

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 NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 06/01/1964
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND 9970 OLD AIRPORT HIGHWAY MONCLOVA, OH 43542	2b Employer Identification Number (EIN) 34-0947187 2c Sponsor's telephone number 800-567-5899 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	GUSTAVO RIVEIRA, CPA
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND 9970 OLD AIRPORT HIGHWAY MONCLOVA, OH 43542	3b Administrator's EIN 34-0947187 3c Administrator's telephone number 800-567-5899
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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 4c PN
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5 Total number of participants at the beginning of the plan year	5	6565
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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	1956
b Retired or separated participants receiving benefits.....	6b	1358
c Other retired or separated participants entitled to future benefits.....	6c	2881
d Subtotal. Add lines 6a , 6b , and 6c	6d	6195
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	107
f Total. Add lines 6d and 6e	6f	6302
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	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	9

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

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 (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</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
▶ 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 NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND		
D Employer Identification Number (EIN) 34-0947187		

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month 01 Day 01 Year 2009		
b Assets		
(1) Current value of assets	1b(1)	84937927
(2) Actuarial value of assets for funding standard account.....	1b(2)	101925512
c (1) Accrued liability for plan using immediate gain methods	1c(1)	129943405
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method.....	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	129943405
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information :		
(a) Current liability	1d(2)(a)	195346803
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1086703
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	
(3) Expected plan disbursements for the plan year	1d(3)	6647246

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.

<div>SIGN HERE</div>		09/24/2010
Signature of actuary		Date
STEPHEN B. SIEPMAN		
Type or print name of actuary		Most recent enrollment number
BUCK CONSULTANTS, LLC		314-719-2529
Firm name		Telephone number (including area code)
231 S. BEMISTON, SUITE 400, ST LOUIS, MO 63105-1914		
Address of the firm		

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a	84937927
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1425	70122431
(2) For terminated vested participants	2624	54182380
(3) For active participants:		
(a) Non-vested benefits		9138511
(b) Vested benefits		58903481
(c) Total active	1993	68041992
(4) Total	6042	192346803
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	44.16 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2009	1863063				
Totals ▶ 3(b)				1863063	3(c)

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5.....	4a	C
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	78.4 %
c Is the plan making the scheduled progress with any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status, were any adjustable benefits reduced?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	

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

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Reorganization
j ☐ Other (specify):

k If box h is checked, enter period of use of shortfall method	5k	
l Has a change been made in funding method for this plan year?		☒ Yes ☐ No
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40?		☒ Yes ☐ No
n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5n	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	4.82 %
b Rates specified in insurance or annuity contracts	Pre-retirement	Post-retirement
	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	8P04
(2) Females	6c(2)	8P04
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	%
f Salary scale	6f	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	-0.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-0.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	23678996	2495375
5	-8417320	-1140730

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	633486
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	72219974 9514580
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	761105
e Total charges. Add lines 9a through 9d	9e	10909171
Credits to funding standard account:		
f Prior year credit balance, if any	9f	7073703
g Employer contributions. Total from column (b) of line 3	9g	1863063
Outstanding balance		
h Amortization credits as of valuation date	9h	37128378 6900909
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1105091
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	56666117
(2) "RPA '94" override (90% current liability FFL)	9j(2)	73683439
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	16942766
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	6033595
n Funding deficiency: If line 9e is greater than 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2009 plan year.....	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	
(3) Total as of valuation date.....	9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	☒ Yes ☐ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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		
A Name of plan NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND	D Employer Identification Number (EIN) 34-0947187	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BUCK CONSULTANTS

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	178400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL EMPLOYEE BENEFITS ADMINIST

34-1774402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	136144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK

34-1301793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 62	NONE	102676	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

NEW ENGLAND PENSION CONSULTANT

04-2927339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	77346	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LITTLER MENDELSON PC

34-1151023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	71589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PUTNAM

04-2539558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	60104	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELLON CAPITAL MANAGEMENT

25-1442864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	57990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAIRD INVESTMENT MANAGEMENT

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	49784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAPADULA, CARLSON & CO., CPA'S

65-0292391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	39825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	31722	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTWOOD TRUST

75-6398238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	19923	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

04-0025081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 50 68	NONE	19195	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

