

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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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:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan CHIEF SUPER MARKET, INC. (BRODBECK'S UNION EMPLOYEES) PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 05/24/1969
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CHIEF SUPER MARKET, INC. 1340 WEST HIGH STREET, STE E DEFIANCE, OH 43512	2b Employer Identification Number (EIN) 34-4430575 2c Sponsor's telephone number 419-782-0950 2d Business code (see instructions) 445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	VICKI BOROFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PLAN COMMITTEE CHIEF SUPER MARKET, INC. 1340 WEST HIGH STREET, STE E DEFIANCE, OH 43512	3b Administrator's EIN 34-4430575 <hr/> 3c Administrator's telephone number 419-782-0950
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN <hr/> 4c PN
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5 Total number of participants at the beginning of the plan year	5	123
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	86
b Retired or separated participants receiving benefits.....	6b	3
c Other retired or separated participants entitled to future benefits.....	6c	27
d Subtotal. Add lines 6a , 6b , and 6c	6d	116
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	117
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust	(3) ☐ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

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)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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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 CHIEF SUPER MARKET, INC. (BRODBECK'S UNION EMPLOYEES) PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. CHIEF SUPER MARKET, INC.		
D Employer Identification Number (EIN) 34-4430575		

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

(a) Name of insurance carrier
STANDARD 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
93-0242990	6019	802126	117	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
4555	

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

PATRICK KENNEY
3400 EXECUTIVE PKWY
TOLEDO, OH 43606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4555			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	858396
5 Current value of plan's interest under this contract in separate accounts at year end	5	856286

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	767918
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	24437	
(4) Transferred from separate account	7c(4)	92408	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	116845
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d Total of balance and additions (add b and c(6)).	7d	884763
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	26044	
(2) Administration charge made by carrier	7e(2)	323	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	26367
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f Balance at the end of the current year (subtract e(5) from d)	7f	858396
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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:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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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.

A Name of plan <u>CHIEF SUPER MARKET, INC. (BRODBECK'S UNION EMPLOYEES) PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHIEF SUPER MARKET, INC.</u>	D Employer Identification Number (EIN) <u>34-4430575</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>1581366</u>
b	Actuarial value 2b <u>1581366</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>4</u> <u>185974</u>
b	For terminated vested participants 3b <u>22</u> <u>184132</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>3270</u>
(2)	Vested benefits 3c(2) <u>1258671</u>
(3)	Total active 3c(3) <u>97</u> <u>1261941</u>
d	Total 3d <u>123</u> <u>1632047</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.28</u> %
6	Target normal cost 6 <u>1000</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.

SIGN HERE	<u>09/14/2010</u>
Signature of actuary <u>ROGER H. AROCKIAM, FSA EA MAA</u>	Date <u>08-04357</u>
Type or print name of actuary <u>STANDARD RETIREMENT SERVICES, INC.</u>	Most recent enrollment number <u>971-321-2226</u>
Firm name <u>PO BOX 711</u> <u>PORTLAND, OR 97207-0711</u>	Telephone number (including area code)
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)	24113	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).....	24113	0
10	Interest on item 9 using prior year's actual return of <u>-8.07</u> %	-1946	0
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 _____ %		
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.....	0	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	22167	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	96.89 %
15	Adjusted funding target attainment percentage.....	15	96.89 %
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	108.40 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	18(c)

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 0
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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.07 %	2nd segment: 6.09 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	1000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	1000	1000
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>CHIEF SUPER MARKET, INC. (BRODBECK'S UNION EMPLOYEES) PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHIEF SUPER MARKET, INC.</u>	D Employer Identification Number (EIN) <u>34-4430575</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	813448	856286
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	767918	858396
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1581366	1714682

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1581366	1714682
---	-----------	---------	---------

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: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	24437	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24437
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		162838
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		187275

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53284	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		53284
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	675	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		675
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		53959

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		133316
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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: PLANTE MORAN

(2) EIN: 38-1357951

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
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)

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan CHIEF SUPER MARKET, INC. (BRODBECK'S UNION EMPLOYEES) PENSION PLAN				B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHIEF SUPER MARKET, INC.				D Employer Identification Number (EIN) 34-4430575	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 93-0242990					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	6
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☒ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2009 v.092308.1					

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:

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

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

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

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

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

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

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

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

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

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

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

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

**Chief Supermarkets, Inc.
(Brodbeck's Union Employees)
Pension Plan**

**Financial Report
December 31, 2009**

Chief Supermarkets, Inc. (Brodbeck's Union Employees) Pension Plan

Contents

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Independent Auditor's Report

To the Plan Administrator
Chief Supermarkets, Inc.
(Brodbeck's Union Employees) Pension Plan

We were engaged to audit the financial statements and supplemental schedule of Chief Supermarkets, Inc. (Brodbeck's Union Employees) Pension Plan (the "Plan") as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule 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 administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by The Standard Insurance Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2009 and 2008 and for the years then ended that the information provided to the plan administrator by the Trustee is complete and accurate.

