be eligible to receive the vested portion of his retirement benefit. The vesting schedule is provided below:

| <u>Salaried Employees</u>        |                       | <u>Hourly Employees</u>          |                       |
|----------------------------------|-----------------------|----------------------------------|-----------------------|
| <u>Years of Credited Service</u> | <u>Percent Vested</u> | <u>Years of Credited Service</u> | <u>Percent Vested</u> |
| Less than 3                      | 0%                    | Less than 5                      | 0%                    |
| 3                                | 20%                   | 5 or more                        | 100%                  |
| 4                                | 40%                   |                                  |                       |
| 5                                | 60%                   |                                  |                       |
| 6                                | 80%                   |                                  |                       |
| 7 or more                        | 100%                  |                                  |                       |

#### Monthly Benefit:

100% of the Accrued Benefit commencing in full at age 65, or in a reduced amount under the early retirement provisions.

### ***Death Benefit***

#### Eligibility:

100% vested and married for at least one year.

#### Monthly Benefit:

A monthly benefit for life commencing at the time participant would have been eligible for retirement. The benefit is 100% of the vested Accrued Benefit reduced as appropriate for early commencement and the 50% Joint and Survivor form of payment.

### ***Supplemental Pre Retirement Death Benefit***

#### Eligibility:

Salaried employee with a vested Accrued Benefit.

#### Lump Sum Benefit:

The greater of 50 times the participant's monthly Accrued Benefit at the end of the plan year preceding the date of the participant's death or 70 times the monthly Accrued Benefit as of January 1, 1982. Benefits in excess of \$10,000 are covered by insurance and will not be distributed by the Plan.

## APPENDIX A (Continued)

***Optional Forms of Payment***

Life Annuity  
 50% Joint and Survivor  
 100% Joint and Survivor  
 5 year Certain and Continuous  
 10 year Certain and Continuous

The conversion factors are based on the 1984 Unisex Pension Mortality Table set back 3 years for beneficiaries and 5.00% interest.

***Benefits Available as Lump Sums***

Lump Sum – only available to participants as of December 31, 1990, or small benefit cashouts less than \$5,000.

The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(e)(3).

***Maximum Benefit Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

***Funding of the Plan***

Employer pays all costs.

***Changes in Plan Provisions***

None.

Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods – including –

Schedule SB, line 22 – Description of Weighted Average Retirement Age – and –

Schedule SB, line 24 – Change in Actuarial Assumptions

Schedule SB, line 25 – Change in Method

Buehler Food Markets Incorporated Employees' Pension Plan and Trust

January 1, 2009 Valuation

EIN/PN: 34-0677847 / 001

## APPENDIX B

### STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

#### *Interest Rates*

##### Funding:

Full Yield Curve with the interest rates for October which are published in November

Effective Interest Rate using the above rates 8.05%

Interest rate for developing expected value of assets, but not more than applicable statutory limits 8.00%

##### FAS 35:

Present Value of Vested and Accumulated Benefits 8.00%

##### FAS 87 Expense:

a. Discount Rate (obligations) 6.00%

b. Long-Term Rate (trust income) 8.00%

#### *Salary Scale*

N/A

#### *Mortality*

Funding: RP-2000 static, non-generational mortality table (male and female) projected to the valuation year with different rates for annuitants and nonannuitants.

FAS 35 and 87: RP-2000 Mortality Table projected to 2010 (male and female).

#### *Rates of Retirement*

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 55-57      | 1%          |
| 58-59      | 2           |
| 60         | 3           |
| 61-64      | 5           |
| 65         | 100         |

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

#### *Rates of Disability*

None.

Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods – including –

Schedule SB, line 22 – Description of Weighted Average Retirement Age – and –

Schedule SB, line 24 – Change in Actuarial Assumptions

Schedule SB, line 25 – Change in Method

Buehler Food Markets Incorporated Employees' Pension Plan and Trust

January 1, 2009 Valuation

EIN/PN: 34-0677847 / 001

## APPENDIX B (Continued)

### *Rates of Turnover*

#### Salaried Employees

Sample rates based on age and length of service as follows:

| <u>Age</u> | <u>Completed Years of Service</u> |          |          |          |
|------------|-----------------------------------|----------|----------|----------|
|            | <u>0</u>                          | <u>1</u> | <u>2</u> | <u>3</u> |
| 25         | 9.79%                             | 8.16%    | 6.53%    | 4.90%    |
| 35         | 4.70                              | 3.92     | 3.13     | 2.35     |
| 40         | 2.26                              | 1.88     | 1.50     | 1.13     |
| 45         | 0.53                              | 0.44     | 0.35     | 0.27     |
| 50+        | 0.00                              | 0.00     | 0.00     | 0.00     |

#### Hourly Employees

Sample rates:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 25         | 5.27%       |
| 35         | 4.47        |
| 40         | 3.84        |
| 45         | 3.22        |
| 55         | 0.33        |

### *Assumptions Made In Valuing Spouse's Benefit*

Eighty-five percent of the male employees and fifty percent of the female employees included in the valuation are assumed to be married. Females are assumed to be the same age as males.