NATIONAL INVESTMENT SERVICES

80-0169636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	19093	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	12842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 <u>NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u>	D Employer Identification Number (EIN) <u>34-0947187</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUE GLOBAL ALPHA I FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON CAPITAL MANAGEMENT</u>		
c EIN-PN <u>25-6078093-126</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10140613</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVERSIFIED INTERNATIONAL GROWTH EQ</u>		
b Name of sponsor of entity listed in (a): <u>DEARBORN PARTNERS GROUP TRUST</u>		
c EIN-PN <u>36-4145621-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6225061</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP INDEX PLUS SL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-533</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5702684</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTWOOD TRUST LARGE CAP EQUITY TRU</u>		
b Name of sponsor of entity listed in (a): <u>WESTWOOD</u>		
c EIN-PN <u>75-2404093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11653780</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM TOTAL RETURN FUND</u>		
b Name of sponsor of entity listed in (a): <u>PUTNAM</u>		
c EIN-PN <u>06-6556445-247</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7350199</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES HIGH GRADE CORPORATE</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES</u>		
c EIN-PN <u>94-6796254-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6030000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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		
A Name of plan NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND	D Employer Identification Number (EIN) 34-0947187	

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)	122750	162118
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	505488	187987
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1311981	1592303
(2) U.S. Government securities.....	1c(2)	10630463	4378420
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	10284573	7232887
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	41501	77756
(B) Common	1c(4)(B)	9144760	12741651
(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)	28387196	40877276
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	5162884	6225061
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	19569068	24726345
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	85160664	98201804

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	90950	118207
i Acquisition indebtedness	1i		
j Other liabilities	1j	131787	196790
k Total liabilities (add all amounts in lines 1g through 1j)	1k	222737	314997

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	84937927	97886807
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1902431	
(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)		1902431
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2310	
(B) U.S. Government securities	2b(1)(B)	318702	
(C) Corporate debt instruments	2b(1)(C)	419495	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		740507
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	120541	
(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)		120541
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	40525060	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	41362932	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-837872

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	4733866	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4733866
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7529429
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		1062177
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5205108
c Other income.....	2c		13072
d Total income. Add all income amounts in column (b) and enter total.....	2d		20469259

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6484928	
(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)		6484928
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)	289814	
(2) Contract administrator fees	2i(2)	136144	
(3) Investment advisory and management fees	2i(3)	458144	
(4) Other	2i(4)	147349	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1031451
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7516379

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12952880
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: LAPADULA, CARLSON CO. CPA'S

(2) EIN: 65-0292391

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		1000000
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)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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). ▶ 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 01/01/2009 and ending 12/31/2009

A Name of plan <u>NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u>	D Employer Identification Number (EIN) <u>34-0947187</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>11</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ 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 KROGER

b EIN 31-0345740

c Dollar amount contributed by employer

1611015

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 04 Day 03 Year 2010

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) 0.48

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

a Name of contributing employer RITE AID

b EIN 52-1858736

c Dollar amount contributed by employer

185036

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 06 Day 03 Year 2012

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) 0.51

(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	1761
b The plan year immediately preceding the current plan year	14b	1581
c The second preceding plan year	14c	1590

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	95.00
b The corresponding number for the second preceding plan year	15b	101.00

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

a Enter the number of employers who withdrew during the preceding plan year	16a	1
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	49921

- 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: 13.0% Investment-Grade Debt: 12.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 75.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

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

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

**NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008
TOGETHER WITH INDEPENDENT AUDITORS' REPORT**

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Northwest Ohio UFCW Union and
Employers Joint Pension Fund
Toledo, Ohio

We have audited the accompanying statements of net assets available for benefits of the **Northwest Ohio UFCW Union and Employers Joint Pension Fund** as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Trustees. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the Trustees, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Fund's net assets available for benefits as of December 31, 2009, and changes therein for the year then ended and its financial status as of December 31, 2008 and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedules of assets (held at end of year) and reportable transactions are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Trustees and have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Coral Gables, Florida
April 16, 2010

Lapadula, Carlson + Co.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF
DECEMBER 31, 2009 AND 2008