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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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 of America 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.

As explained in Note 7, the financial statements include investments valued at \$858,396 (50 percent of net assets) at December 31, 2009 and at \$767,918 (49 percent of net assets) at December 31, 2008 whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the Trustee. See Note 7 for additional information.

Plante & Moran, PLLC

Ann Arbor, Michigan
October 1, 2010

Chief Supermarkets, Inc.
(Brodbeck's Union Employees) Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2009	December 31, 2008
Assets - Investments		
Pooled separate accounts	\$ 856,286	\$ 813,449
Unallocated insurance contract	858,396	767,918
Net Assets Available for Benefits	\$ 1,714,682	\$ 1,581,367

Chief Supermarkets, Inc.

(Brodbeck's Union Employees) Pension Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2009	December 31, 2008
Additions to Net Assets - Investment income (loss)		
Interest and dividends	\$ 24,437	\$ 26,606
Net realized and unrealized gains (losses) on pooled separate accounts	162,837	(166,945)
Total additions - Net	187,274	(140,339)
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	53,284	33,112
Administrative expenses	675	675
Total deductions	53,959	33,787
Net Increase (Decrease)	133,315	(174,126)
Net Assets Available for Benefits		
Beginning of year	1,581,367	1,755,493
End of year	<u>\$ 1,714,682</u>	<u>\$ 1,581,367</u>

Chief Supermarkets, Inc. (Brodbeck's Union Employees) Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 1 - Plan Description

The following description of Chief Supermarkets, Inc. (Brodbeck's Union Employees) Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit plan that covered all full-time employees of Chief Supermarkets, Inc. (the "Company") who had completed 1,000 hours of service in 12 consecutive months and were age 21 or older prior to the Plan being frozen to new entrants on October 12, 2007. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The Company maintains a funding standard account with annual contributions to the Plan determined on an actuarial basis but in no instance below the minimum required by Section 412 of the Internal Revenue Code. All contributions to the Plan are made by the Company. No voluntary employee contributions are allowed.

There were no required contributions for the years ended December 31, 2009 and 2008.

Payment of Benefits - Distributions are payable upon retirement, death, disability, or termination of employment in the form of a life annuity, with an option to receive a lump-sum amount as defined in the Plan. Upon early retirement, a participant is entitled to receive a reduced retirement benefit under the Plan.

Eligibility and Vesting - Employees become participants in the Plan following completion of the eligibility requirements as described in the Plan and are fully vested for normal retirement benefits after five years of service.

Effective October 12, 2007, the Plan was amended to eliminate the entry of any new participants to the Plan after that date. This amendment also stops all participants from accruing further benefits or years of service and changes the date for determining covered compensation to be no later than October 12, 2007.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by The Standard Insurance Company. The Standard Insurance Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value. Investments in pooled separate accounts are stated at fair value, based on the fair value of the underlying assets. The investments in unallocated insurance contracts are presented at contract value, which approximates fair value.

Chief Supermarkets, Inc.

(Brodbeck's Union Employees) Pension Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 2 - Summary of Significant Accounting Policies (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

See Note 7 for additional information.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Company.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 1, 2010, which is the date the financial statements were available to be issued.

Chief Supermarkets, Inc. (Brodbeck's Union Employees) Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 3 - Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by consulting actuaries from The Standard Insurance Company. The calculations of the estimated present value of accumulated plan benefits are attributable to participants in the Plan, which were made as of and for the years ended December 31, 2008 and 2007, the most recent actuarial valuations by The Standard Insurance Company.