### *Annual Increases to Maximum Benefits and Plan Compensation Limits*

N/A

### *Annual Increases to Social Security*

|                 | <u>Taxable Wage Base</u> | <u>Cost of Living Index</u> | <u>Average Earnings</u> |
|-----------------|--------------------------|-----------------------------|-------------------------|
| Funding:        | N/A                      | N/A                         | N/A                     |
| FAS 87 Expense: | N/A                      | N/A                         | N/A                     |

### *Provision for Expenses*

The administrative expenses expected to be paid from plan assets were included in the Target Normal Cost for minimum contribution purposes. These are equal to actual expenses paid from the trust during the prior plan year. Expenses were subtracted from the Expected Return on Assets for FAS 87 expense purposes.

Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods – including –

Schedule SB, line 22 – Description of Weighted Average Retirement Age – and –

Schedule SB, line 24 – Change in Actuarial Assumptions

Schedule SB, line 25 – Change in Method

Buehler Food Markets Incorporated Employees' Pension Plan and Trust

January 1, 2009 Valuation

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## APPENDIX B (Continued)

***FAS 87  
Measurement Date***

January 1

***Fiscal Year***

The 12-month period ending each December 31.

***Asset Method***

Funding: Market Value of Assets plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for each year equals the market value at the beginning of the year projected to the end of the year using an assumed rate of return limited to the third segment rate for the applicable plan year minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that a characteristic of this asset valuation method is that, over time, it is more likely to produce an actuarial value of assets that is less than the market value of assets.

FAS 35: Market Value of Assets plus any contributions for prior plan years that will be made in this plan year.

FAS 87: Market Value of Assets.

***Employees Valued***

Only participants as of the valuation date were valued.

***Changes in  
Assumptions and  
Methods since the  
Last Actuarial  
Valuation***

The segmented interest rates used for determining the funding target were 5.26%, 5.82% and 6.38%. The method for selecting interest rates was changed from using the September segment rates to the full yield curve for November.

The mortality table for the funding target was updated as required under PPA '06.

The asset method was the market value of assets plus any unpaid contributions.

For funding purposes, expenses were not included in the Target Normal Cost last year, but are included this year.

The FAS 87 Expense was calculated using a discount rate of 6.50%.

Rates of disability were removed since this plan's disability benefit is the same as its termination benefit.

Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods – including –

Schedule SB, line 22 – Description of Weighted Average Retirement Age – and –

Schedule SB, line 24 – Change in Actuarial Assumptions

Schedule SB, line 25 – Change in Method

Buehler Food Markets Incorporated Employees' Pension Plan and Trust

January 1, 2009 Valuation

EIN/PN: 34-0677847 / 001

## APPENDIX B (Continued)

***Changes in  
Assumptions and  
Methods since the  
Last Actuarial  
Valuation  
(continued)***

The retirement rates were slightly higher between ages 61 and 64 last year.

The turnover rates varied by age, gender, and employment type last year.

***Justification for  
Changes in Actuarial  
Assumptions and  
Methods***

Approval is not required for the assumption changes required or automatically allowed by statute.

Approval for non-prescribed actuarial assumptions is not required since the plan does not qualify as a large plan under Reg. 1.430(d)-1(f)(8)(ii).

Automatic approval for the change in asset method is granted per Reg. 1.430(g)-1(f)(3).

Automatic approval for the change in interest rate methodology is granted per Reg. 1.430(h)(2)-1(h)(3).

***Explanation of  
Discrepancy in Prior  
Year Funding  
Standard Carryover  
Balance or  
Prefunding Balance***

Written notification was provided on 10/15/2009 that revoked prior elections to utilize Carryover Balance to the extent the amount exceeded the minimum contribution requirement. Such revocation is allowed under Reg. 1.430(f)-1(f)(3)(ii).