ASSETS		
	2009	2008
	<u> </u>	<u> </u>
INVESTMENTS , at fair value	\$ 97,851,699	\$ 84,532,426
	<u> </u>	<u> </u>
RECEIVABLES:		
Employer contributions	162,118	122,750
Accrued interest and dividends	187,987	283,475
Securities sold	-	172,092
Other receivables	-	49,921
Total receivables	<u>350,105</u>	<u>628,238</u>
Total assets	<u>98,201,804</u>	<u>85,160,664</u>
LIABILITIES		
ACCOUNTS PAYABLE	118,207	90,950
SECURITIES PURCHASED	<u>196,790</u>	<u>131,787</u>
Total liabilities	<u>314,997</u>	<u>222,737</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 97,886,807</u></u>	<u><u>\$ 84,937,927</u></u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO (REDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS WERE PROVIDED BY:		
Employer contributions	\$ 1,902,431	\$ 1,590,480
Employer withdrawal liability	-	49,921
Investment income (loss) -		
Net appreciation (depreciation) in fair value of investments	16,121,259	(31,437,495)
Interest and dividends	2,432,497	3,649,156
Less: Investment expenses	(458,144)	(540,680)
Net investment income (loss)	18,095,612	(28,329,019)
Other income -	13,072	19,149
Total additions (reductions)	20,011,115	(26,669,469)
DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS WERE ATTRIBUTABLE TO:		
Benefits paid to participants	6,484,928	6,188,533
Administrative expenses	577,307	437,656
Total deductions	7,062,235	6,626,189
Increase (decrease) in net assets available for benefits	12,948,880	(33,295,658)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	84,937,927	118,233,585
End of year	\$ 97,886,807	\$ 84,937,927

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

(1) DESCRIPTION OF THE FUND

The following description of the **Northwest Ohio UFCW Union and Employers Joint Pension Fund** (the “Fund” or “Plan”) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan provisions. Copies are available from National Employee Benefits Administrators, Inc.

General

The Fund is a multi-employer defined benefit pension plan covering substantially all eligible employees covered under the terms of a collective bargaining or participation agreement. The Fund is subject to and complies with the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Operations of the Fund are under the joint control of labor and management trustees.

Plan benefits

Vesting service

For purposes of determining eligibility for benefits, a participant receives one year of vested credit for each year in which the participant has at least 500 hours of service. A participant becomes fully vested after five years of credited service.

Normal retirement

Normal retirement occurs at or after age 65 and after the fifth anniversary of participation in the Fund. The benefit amount is based on the benefit level applicable at the date of retirement.

Early retirement

A participant can receive early retirement benefits at age 55 upon the completion of five or more years of service, including at least 500 hours of covered employment in a calendar year after attaining age 50½. The pension amount is reduced by 1/2% for each month of early retirement prior to age 62.

Effective January 1, 2006, the benefits for participants that retire at age 55 with 30 years of service will be reduced by 3% for each year prior to age 62. For a participant who retires on a vested deferred pension, or an early pension, the benefit for each year earned after January 1, 2006 will be reduced by 6% for each year the participant is under age 65.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE FUND (CONTINUED)

Plan benefits (continued)

Late retirement

A participant may, on his/her normal retirement date, elect to postpone retirement until a later date. In such an event, payments would commence on the first day of the month following the actual retirement date or the attainment of age 70½.

Disability benefit

A participant who is totally and permanently disabled, and has at least five or more years of service, is eligible for a disability retirement benefit. This amount is computed in the same manner as normal retirement.

Lump-sum death benefit

A beneficiary (other than one receiving or entitled to receive a deferred vested pension) may be entitled to a lump-sum death benefit if the participant dies during retirement. For participants retiring after July 1, 1980, the benefit is \$3,000, provided they have accrued at least 500 hours of service at a contribution rate greater than \$.25 per hour.

Plan Amendments

The Plan was amended to freeze benefit accruals as of May 1, 2009.

Funding policy

The Trustees established a funding policy and method in order to promote the purpose of the Fund and to insure compliance with ERISA. Each employer contributes to the Fund such amounts at such times as required by the applicable provisions of the collective bargaining or participation agreements or such other agreements as approved by the Trustees. Contribution rates vary by employer and employee classifications. Contributions are made on a monthly basis throughout the year.

According to the Fund's actuary, contributions for the years ended December 31, 2009 and 2008 exceeded the minimum funding requirements of ERISA.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Fund is presented to assist in understanding the Fund's financial statements. The financial statements and notes are representations of the Trustees, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States and have been consistently applied in the preparation of the accompanying financial statements.

The Fund's records are in the custody of National Employee Benefits Administrators, Inc., the Fund's third-party administrator. The administrator performs the various administrative functions necessary for the operation of the Fund. The collection of contributions, processing of retirement benefits and the payment of administrative expenses is provided by National City Bank, the Fund's investment custodian.