	<u>2008</u>	<u>2007</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving benefits	\$ 172,301	\$ 184,222
Participants entitled to deferred benefits	162,332	146,049
Other participants	<u>1,153,365</u>	<u>1,089,379</u>
Total vested benefits	1,487,998	1,419,650
Nonvested benefits	<u>2,984</u>	<u>8,025</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 1,490,982</u>	<u>\$ 1,427,675</u>

Chief Supermarkets, Inc. (Brodbeck's Union Employees) Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 3 - Accumulated Plan Benefits (Continued)

	2008	2007
Actuarial Present Value of Accumulated Plan		
Benefits - Beginning of year	\$ 1,427,675	\$ 1,306,186
Increase (decrease) during the year attributable to:		
Benefits accumulated	(2,379)	99,193
Interest due to decrease in discount period	98,798	89,034
Benefits paid	(33,112)	(69,730)
Change in assumptions	-	2,992
Net increase	63,307	121,489
Actuarial Present Value of Accumulated Plan		
Benefits - End of year	<u>\$ 1,490,982</u>	<u>\$ 1,427,675</u>

Significant assumptions underlying the actuarial computations are as follows:

- Actuarial cost method used was the market value method for 2008 and 2007.
- Retirement age was 65 years of age for both 2008 and 2007.
- Discount rate was 7.0 percent for 2008 and 2007.
- Mortality basis was the IRS 2009 Combined Static Mortality Table for 2008 and the 1994 Group Annuity Mortality Static Table for 2007
- 25 percent of participants were assumed to select a life annuity, with the remaining 75 percent electing a lump sum for 2008 and 2007.

These actuarial assumptions are 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.

Note 4 - Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee while other benefits may not be provided for at all.

Chief Supermarkets, Inc.

(Brodbeck's Union Employees) Pension Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Unaudited Investment Information

The Standard Insurance Company (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment results included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the Trustee.

Significant investments at end of year are as follows:

	2009	2008
Pooled separate accounts:		
Vanguard Mid Cap Index Investment Fund	\$ 88,118	\$ -
Vanguard Strategic Equity Fund	-	84,125
Fidelity Advisors Diversified International Fund	-	85,487
Davis New York Venture Fund	172,529	162,778
Harbor Bond Fund	340,667	315,885
Vanguard Wellington Fund	171,220	165,174
Unallocated insurance contract - Stable Asset Fund II	858,396	767,918

Note 7 - Fair Value Measurements

Accounting standards require certain assets and liabilities to be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2009 and 2008 and the valuation techniques used by the Plan to determine those fair values.

Level I - In general, fair values determined by Level I inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Chief Supermarkets, Inc. (Brodbeck's Union Employees) Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 7 - Fair Value Measurements (Continued)

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset. Significant inputs for the unallocated contract include credit rating of the issuer, deposits made to the contract, earnings at guaranteed crediting rates, withdrawals, and fees.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2009

	Level 1	Level 2	Level 3	Balance at December 31, 2009
Pooled separate accounts:				
Equity investments (1)	\$ -	\$ 344,399	\$ -	\$ 344,399
Fixed-income investments (2)	-	340,667	-	340,667
Balanced investments (3)	-	171,220	-	171,220
Unallocated insurance contract	-	-	858,396	858,396
Total	\$ -	\$ 856,286	\$ 858,396	\$ 1,714,682

Assets Measured at Fair Value on a Recurring Basis at December 31, 2008

	Level 1	Level 2	Level 3	Balance at December 31, 2008
Pooled separate accounts:				
Equity investments (1)	\$ -	\$ 332,390	\$ -	\$ 332,390
Fixed-income investments (2)	-	315,885	-	315,885
Balanced investments (3)	-	165,174	-	165,174
Unallocated insurance contract	-	-	767,918	767,918
Total	\$ -	\$ 813,449	\$ 767,918	\$ 1,581,367

Chief Supermarkets, Inc. (Brodbeck's Union Employees) Pension Plan

Notes to Financial Statements December 31, 2009 and 2008

Note 7 - Fair Value Measurements (Continued)

- (1) This class represents investments in actively managed pooled separate accounts that invest primarily in equity securities, which may include common stocks, options, and futures. Investments are valued at the net asset value per share multiplied by the number of shares held as of the measurement date.
- (2) This class represents investments in actively managed pooled separate accounts that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures. Investments are valued at the net asset value per share multiplied by the number of shares held as of the measurement date.
- (3) This class represents investments in actively pooled separate accounts with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures. Investments are valued at the net asset value per share multiplied by the number of shares held as of the measurement date.