Schedule SB, line 32 – Schedule of Amortization Bases  
Buehler Food Markets Incorporated Employees' Pension Plan and Trust  
January 1, 2009 Valuation  
EIN/PN: 34-0677847 / 001

## EXHIBIT VII

### SCHEDULE OF SHORTFALL AMORTIZATION BASES

| Plan Year Beginning                                |                     |                              |                    | 1/01/2009                                |
|----------------------------------------------------|---------------------|------------------------------|--------------------|------------------------------------------|
|                                                    | Date<br>Established | Present Value<br>of Payments | Remaining<br>Years | Shortfall<br>Amortization<br>Installment |
| <b><i>Shortfall<br/>Amortization<br/>Bases</i></b> | 1/01/2009           | <u>\$3,110,330</u>           | 7.00               | <u>\$ 553,943</u>                        |
|                                                    | Total               | \$3,110,330                  |                    | \$ 553,943                               |
| <b><i>Waiver<br/>Amortization<br/>Bases</i></b>    | 1/01/2009           | <u>\$ 0</u>                  | 0.00               | <u>\$ 0</u>                              |
|                                                    | Total               | \$ 0                         |                    | \$ 0                                     |

## APPENDIX A

### SUMMARY OF PRINCIPAL PLAN PROVISIONS

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Plan Sponsor</i></b>                | Buehler Food Markets, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b><i>EIN/PN</i></b>                      | 34-0677847/001                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b><i>Effective Date</i></b>              | July 1, 1976; amended and restated effective January 1, 1997, last amended effective December 31, 2006.                                                                                                                                                                                                                                                                                                                                           |
| <b><i>Plan Year</i></b>                   | The 12-month period beginning each January 1.                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b><i>Participation</i></b>               | Employees shall become participants on the January 1 immediately following the attainment of age 20-1/2 and the completion of six months of service and 500 hours. Participation was frozen as of December 31, 2006.                                                                                                                                                                                                                              |
| <b><i>Compensation</i></b>                | All amounts paid to salaried employees for services during the fiscal year excluding bonuses, incentive compensation, and any special payments but including elective deferrals under Section 125 and 401(k) as limited by IRC Section 401(a)(17).                                                                                                                                                                                                |
| <b><i>Average Annual Compensation</i></b> | The total Compensation during any five consecutive calendar years out of the last ten whole calendar years that produce the highest annual average provided that if the participant's entire period of service is less than five complete years, the Average Annual Compensation shall be the total of all compensation averaged over the participant's entire period of service. Average Annual Compensation was frozen as of December 31, 2006. |
| <b><i>Vesting Service</i></b>             | <u>Salaried employees:</u><br>Elapsed time measured in years and completed months.<br><br><u>Hourly employees:</u><br>One year of vesting service is earned for each plan year in which an employee completes 1,000 hours of service.                                                                                                                                                                                                             |

## APPENDIX A (Continued)

### ***Credited Service***

#### Salaried employees:

Elapsed time measured in years and completed months.

#### Hourly employees:

Based on Hours as follows:

| <u>Hours of Service</u> | <u>Credited Service</u> |
|-------------------------|-------------------------|
| Less than 1,000         | .00 years               |
| 1,000 to 1,559          | .64 years               |
| 1,560 or more           | 1.00 years              |

### ***Accrued Benefit***

#### Salaried employees:

An annuity payable under the Normal Form equal to the greater of (a) and (b):

- a. \$3.00 for each year of Credited Service through June 30, 1970 plus \$6.00 for each year thereafter.
- b. 1/2 of 1% of the monthly compensation as of June 30, 1970 multiplied by Credited Service up to June 30, 1970 plus 1% of the Average Monthly Compensation multiplied by Credited Service thereafter.

#### Hourly employees:

An annuity payable under the Normal Form equal to \$14.00 for each year of Credited Service through December 31, 1990 plus \$16.00 for each year thereafter, up to a maximum of \$480.00 per month.

### ***Participant Contributions***

Through December 31, 1990, participants were required to contribute 1-1/2% of monthly compensation plus 2-1/2% of compensation greater than \$400. Contributions were not permissible on and after January 1, 1991.

A terminating participant will receive a refund of his contributions with a minimum of 3% credited interest per annum through to June 30, 1976, 5% per annum from July 1, 1976 through December 31, 1987, and an annual rate equal to 120% of the mid-term applicable federal rate in effect for the first month of the plan year thereafter.

### ***Normal Retirement Benefit***

#### Eligibility:

The later of the fifth anniversary of participation or age 65.

#### Monthly Benefit:

The Accrued Benefit.

## APPENDIX A (Continued)

### ***Late Retirement Benefit***

#### Eligibility:

After age 65.

#### Monthly Benefit:

The Accrued Benefit using Compensation and Credited Service through actual termination, but not less than the Normal Retirement Benefit actuarially increased for late commencement.