Use of estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States requires the Trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Risk and uncertainties

Financial instruments, which potentially expose the Fund to concentrations of risk, consist primarily of cash and investment securities. The Fund maintains its cash in bank deposit accounts and frequently maintains balances in excess of federally insured limits.

The Fund invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements. The Fund's exposure to concentration risk is mitigated by the diversification of investments across a variety of financial instruments.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risk and uncertainties (continued)

The Fund invests in certain mutual or commingled funds that in turn invest in securities of foreign issuers in various countries. These investments may involve certain considerations and risks not typically associated with investments in the United States, as a result of, among other factors, the possibility of future political and economic developments and the level of government supervision and regulation of securities in the respective countries. Further, the securities market of a particular country may have capitalization and trading volume concentrated in a limited number of companies and industries. As a result, the Fund's investment portfolio may experience greater volatility and lower liquidity than a portfolio invested in equity securities of U.S. companies. Securities denominated in or expected to settle in foreign currencies are translated into U.S. dollars at the date of the valuation. Purchases and sales of investment securities, income and expense items denominated in foreign currencies are translated into U.S. dollar amounts on the respective dates of such transactions.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The Fund has one employer which accounted for 85% and 83% of total employer contributions during the years ended December 31, 2009 and 2008, respectively.

Valuation of investments

Investments are stated at aggregate fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date (See Note 6).

The difference between current value and the value as of the end of the prior year as well as the difference between the proceeds and the average cost of the investments sold are presented in the accompanying statements of changes in net assets available for benefits as net appreciation (depreciation) in the fair value of investments.

The net change in the unrealized gains or losses of some of the Fund's investments is presented net of fees, operating expenses and performance based compensation, if any. Investment transactions are recognized on a trade date basis. Interest income is recognized when earned and dividend income is recognized on the ex-dividend date.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Derivatives

The Fund may indirectly purchase investments that are considered derivatives under Statement of Financial Accounting Standards Board Statement Codification Topic 815, *Accounting for Derivative Investments and Hedging Activities*. Such derivatives may or may not be used to hedge other investments of the Fund. The Fund's objectives with respect to derivatives are to further divest its investment portfolio and its risk with respect to such transactions is limited to its investment balance. Derivatives are presented at fair value.

Contributions receivable

Contributions receivable at December 31 represent contributions earned but not received at year end. Since these contributions were received in subsequent periods, an allowance for doubtful accounts is unnecessary. Delinquent accounts, if any, are not recognized as income until received.

Pursuant to the various collective bargaining and participation agreements, the Trustees implemented a policy of auditing the payroll records of contributing employers on a systematic rotation basis.

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions which are attributable under the Fund's provisions for services rendered by participants through 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 under the Fund are based on the employee's total credited service, which is the sum of past service credits and paid benefit credits. Benefits 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.

Income taxes

In accordance with a determination letter received from the Internal Revenue Service, the Fund meets the requirements of the Internal Revenue Code (the "Code") Section 401(a). The Fund has been amended since receiving the determination letter. The Trustees and legal counsel believe the Fund, as amended, is in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes is considered necessary.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Reclassification

Certain 2008 amounts have been reclassified to conform to the 2009 presentation.

Financial Accounting Standards Codification

In June 2009, the Financial Accounting Standards Board ("FASB") issued FASB Accounting Codification ("the Codification") as the source of authoritative accounting principles to be applied by non-governmental entities in the preparation of financial statements in accordance with generally accepted accounting principles in the United States. As of September 15, 2009, the codification became the exclusive authoritative reference, superseding existing accounting and reporting standards. The Fund has updated its disclosures to be consistent with the Codification.

(3) PLAN TERMINATION

Although there is no intention to terminate the Plan at this time, upon any complete or partial termination of the Plan, the right of each affected participant to his or her accrued benefit, to the extent then funded, will be fully vested and non-forfeitable. In the event the obligation of every employer to make contributions to the Plan under their respective collective bargaining agreements should terminate, the Trustees will continue to hold the assets in a Trust to provide benefits as above and, upon the disbursement of the entire Trust, the Plan would then terminate.

In the event that the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA and its related regulations. Whether a particular participant's accumulated plan benefits will be paid depends on:

- The sufficiency, at that time, of the Plans net assets available for benefits
- The priority of those benefits
- The level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC").