Changes in Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2008 and 2009 are as follows:

	Unallocated Insurance Contract
Balance at January 1, 2009	\$ 767,918
Purchases - Net	<u>90,478</u>
Balance at December 31, 2009	<u><u>\$ 858,396</u></u>
	Unallocated Insurance Contract
Balance at January 1, 2008	\$ 832,988
Sales - Net	<u>(65,070)</u>
Balance at December 31, 2008	<u><u>\$ 767,918</u></u>

Chief Supermarkets, Inc.
(Brodbeck's Union Employees) Pension Plan

Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 34-0979906, Plan No. 001
December 31, 2009

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
The Standard Insurance Company	Pooled separate accounts:		
	Harbor Bond Fund	\$ 268,569	\$ 340,667
	Vanguard Wellington Fund	152,504	171,220
	Davis New York Venture Fund	168,667	172,529
	Thornburg International Value Fund	84,468	83,752
	Vanguard Mid Cap Index		
	Investment Fund	84,035	88,118
The Standard Insurance Company	Unallocated insurance contract -		
	Stable Asset Fund II	779,415	858,396
	Total investments	<u>\$ 1,537,658</u>	<u>\$ 1,714,682</u>

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan
EIN/PN/PYC: 34-4430575 / 001 / 1-1-2009

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	Years of credited service:										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	
Under 25		2									2
25 to 29		2	6	5							13
30 to 34			2	3	1						6
35 to 39			1	1	3	2					7
40 to 44		1	3	2		1	1				8
45 to 49			2	2	3	2	5	2			16
50 to 54			6	6			2	4	1		19
55 to 59		1	2	3	1	2		1	1		11
60 to 64			1	1				2			4
65 to 69		1	1								2
70 & up		1	4	1	2			1			9
Total	0	8	28	24	10	7	8	10	2	0	97

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan
EIN/PN/PYC: 34-4430575 / 001 / 1-1-2009

Sch SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Value of Assets:	Market Value Method
Funding Target Discount Rates:	
Years 0 to 5:	5.07%
Years 6 to 20:	6.09%
Years 21 on:	6.56%
FAS 35 Discount Rate:	7.00%
SFAS 87 Expense Discount Rate:	6.00%
Investment Return:	7.00% (for FAS-87 only)
Turnover:	<u>T-8 Less GA51 (Male)</u>
	Age Rate
	25 11.62%
	40 9.40%
	55 1.73%
Disability Incidence:	None
Retirement:	Normal Retirement Age
Pre-Retirement Mortality:	IRS 2009 Combined Static Mortality
Post-Retirement Mortality:	IRS 2009 Combined Static Mortality
Post-Disablement Mortality:	IRS 2009 Combined Static Mortality
Marital Status:	100% of males and females are assumed to be married with males 3 years older than spouses.
Assumed Form of Payment:	25% of participants are assumed to elect a Life Annuity, with the remaining 75% electing a Lump Sum
Expenses:	\$1,000 per year, paid from Plan Assets

**Sch SB, Part V – Statement of Actuarial Assumptions/Methods
(cont.)**

Plan Benefits Not Considered: None.

Changes Since Prior Year: The PPA mandated changes were implemented, and an explicit expense assumption was added.

Chief Super Market
EIN/PN: 34-4430575 / 001
Plan Year Starting: January 1, 2009
Schedule SB Line 25 - Change in Method

PPA mandated changes were implemented and an explicit expense assumption was added.

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan
EIN/PN/PYC: 34-4430575 / 001 / 1-1-2009

Schedule SB, line 32 – Schedule of Amortization Bases

1.	1st segment rate	5.07%
	2nd segment rate	6.09%
2.	Funding target	\$1,632,048
3.	Adjusted plan assets	
	(a) Actuarial assets	\$1,581,366
	(b) Funding Standard Carryover Balance	\$22,167
	(c) Prefunding Balance (PFB)	\$0
	(d) Adjusted assets: (a)-(b)-(c), not less than 0	\$1,559,199
4.	Funding shortfall: (2)-(3)(d), not less than 0	72,849
5.	Current shortfall amortization installments	
	(a) Annual installments	
	(i) Year -1 base (6 years remaining)	\$0
	(ii) Year -2 base (5 years remaining)	0
	(iii) Year -3 base (4 years remaining)	0
	(iv) Year -4 base (3 years remaining)	0
	(v) Year -5 base (2 years remaining)	0
	(vi) Year -6 base (1 years remaining)	0
	(b) Total annual installments	\$0
	(c) Present value of installments to be made	
	(i) On the valuation date	\$0
	(ii) In 1 year	0
	(iii) In 2 years	0
	(iv) In 3 years	0
	(v) In 4 years	0
	(vi) In 5 years	0
	(d) Total present value of annual installments	\$0
6.	Exemption from new shortfall amortization base	
	(a) Target liability percentage	94.00%
	(b) Shortfall funding target: (2)x(a)	\$1,534,125
	(c) Prefunding Balance if used to reduce the Minimum Required Contribution, else 0	0
	(d) Exempt?: [(3)(a)-(c)]>=(b)	Yes
7.	Shortfall amortization base	
	(a) Adjusted funding shortfall: (6)(b)-(3)(d), not less than 0	\$0
	(b) New current year base: (a)-(5)(d), or 0 if exempt	0
	(c) New 7-year installment amount	0
8.	Shortfall amortization charge: (5)(b)+(7)(c), not less than 0	\$0