### ***Early Retirement Benefit***

#### Eligibility:

Hourly employees: Age 55 and 5 years of Credited Service.

Salaried employees: Age 55 and 5 years of Credited Service or for participants as of December 31, 1990 at age 60 and no service requirement.

#### Monthly Benefit:

Accrued Benefit commencing in full at age 65 or commencing earlier but reduced by 1/3 of 1% for each of the first 60 months and by 1/2 of 1% for each additional month.

Salaried employees with less than 5 years of service: The Accrued Benefit shall be reduced by 5/9 of 1% for each whole month the Annuity Starting Date precedes the Normal Retirement Date.

### ***Disability Retirement Benefit***

#### Eligibility:

Permanent and total disability.

#### Monthly Benefit:

The Accrued Benefit payable at age 55 and reduced according to the early retirement provisions.

## APPENDIX A (Continued)

### ***Termination Benefit***

#### Eligibility:

Upon termination after completion of at least three years of Credited Service for a salaried employee and 5 years of Credited Service for an hourly employee, a participant will be eligible to receive the vested portion of his retirement benefit. The vesting schedule is provided below:

| <u>Salaried Employees</u>        |                       | <u>Hourly Employees</u>          |                       |
|----------------------------------|-----------------------|----------------------------------|-----------------------|
| <u>Years of Credited Service</u> | <u>Percent Vested</u> | <u>Years of Credited Service</u> | <u>Percent Vested</u> |
| Less than 3                      | 0%                    | Less than 5                      | 0%                    |
| 3                                | 20%                   | 5 or more                        | 100%                  |
| 4                                | 40%                   |                                  |                       |
| 5                                | 60%                   |                                  |                       |
| 6                                | 80%                   |                                  |                       |
| 7 or more                        | 100%                  |                                  |                       |

#### Monthly Benefit:

100% of the Accrued Benefit commencing in full at age 65, or in a reduced amount under the early retirement provisions.

### ***Death Benefit***

#### Eligibility:

100% vested and married for at least one year.

#### Monthly Benefit:

A monthly benefit for life commencing at the time participant would have been eligible for retirement. The benefit is 100% of the vested Accrued Benefit reduced as appropriate for early commencement and the 50% Joint and Survivor form of payment.

### ***Supplemental Pre Retirement Death Benefit***

#### Eligibility:

Salaried employee with a vested Accrued Benefit.

#### Lump Sum Benefit:

The greater of 50 times the participant's monthly Accrued Benefit at the end of the plan year preceding the date of the participant's death or 70 times the monthly Accrued Benefit as of January 1, 1982. Benefits in excess of \$10,000 are covered by insurance and will not be distributed by the Plan.

## APPENDIX A (Continued)

***Optional Forms of Payment***

Life Annuity  
 50% Joint and Survivor  
 100% Joint and Survivor  
 5 year Certain and Continuous  
 10 year Certain and Continuous

The conversion factors are based on the 1984 Unisex Pension Mortality Table set back 3 years for beneficiaries and 5.00% interest.

***Benefits Available as Lump Sums***

Lump Sum – only available to participants as of December 31, 1990, or small benefit cashouts less than \$5,000.

The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(e)(3).

***Maximum Benefit Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

***Funding of the Plan***

Employer pays all costs.

***Changes in Plan Provisions***

None.

Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance  
Buehler Food Markets Incorporated Employees' Pension Plan and Trust  
January 1, 2009 Valuation  
EIN/PN: 34-0677847 / 001

## **APPENDIX B**

### **STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS**

***Explanation of  
Discrepancy in Prior  
Year Funding  
Standard Carryover  
Balance or  
Prefunding Balance***

Written notification was provided on 10/15/2009 that revoked prior elections to utilize Carryover Balance to the extent the amount exceeded the minimum contribution requirement. Such revocation is allowed under Reg. 1.430(f)-1(f)(3)(ii).

Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods – including –

Schedule SB, line 22 – Description of Weighted Average Retirement Age – and –

Schedule SB, line 24 – Change in Actuarial Assumptions

Schedule SB, line 25 – Change in Method

Buehler Food Markets Incorporated Employees' Pension Plan and Trust

January 1, 2009 Valuation

EIN/PN: 34-0677847 / 001

## APPENDIX B

### STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

#### ***Interest Rates***

##### **Funding:**

Full Yield Curve with the interest rates for October which are published in November

Effective Interest Rate using the above rates 8.05%

Interest rate for developing expected value of assets, but not more than applicable statutory limits 8.00%

##### **FAS 35:**

Present Value of Vested and Accumulated Benefits 8.00%

##### **FAS 87 Expense:**

a. Discount Rate (obligations) 6.00%

b. Long-Term Rate (trust income) 8.00%

#### ***Salary Scale***

N/A

#### ***Mortality***

Funding: RP-2000 static, non-generational mortality table (male and female) projected to the valuation year with different rates for annuitants and nonannuitants.