The PBGC provides financial assistance to plans to help them avoid insolvency. Should a plan become insolvent, the PBGC guarantees certain benefits to participants; however, the benefit guaranteed is generally only a portion of the normal pension benefit. In addition, no benefit increases as a result of plan amendments in effect for less than five years are guaranteed.

A full description of the Plan's termination priorities is available in the Plan document.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(4) ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by actuaries from Buck Consultants. It 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.

Significant actuarial assumptions used in the valuation date of January 1, 2009 are as follows:

Actuarial cost method

Unit Credit

Mortality

1994 Unisex Pension Mortality Table projected to 2004 with Scale AA

Interest

- a. To determine current liability: 4.82% (previously 5.06%)
- b. For all other purposes: 7.50%

Expenses

No explicit load

Retirement age assumption

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
Less than 55	0%	61	20%
55	15%	62-64	40%
56-59	10%	65 and over	100%
60	15%		

Asset valuation method

Five-year straight line method. This method calculates the investment gain or loss compared against the expected return under the valuation interest assumption. The gains and losses for the last five years are recognized in equal installments over five years.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(4) ACCUMULATED PLAN BENEFITS (CONTINUED)

If the resulting amount is greater than 120% of the market value, the actuarial value of assets is set at 120% of the market value. If the resulting value is less than 80% of the market value, the actuarial value of assets is set at 80% of market value.

Contributions

Amounts as provided under the applicable collective bargaining and participation agreements.

Changes since prior valuation

The current liability interest rate was changed from 5.06% to 4.82%.

The current liability mortality rate was changed from the 2008 IRS Static Mortality Table to the 2009 IRS Static Mortality Table as provided for the Pension Protection Act of 2006.

The actuarial cost method was changed from the Entry Age Normal method to the Unit Credit method.

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

Accumulated benefit obligation

The actuarial present value of accumulated plan benefits information is shown as of January 1, 2009 and for comparison purposes as of January 1, 2008.

	2009	2008
Vested benefits:		
Participants currently receiving benefits	\$ 56,089,312	\$ 53,474,814
Other participants	67,210,448	65,104,111
Total vested benefits	123,299,760	118,578,925
Non-vested benefits	6,643,645	6,814,543
Total actuarial present value of accumulated plan benefits	<u>\$ 129,943,405</u>	<u>\$ 125,393,468</u>

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(4) ACCUMULATED PLAN BENEFITS (CONTINUED)

The changes in the present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2008	\$ 125,393,468
Increase (decrease) is attributable to:	
Benefits paid	(6,188,533)
Benefits accrual and plan experience	1,566,030
Change in discount period	9,172,440
Net increase	4,549,937
Actuarial present value of accumulated plan benefits as of January 1, 2009	<u>\$ 129,943,405</u>

Pension Protection Act Certification

The Plan has been certified by the Plan's actuary as critical. However, as permitted by Section 204 of the Worker, Retiree, and Employer Recovery Act of 2008 ("WREERA"), the Trustees elected to treat the Plan's status for the year beginning January 1, 2009 as having the same status as it had the prior year, namely neither in endangered nor critical status.

If a Plan is determined to be in critical status the Trustees are required to take certain steps to improve the Plan's funding situation, which may include increases in contributions and/or reductions in future benefit accruals. The Trustees believe that by using this election they will have time to plan and develop a strategy to cope with the significant impact of the recent declines in the Plans investments as a result of the downturn in the financial markets.

Unfunded vested liability

As of January 1, 2009 the Plan's present value of vested accumulated benefits of \$123,299,760, exceed the fair value of the plan's net assets of \$84,937,927 using a 7.5% discount rate. The deficit is \$38,361,833.

(5) INVESTMENTS

The assets of the Fund are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Fund's performance than the effect of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the price of goods and services as measured by the consumer price index.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(5) INVESTMENTS (CONTINUED)

Except for certain mutual, commingled funds and common/collective trusts, the Fund's investments are held by a bank-administered Trust. The Trustees have established a formal investment policy that includes selecting professional investment advisors to manage investments, diversifying the investment portfolio between fixed-income and equity securities and other available investments, as well as making short-term and long-term investments.