Chief Super Market
 EIN/PN: 34-4430575 / 001
 Plan Year Starting: January 1, 2008
 Schedule SB Line 22 - Description of Weighted Average Retirement Age

Calculation of Estimated Retirement Age

The weighted retirement age is calculated as follows:

Assumed Retirement Age	Estimated # of Plan Participants	% Expected to Retire	# Expected to Retire	Weighted Factor
55	113.00	0%	0.00	0.00
56	113.00	0%	0.00	0.00
57	113.00	0%	0.00	0.00
58	113.00	0%	0.00	0.00
59	113.00	0%	0.00	0.00
60	113.00	0%	0.00	0.00
61	113.00	0%	0.00	0.00
62	113.00	0%	0.00	0.00
63	113.00	0%	0.00	0.00
64	113.00	0%	0.00	0.00
65	113.00	100%	113.00	7345.00
			113.00	7345.00

Weighted Average Retirement Age:

65

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan
EIN/PN/PYC: 34-4430575 / 001 / 1-1-2009

Sch SB, Part V – Summary of Plan Provisions

Original Effective Date:	May 24, 1969
Last Restatement:	January 1, 2006
Subsequent Amendments:	EGTRRA Amendment - adopted 7-24-2006 Reduction in Mandatory Cashout Amount - adopted 7-24-2006 Freeze Amendment - adopted 8-23-2007, effective 10-12-2007 4th Amendment (clarified definition of compensation) - adopted 4-17-2008
Participation:	Entry into the plan was frozen on 10-12-2007. Prior to 10-12-2007, employees were eligible to enter the plan after completing one year of employment working at a rate of 1,000 hours or more and attaining age 21. Plan entry was each anniversary or six months following the plan anniversary.
Service:	Accrual of benefit service was frozen on 10-12-2007. Prior to 10-12-2007, participants received a year of benefit service for each plan year in which they worked at least 1,000 hours. For the short plan year from May 24, 2005 to December 31, 2005, participants received a fractional year of service if they worked less than 1,000 hours. This fractional amount was equal to the actual hours worked divided by 1,000.
Vesting Service:	The sum of the plan years during which a participant has at least 1,000 hours of service.
Normal Retirement Date:	Normal retirement is upon attainment of age 65 with 5 years of participation.
Early Retirement Date:	At any time after completion of ten years of Vesting Service and attainment of age 55 a participant may elect early retirement.
Average Monthly Earnings:	Average monthly compensation (AMC) is the participant's highest five consecutive calendar year earnings divided by 60. This was frozen on 10-12-2007.
Retirement Benefit Amount:	Benefits were frozen on 10-12-2007. Prior to 10-12-2007, the monthly benefit at normal retirement age was equal to (a) + (b) multiplied by (c) as follows:

Schedule SB, Part V -Summary of Plan Provisions (cont.)

- (a) 1% times average monthly compensation (AMC), plus
- (b) .65% times AMC in excess of the Social Security Integration Level, multiplied by
- (c) Years of benefit service not to exceed 35 years.

Social Security Integration Level as used in the benefit formula which considers the permitted disparity rules of Section 401(l) of the Code means the participant's Covered Compensation for the plan year.