FAS 35 and 87: RP-2000 Mortality Table projected to 2010 (male and female).

#### ***Rates of Retirement***

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 55-57      | 1%          |
| 58-59      | 2           |
| 60         | 3           |
| 61-64      | 5           |
| 65         | 100         |

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

#### ***Rates of Disability***

None.

Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods – including –

Schedule SB, line 22 – Description of Weighted Average Retirement Age – and –

Schedule SB, line 24 – Change in Actuarial Assumptions

Schedule SB, line 25 – Change in Method

Buehler Food Markets Incorporated Employees' Pension Plan and Trust

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## APPENDIX B (Continued)

### ***Rates of Turnover***

#### Salaried Employees

Sample rates based on age and length of service as follows:

| <u>Age</u> | <u>Completed Years of Service</u> |          |          |          |
|------------|-----------------------------------|----------|----------|----------|
|            | <u>0</u>                          | <u>1</u> | <u>2</u> | <u>3</u> |
| 25         | 9.79%                             | 8.16%    | 6.53%    | 4.90%    |
| 35         | 4.70                              | 3.92     | 3.13     | 2.35     |
| 40         | 2.26                              | 1.88     | 1.50     | 1.13     |
| 45         | 0.53                              | 0.44     | 0.35     | 0.27     |
| 50+        | 0.00                              | 0.00     | 0.00     | 0.00     |

#### Hourly Employees

Sample rates:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 25         | 5.27%       |
| 35         | 4.47        |
| 40         | 3.84        |
| 45         | 3.22        |
| 55         | 0.33        |

### ***Assumptions Made In Valuing Spouse's Benefit***

Eighty-five percent of the male employees and fifty percent of the female employees included in the valuation are assumed to be married. Females are assumed to be the same age as males.

### ***Annual Increases to Maximum Benefits and Plan Compensation Limits***

N/A

### ***Annual Increases to Social Security***

|                 | <u>Taxable Wage Base</u> | <u>Cost of Living Index</u> | <u>Average Earnings</u> |
|-----------------|--------------------------|-----------------------------|-------------------------|
| Funding:        | N/A                      | N/A                         | N/A                     |
| FAS 87 Expense: | N/A                      | N/A                         | N/A                     |

### ***Provision for Expenses***

The administrative expenses expected to be paid from plan assets were included in the Target Normal Cost for minimum contribution purposes. These are equal to actual expenses paid from the trust during the prior plan year. Expenses were subtracted from the Expected Return on Assets for FAS 87 expense purposes.

Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods – including –

Schedule SB, line 22 – Description of Weighted Average Retirement Age – and –

Schedule SB, line 24 – Change in Actuarial Assumptions

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Buehler Food Markets Incorporated Employees' Pension Plan and Trust

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## **APPENDIX B (Continued)**

***FAS 87  
Measurement Date***

January 1

***Fiscal Year***

The 12-month period ending each December 31.

***Asset Method***

Funding: Market Value of Assets plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for each year equals the market value at the beginning of the year projected to the end of the year using an assumed rate of return limited to the third segment rate for the applicable plan year minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that a characteristic of this asset valuation method is that, over time, it is more likely to produce an actuarial value of assets that is less than the market value of assets.

FAS 35: Market Value of Assets plus any contributions for prior plan years that will be made in this plan year.

FAS 87: Market Value of Assets.

***Employees Valued***

Only participants as of the valuation date were valued.

***Changes in  
Assumptions and  
Methods since the  
Last Actuarial  
Valuation***

The segmented interest rates used for determining the funding target were 5.26%, 5.82% and 6.38%. The method for selecting interest rates was changed from using the September segment rates to the full yield curve for November.

The mortality table for the funding target was updated as required under PPA '06.

The asset method was the market value of assets plus any unpaid contributions.

For funding purposes, expenses were not included in the Target Normal Cost last year, but are included this year.

The FAS 87 Expense was calculated using a discount rate of 6.50%.

Rates of disability were removed since this plan's disability benefit is the same as its termination benefit.