As of December 31, 2009 and 2008, the fair value of the following individual investments represents more than 5% of the Plan net assets:

Description		2009	2008
Dearborn Partners LLC	Int'l Growth Equity Fund	\$ 6,225,061	\$ 5,162,884
GMO	Int'l Intrinsic Value Fund	6,085,395	5,133,948
Loomis Sayles	High Grade Trust	6,030,000	-
Mellon Bank	Global Alpha I Fund	10,140,613	7,716,441
PIMCO Funds	All Assets Fund	5,175,291	-
PIMCO Funds	Diversified Income Fund	13,465,659	10,227,346
Putnum	Total Return Fund	7,350,199	5,775,630
State Street Global Advisors	Small Cap Index Fund	5,702,684	4,579,135
Westwood Funds	Large Cap Value Fund	11,653,780	10,315,990

During the years ended December 31, 2009 and 2008, the Fund's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Description	2009	2008
Common and preferred stocks	\$ 3,354,454	\$ (6,320,175)
Corporate bonds	497,581	(1,855,388)
U.S. Government and GSE securities	43,959	887,057
Equity funds	2,289,978	(8,102,286)
International equity funds	1,837,536	(6,882,882)
Fixed income funds	3,131,493	(2,544,114)
All asset fund	967,517	(1,054,823)
Total return fund	1,574,569	(1,224,370)
Global alpha fund	2,424,172	(4,340,514)
Net appreciation (depreciation) in fair value	<u>\$ 16,121,259</u>	<u>\$ (31,437,495)</u>

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT

Effective January 1, 2008, the Fund adopted the Financial Accounting Standards Board Statement Codification Topic 820 *Fair Value Measurements and Disclosures* ("ASC Topic 820" formerly FASB No. 157). This statement defines fair value, establishes a framework for measuring fair value and expands disclosure about fair value measurements.

Additionally, ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy is divided into three broad levels considering the relative reliability of the inputs. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). These levels are:

- Level 1 - Quoted market prices in active markets that are accessible at the measurement date, for identical unrestricted assets. It includes securities traded on an active exchange, such as the New York Stock Exchange.
- Level 2 - Quoted market prices for similar instruments in active markets, quoted prices for identical or similar instruments that are not active, and model based valuations in which significant inputs are observed in the market. An example of this is the use of matrix pricing to estimate the value of a fixed income security that is, using the sale price of securities with similar characteristics such as coupon rate, credit rating and maturity to estimate the value of another security.
- Level 3 - The valuation is modeled using significant inputs that are unobservable in the market. These unobservable inputs reflect certain estimates and assumptions that market participants would use in pricing an asset i.e. valuation of real estate using independent appraisals.

The following is a description of the valuation methodologies where assets and liabilities are measured at fair value and the general classification of these instruments pursuant to the fair value hierarchy:

Level 1

When available, fair value is based on quoted prices in an active market for identical assets. An active market is one in which transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis i.e. the New York Stock Exchange. Securities classified as Level 1 generally includes equity securities, mutual funds, and certain government and corporate issued securities.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

Securities primarily traded on a foreign market are generally valued at the preceding closing values of such securities on the relevant market, but may be adjusted pursuant to procedures established by the manager if market conditions change significantly after the close of the foreign market but prior to the close of business on the day the securities are being valued.

Investments in regulated investment companies (mutual funds) are reported at the net asset value as reported by the respective managers based on quotations obtained from securities exchanges.

Level 2

If quoted market prices are not available, fair values are estimated using quoted prices of securities with similar characteristics, discounted cash flows or other pricing models. Securities classified as Level 2 include certain government sponsored entities (“GSE”) and corporate mortgage-backed securities, certain debt securities, certain money market funds and corporate debt securities.

Debt instruments having a maturity greater than 60 days for which quotations are readily available are valued at the average of the latest bid and ask price. Debt instruments with remaining maturities of 60 days or less that are not credit impaired are valued at amortized cost, unless the management determines such amount does not reflect the securities’ fair value, in which case these securities will be fair valued as determined by the management.

Investments in commingled funds and common/collective trusts are reported at net asset value as reported by the respective investment managers based on quotations obtained from national securities exchanges or, where not quoted on an exchange, at estimated fair value, as described above.

The preceding methods may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future values. While the managers believe their valuation methods are appropriate and consistent with other market participants, the use of different methodologies to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date (See Note 2).