In calculating the retirement benefit of a grandfathered participant whose employment as an employee has not continued to normal retirement date, the amount determined under paragraph (1) and (2) above shall be separately multiplied by a fraction, not to exceed one, the numerator of which is the grandfathered participant's actual years of credited service and the denominator of which is the number of years of credited service the grandfathered participant would have at normal retirement date if he continued employment

Termination Benefit:

A terminating participant who has completed 5 years of service is entitled to receive a vested benefit as described above starting on his normal retirement date. The amount of the benefit is the normal retirement benefit earned on the basis of service and salary to termination date multiplied by the appropriate vested percentage from the following table:

<u>Years of Service</u>	<u>Vested Interest</u>
less than 5	0%
5 or more	100%

In addition, a participant becomes 100% vested upon death, total and permanent disability, or attainment of normal retirement age while an active employee.

Early Retirement Benefit:

The amount of retirement income earned on the basis of service to date is reduced 1/15th for the first 5 years and 1/30th for the next 5 years by which early retirement precedes normal retirement.

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan
EIN/PN/PYC: 34-4430575 / 001 / 1-1-2009

Schedule SB, Part V - Summary of Plan Provisions (cont.)

<i>Normal Form of Benefit:</i>	The normal annuity form is a monthly income payable as a straight life annuity. At the participant's option, retirement income may be paid on a joint and survivor basis, as a certain and life option, or as a lump sum. Election of an optional annuity form may be made at any time before retirement. When an optional annuity form is elected, the amount of income is adjusted so the cost to the fund is the same as it would have been under the normal annuity form.
<i>Optional Benefit Forms:</i>	Single Life Annuity, Joint and Survivor Annuity (100%, 75%, 67% or 50%), Certain and Life Annuity (60-, 120- or 180-months certain), and Lump Sum
<i>Death Benefits (Pre-Retirement):</i>	In the event of a participant's death before retirement but after becoming vested in a portion of the accrued benefit, the death benefit will be payable to the surviving spouse in the form of a Qualified Preretirement Survivor Annuity. The remaining value of the vested accrued benefit will be payable to the participant's surviving spouse or other beneficiary.
<i>Death Benefits (Post-Retirement):</i>	None except as provided by the annuity form elected.
<i>Changes Since Last Year:</i>	None

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

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

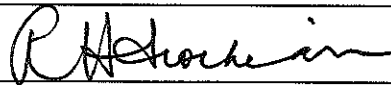
A Name of plan: CHIEF SUPER MARKET (BRODBECK'S) PEN. PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: CHIEF SUPER MARKET, INC.		D Employer Identification Number (EIN) 34-4430575
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>		
2 Assets:		
a Market value.....	2a	1,581,366
b Actuarial value.....	2b	1,581,366
3 Funding target/participant count breakdown		
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 4	185,974
b For terminated vested participants.....	3b 22	184,132
c For active participants:		
(1) Non-vested benefits.....	3c(1)	3,270
(2) Vested benefits.....	3c(2)	1,258,671
(3) Total active.....	3c(3) 97	1,261,941
d Total.....	3d 123	1,632,047
4 If the plan is at-risk, check the box and complete items (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate.....	5	6.28 %
6 Target normal cost.....	6	1,000

Statement by Enrolled Actuary

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

SIGN HERE		<u>9/14/10</u> Date
Signature of actuary		08-04357
ROGER H. AROCKIAM, FSA EA MAA		Most recent enrollment number
Type or print name of actuary		(971) 321-2226
STANDARD RETIREMENT SERVICES, INC.		Telephone number (including area code)
P O BOX 711		
Firm name		
PORTLAND		
Address of the firm		
OR 97207-0711		

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)	24,113	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)	24,113	0
10 Interest on item 9 using prior year's actual return of <u>(8.07)</u> %	(1,946)	
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 _____ %		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		
12 Reduction in balances due to elections or deemed elections	0	
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	22,167	0

Part III Funding percentages

14 Funding target attainment percentage	14	96.89 %
15 Adjusted funding target attainment percentage	15	96.89 %
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	108.40 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	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 0
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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.07 %2nd segment:
6.09 %3rd segment:
6.56 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions).....**31**

1,000

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

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

1,000

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	1,000		1,000

36 Additional cash requirement (item 34 minus item 35).....**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....**37**

0

38 Interest-adjusted excess contributions for current year (see instructions).....**38****39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....**39**

0

40 Unpaid minimum required contribution for all years**40**

0

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan
EIN/PN/PYC: 34-4430575 / 001 / 1-1-2009

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

(a)	(b) Identity of issuer	(c) Description of investment	(d) Cost	(e) Current Value
	Standard Insurance Company	Group Annuity Contract: Stable Asset Fund	858,396	858,396
	Standard Insurance Company	Pooled Separate Account A	758,242	856,286