Schedule SB, line 7 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods – including –

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Buehler Food Markets Incorporated Employees' Pension Plan and Trust

January 1, 2009 Valuation

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## **APPENDIX B (Continued)**

***Changes in  
Assumptions and  
Methods since the  
Last Actuarial  
Valuation  
(continued)***

The retirement rates were slightly higher between ages 61 and 64 last year.

The turnover rates varied by age, gender, and employment type last year.

***Justification for  
Changes in Actuarial  
Assumptions and  
Methods***

Approval is not required for the assumption changes required or automatically allowed by statute.

Approval for non-prescribed actuarial assumptions is not required since the plan does not qualify as a large plan under Reg. 1.430(d)-1(f)(8)(ii).

Automatic approval for the change in asset method is granted per Reg. 1.430(g)-1(f)(3).

Automatic approval for the change in interest rate methodology is granted per Reg. 1.430(h)(2)-1(h)(3).

***Explanation of  
Discrepancy in Prior  
Year Funding  
Standard Carryover  
Balance or  
Prefunding Balance***

Written notification was provided on 10/15/2009 that revoked prior elections to utilize Carryover Balance to the extent the amount exceeded the minimum contribution requirement. Such revocation is allowed under Reg. 1.430(f)-1(f)(3)(ii).

Schedule SB, line 22 – Description of Weighted Average Retirement Age  
Buehler Food Markets Incorporated Employees' Pension Plan and Trust  
January 1, 2009 Valuation  
EIN/PN: 34-0677847 / 001

## APPENDIX B

### STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

| <i>Rates of Retirement</i> | <u>Age</u> | <u>Rate</u> |
|----------------------------|------------|-------------|
|                            | 55-57      | 1%          |
|                            | 58-59      | 2           |
|                            | 60         | 3           |
|                            | 61-64      | 5           |
|                            | 65         | 100         |

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

## APPENDIX B

### STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

***Changes in  
Assumptions and  
Methods since the  
Last Actuarial  
Valuation***

The mortality table for the funding target was updated as required under PPA '06.

The FAS 87 Expense was calculated using a discount rate of 6.50%.

Rates of disability were removed since this plan's disability benefit is the same as its termination benefit.

The retirement rates were slightly higher between ages 61 and 64 last year.

The turnover rates varied by age, gender, and employment type last year.

***Justification for  
Changes in Actuarial  
Assumptions and  
Methods***

Approval is not required for the assumption changes required or automatically allowed by statute.

Approval for non-prescribed actuarial assumptions is not required since the plan does not qualify as a large plan under Reg. 1.430(d)-1(f)(8)(ii).

## APPENDIX B

### STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

***Changes in  
Assumptions and  
Methods since the  
Last Actuarial  
Valuation***

The segmented interest rates used for determining the funding target were 5.26%, 5.82% and 6.38%. The method for selecting interest rates was changed from using the September segment rates to the full yield curve for November.

The asset method was the market value of assets plus any unpaid contributions.

For funding purposes, expenses were not included in the Target Normal Cost last year, but are included this year.

***Justification for  
Changes in Actuarial  
Assumptions and  
Methods***

Automatic approval for the change in asset method is granted per Reg. 1.430(g)-1(f)(3).

Automatic approval for the change in interest rate methodology is granted per Reg. 1.430(h)(2)-1(h)(3).

Schedule SB, line 32 – Schedule of Amortization Bases  
 Buehler Food Markets Incorporated Employees' Pension Plan and Trust  
 January 1, 2009 Valuation  
 EIN/PN: 34-0677847 / 001

**EXHIBIT VII**  
**SCHEDULE OF SHORTFALL AMORTIZATION BASES**

|                                                    | Plan Year Beginning |                              |                    | 1/01/2009                                |
|----------------------------------------------------|---------------------|------------------------------|--------------------|------------------------------------------|
|                                                    | Date<br>Established | Present Value<br>of Payments | Remaining<br>Years | Shortfall<br>Amortization<br>Installment |
| <b><i>Shortfall<br/>Amortization<br/>Bases</i></b> | 1/01/2009           | <u>\$3,110,330</u>           | 7.00               | <u>\$ 553,943</u>                        |
|                                                    | Total               | \$3,110,330                  |                    | \$ 553,943                               |
| <b><i>Waiver<br/>Amortization<br/>Bases</i></b>    | 1/01/2009           | <u>\$ 0</u>                  | 0.00               | <u>\$ 0</u>                              |
|                                                    | Total               | \$ 0                         |                    | \$ 0                                     |