The inputs or methodology used for valuating securities are not necessarily an indication of the risk associated with these securities.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2009:

Description	Level 1	Level 2	Level 3	Total
Equities-				
Common and preferred stocks	\$ 12,228,740	\$ 590,667	\$ -	\$ 12,819,407
Diversified International Growth Equity Fund	-	6,225,061	-	6,225,061
State Street Small Cap Index Plus SL Fund	-	5,702,684	-	5,702,684
GMO - International Intrinsic Value Fund - II	6,085,395	-	-	6,085,395
Westwood Trust Large Cap Equity	-	11,653,780	-	11,653,780
Fixed Income securities-				
Corporate and municipal bonds	-	7,232,887	-	7,232,887
U.S. Government and GSE securities	2,112,917	2,265,503	-	4,378,420
Loomis Sayles High Grade	-	6,030,000	-	6,030,000
Money market funds -	-	1,592,303	-	1,592,303
Mutual Funds-				
PIMCO All Asset Fund	5,175,291	-	-	5,175,291
PIMCO Diversified Income Fund	13,465,659	-	-	13,465,659
Putnam Total Return Fund	-	7,350,199	-	7,350,199
EB Daily Value Global Alpha I Fund	-	10,140,613	-	10,140,613
Total Investment	\$ 39,068,002	\$ 58,783,697	\$ -	\$ 97,851,699

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2008:

Description	Level 1	Level 2	Level 3	Total
Equities-				
Common and preferred stocks	\$ 9,127,192	\$ 59,069	\$ -	\$ 9,186,261
Diversified International Growth Equity Fund	-	5,162,884	-	5,162,884
State Street Small Cap Index Plus SL Fund	-	4,579,135	-	4,579,135
GMO - International Intrinsic Value Fund - II	5,133,948	-	-	5,133,948
Westwood Trust Large Cap Equity	-	10,315,991	-	10,315,991
Fixed Income securities-				
Corporate and municipal bonds	-	10,284,573	-	10,284,573
U.S. Government and GSE securities	3,033,893	7,596,570	-	10,630,463
Money market funds -	-	1,311,981		1,311,981
Mutual Funds-				
PIMCO All Asset Fund	4,207,774	-	-	4,207,774
PIMCO Diversified Income Fund	10,227,345	-	-	10,227,345
Putnam Total Return Fund	-	5,775,630	-	5,775,630
EB Daily Value Global Alpha I Fund	-	7,716,441	-	7,716,441
Total Investment	\$ 31,730,152	\$ 52,802,274	\$ -	\$ 84,532,426