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2009 Valuation  
 Buehler Food Markets, Inc. Employees Pension Plan and Trust  
 (EIN: 34-0677847; PN: 001)

| Attained<br>Age | Years of Credited Service |        |        |          |          |          |          |          |          |         |
|-----------------|---------------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|
|                 | 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 & up |
| Under 25        | 14                        | 35     | -      | -        | -        | -        | -        | -        | -        | -       |
| 25 to 29        | 10                        | 58     | 30     | -        | -        | -        | -        | -        | -        | -       |
| 30 to 34        | 4                         | 22     | 22     | 17       | 2        | -        | -        | -        | -        | -       |
| 35 to 39        | 5                         | 28     | 27     | 25       | 23       | -        | -        | -        | -        | -       |
| 40 to 44        | 4                         | 17     | 30     | 21       | 22       | 22       | 1        | -        | -        | -       |
| 45 to 49        | 9                         | 43     | 45     | 24       | 31       | 18       | 27       | -        | -        | -       |
| 50 to 54        | 11                        | 40     | 50     | 28       | 35       | 15       | 26       | 29       | 3        | -       |
| 55 to 59        | 10                        | 49     | 36     | 18       | 24       | 9        | 15       | 21       | 16       | -       |
| 60 to 64        | 8                         | 39     | 29     | 16       | 12       | 9        | 9        | 4        | 3        | 2       |
| 65 to 69        | 11                        | 17     | 9      | 10       | 6        | 1        | 3        | -        | -        | -       |
| 70 & up         | 13                        | 18     | 8      | 3        | -        | -        | -        | -        | -        | -       |

Average compensation and the average annual accrued benefit are not required to be reported since this is a "hard-frozen" plan and benefits are not primarily pay-related.

BUEHLER FOOD MARKETS, INCORPORATED  
EMPLOYEES PENSION PLAN AND TRUST  
EIN: 34-0677847  
PLAN NO. 001

SCHEDULE H, LINE 4I - SUPPLEMENTAL SCHEDULE OF  
ASSETS HELD AT END OF YEAR  
MODIFIED CASH BASIS  
December 31, 2009

| (a)<br>Party in<br>Interest | (b) Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | (c) Description<br>of Investment<br>Including<br>Maturity Date,<br>Rate of Interest,<br>Collateral, Par or<br>Maturity Value | (d) Cost      | (e) Current<br>Value |
|-----------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|
|                             | American Century Small Cap Value Fund                          | Pooled equity fund                                                                                                           | \$ 194,641    | \$ 206,457           |
|                             | Oppenheimer Main Street Small Cap Fund                         | Pooled equity fund                                                                                                           | 207,125       | 214,382              |
|                             | Royce Pennsylvania Mutual Fund                                 | Pooled equity fund                                                                                                           | 246,534       | 215,131              |
|                             | Columbia Acorn Fund                                            | Pooled equity fund                                                                                                           | 247,496       | 230,014              |
|                             | JP Morgan Mid Cap Value Fund                                   | Pooled equity fund                                                                                                           | 196,287       | 250,589              |
|                             | T Rowe Price Mid Cap Growth Fund                               | Pooled equity fund                                                                                                           | 518,377       | 539,965              |
|                             | T Rowe Price Mid Cap Value Fund                                | Pooled equity fund                                                                                                           | 235,213       | 243,601              |
|                             | Wells Fargo Advantage Mid Cap Disciplined<br>Fund              | Pooled equity fund                                                                                                           | 321,447       | 262,875              |
|                             | Allianz NFJ Dividend Value Fund                                | Pooled equity fund                                                                                                           | 898,129       | 736,235              |
|                             | American Beacon Large Cap Value Fund                           | Pooled equity fund                                                                                                           | 1,323,311     | 1,096,648            |
|                             | Columbia Marsico Focused Equities Fund                         | Pooled equity fund                                                                                                           | 774,688       | 601,871              |
|                             | American Fundamental Investors                                 | Pooled equity fund                                                                                                           | 1,175,433     | 992,903              |
|                             | T Rowe Price Growth Stock Fund                                 | Pooled equity fund                                                                                                           | 687,532       | 586,299              |
|                             | Vanguard Windsor II Fund                                       | Pooled equity fund                                                                                                           | 1,329,390     | 1,099,103            |
|                             | Blackrock International Opportunities Fund                     | Pooled equity fund                                                                                                           | 625,780       | 621,907              |
|                             | Blackrock Global Allocation Fund                               | Pooled equity fund                                                                                                           | 1,652,408     | 1,638,214            |
|                             | American Europacific Growth Fund                               | Pooled equity fund                                                                                                           | 2,212,229     | 2,661,744            |
|                             | PIMCO All Asset Fund                                           | Pooled equity fund                                                                                                           | 1,690,814     | 1,621,283            |
|                             | Hartford Capital Appreciation Fund                             | Pooled equity fund                                                                                                           | 1,233,655     | 1,001,726            |
|                             | T Rowe Price Spectrum Growth Fund                              | Pooled equity fund                                                                                                           | 1,093,323     | 850,186              |
|                             | Vanguard Morgan Growth Fund                                    | Pooled equity fund                                                                                                           | 727,664       | 585,542              |
|                             | Dodge & Cox Income Fund                                        | Pooled fixed income fund                                                                                                     | 2,342,385     | 2,473,982            |
|                             | Loomis Sayles Bond Institutional Fund                          | Pooled fixed income fund                                                                                                     | 1,665,215     | 1,662,459            |
|                             | American Bond Fund of America                                  | Pooled fixed income fund                                                                                                     | 10            | 10                   |
|                             | PIMCO Total Return Fund                                        | Pooled fixed income fund                                                                                                     | 3,627,563     | 3,785,939            |
| *                           | Marshall Prime Money Market                                    | Money market fund                                                                                                            | 207,462       | 207,462              |
|                             | Northwest Mutual Life<br>Insurance Companies                   | Cash surrender value of<br>life insurance policies                                                                           | 249,644       | 249,644              |
|                             | Total                                                          |                                                                                                                              | \$ 25,683,755 | \$ 24,636,171        |

\* Represents a party-in-interest to the Plan.

SUEHLER FOOD MARKETS, INCORPORATED  
 EMPLOYEES PENSION PLAN AND TRUST  
 EIN: 34-0677847  
 PLAN NO. 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
 MODIFIED CASH BASIS  
 for the year ended December 31, 2009

| (a) Identity of Party Involved  | (b) Description of Assets                                                                                                                                                                                                                                                                                                                                                                                     | (c) Purchase Price                                             | (d) Selling Price                              | (e) Lease Rental            | (f) Expense Incurred with Transaction | (g) Cost of Asset                                                       | (h) Value of Asset on Transaction Date                                          | (i) Net Gain or (Loss)                       |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------|-----------------------------|---------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|
| <u>Reporting Criterion I:</u>   | Any transaction within the Plan year, with respect to any Plan asset, involving an amount in excess of five percent of the current value of Plan assets.<br>- Blackrock Global Allocation Fund<br>- American Bond Fund of America<br>- Dodge & Cox Income Fund                                                                                                                                                | \$ 1,629,384<br>-<br>1,425,788                                 | -<br>1,425,788<br>-                            | \$<br>-<br>-                | -<br>-<br>-                           | -<br>1,629,384<br>1,761,555<br>1,425,788                                | \$ 1,629,384<br>1,761,555<br>1,425,788                                          | -<br>-<br>(335,767)<br>-                     |
| <u>Reporting Criterion II:</u>  | Any series of transactions (other than transactions with respect to securities) within the Plan year with or in conjunction with the same person which, when aggregated, regardless of the category of asset and the gain or loss of any transaction, involves an amount in excess of five percent of the current value of Plan assets.<br>None.                                                              |                                                                |                                                |                             |                                       |                                                                         |                                                                                 |                                              |
| <u>Reporting Criterion III:</u> | Any series of transactions within the Plan year involving securities of the same issue which, when aggregated, involve an amount in excess of five percent of the current value of Plan assets.<br>- Blackrock Global Allocation Fund<br>- American Bond Fund of America<br>- Dodge & Cox Income Fund<br>- American Europacific Growth Fund<br>- Marshall Prime Money Market<br>- Marshall Prime Money Market | \$ 1,552,408<br>-<br>2,398,162<br>1,741,091<br>10,587,176<br>- | \$ 1,432,778<br>-<br>-<br>-<br>-<br>10,505,615 | \$<br>-<br>-<br>-<br>-<br>- | -<br>-<br>-<br>-<br>-                 | \$ 1,552,408<br>-<br>2,398,162<br>1,741,091<br>10,587,176<br>10,505,615 | \$ 1,552,408<br>1,768,119<br>2,398,162<br>1,741,091<br>10,587,176<br>10,605,615 | -<br>-<br>-<br>-<br>-<br>-<br>(335,341)<br>- |
| <u>Reporting Criterion IV:</u>  | Any transaction within the Plan year with respect to securities with or in conjunction with a person if any prior or subsequent single transaction within the Plan year with such person with respect to securities exceeds five percent of the current value of Plan assets.<br>None.                                                                                                                        |                                                                |                                                |                             |                                       |                                                                         |                                                                                 |                                              |