SUPPLEMENTAL SCHEDULES

**NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500
AS OF DECEMBER 31, 2009**

EIN: 34-0947187

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current Value
COMMON AND PREFERRED STOCKS:			
ABB LTD	13,025 SHARES COMMON STOCK	\$ 238,227	\$ 248,778
ADOBE SYS INC	8,181 SHARES COMMON STOCK	294,884	300,897
AGILENT TECHNOLOGIES INC	6,634 SHARES COMMON STOCK	232,614	206,118
ALLERGAN INC	5,450 SHARES COMMON STOCK	276,369	343,405
ALTERA CORP	11,200 SHARES COMMON STOCK	176,799	253,456
AMAZON.COM INC	969 SHARES COMMON STOCK	81,852	130,350
AMERIPRISE FINANCIAL	300 SHARES COMMON STOCK	6,646	7,542
ANADARKO PETE CORP	2,950 SHARES COMMON STOCK	142,079	184,139
APPLIED MATLS INC	6,725 SHARES COMMON STOCK	105,463	93,747
BAXTER INTL INC	7,850 SHARES COMMON STOCK	435,888	460,638
BOSTON SCIENTIFIC CORP	21,325 SHARES COMMON STOCK	212,550	191,925
BROADCOM CORP	4,600 SHARES COMMON STOCK	94,820	144,762
CH ROBINSON	5,700 SHARES COMMON STOCK	301,465	334,761
CORNING INC	17,904 SHARES COMMON STOCK	333,432	345,726
COSTCO WHSL CORP	2,660 SHARES COMMON STOCK	137,659	157,392
DANAHER CORPORATION	5,143 SHARES COMMON STOCK	369,090	386,754
E M C CORP	18,625 SHARES COMMON STOCK	197,863	325,379
ECOLAB INC	7,701 SHARES COMMON STOCK	330,236	343,311
EMERSON ELEC CO	6,648 SHARES COMMON STOCK	222,986	283,205
ESTEE LAUDER CO	1,975 SHARES COMMON STOCK	84,923	95,511
EXPRESS SCRIPTS INC	4,000 SHARES COMMON STOCK	268,430	345,680
FASTENAL CO	4,874 SHARES COMMON STOCK	178,067	202,953
GILEAD SCIENCES INC	3,624 SHARES COMMON STOCK	139,453	156,810
GOLDMAN SACHS GROUP INC	884 SHARES COMMON STOCK	151,526	149,255
GOOGLE INC	640 SHARES COMMON STOCK	200,730	396,787
HEWLETT PACKARD CO	7,425 SHARES COMMON STOCK	253,860	382,462
ILLINOIS TOOL WORKS INC	4,454 SHARES COMMON STOCK	186,521	213,747
INFOSYS TECHNOLOGIES LTD	4,825 SHARES COMMON STOCK	171,837	266,678
INTERNATIONAL GAME TECH	4,750 SHARES COMMON STOCK	85,209	89,158
IRON MOUNTAIN INC	7,113 SHARES COMMON STOCK	195,578	161,892
ITT INDUSTRIES INC	5,090 SHARES COMMON STOCK	284,039	253,177
JOHNSON CTLS INC	3,316 SHARES COMMON STOCK	102,987	90,328
JPMORGAN CHASE & CO	6,850 SHARES COMMON STOCK	251,276	285,440
JUNIPER NETWORKS INC	12,225 SHARES COMMON STOCK	267,940	326,041
KOHL'S CORP	4,428 SHARES COMMON STOCK	266,419	238,802
NORTHERN TR CORP	1,856 SHARES COMMON STOCK	121,558	97,254
O REILLY AUTOMOTIVE INC	6,225 SHARES COMMON STOCK	224,891	237,297
PNC FINANCIAL SVCS GROUP	2,000 SHARES COMMON STOCK	40,522	105,580
POSCO	1,525 SHARES COMMON STOCK	80,410	199,928
PRAXAIR INC	4,443 SHARES COMMON STOCK	227,328	356,817
PRICE T ROWE GROUP INC	3,564 SHARES COMMON STOCK	210,476	189,783
QUALCOMM INC	4,200 SHARES COMMON STOCK	197,257	194,292
RESEARCH IN MOTION LTD	4,797 SHARES COMMON STOCK	326,254	323,989
SCHLUMBERGER LTD	3,412 SHARES COMMON STOCK	218,123	222,087

**NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500
AS OF DECEMBER 31, 2009**

EIN: 34 0947187

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current Value
COMMON AND PREFERRED STOCKS (CONTINUED):			
SOUTHWESTERN ENERGY CO	7,249 SHARES COMMON STOCK	219,344	349,402
STAPLES INC	9,433 SHARES COMMON STOCK	202,946	231,957
STATE STR CORP	4,195 SHARES COMMON STOCK	239,735	182,650
STRYKER CORP	2,525 SHARES COMMON STOCK	128,750	127,184
SYSCO CORP	8,669 SHARES COMMON STOCK	236,460	242,212
TARGET CORP	5,928 SHARES COMMON STOCK	286,649	286,737
TEXAS INSTRS INC	5,060 SHARES COMMON STOCK	159,078	131,863
THERMO FISHER CORP	5,389 SHARES COMMON STOCK	273,919	257,001
UNITEDHEALTH GROUP INC	3,900 SHARES COMMON STOCK	126,480	118,872
WALT DISNEY CO	6,015 SHARES COMMON STOCK	203,805	193,984
WESTERN UNION CO	15,690 SHARES COMMON STOCK	329,860	295,756
BANK ONE CAPITAL	400 SHARES PREFERRED STOCK	9,860	10,052
BARCLAYS BANK PLC	600 SHARES PREFERRED STOCK	7,470	14,298
BB&T CAP TRUST	400 SHARES PREFERRED STOCK	10,000	11,366
DEUTSCHE BANK CONTINGENT	400 SHARES PREFERRED STOCK	8,192	8,312
DOMINION RESOURCES INC	300 SHARES PREFERRED STOCK	7,446	8,220
ENTERGY LOUISIANA LLC	100 SHARES PREFERRED STOCK	2,500	2,570
ENTERGY TEXAS INC	400 SHARES PREFERRED STOCK	10,080	10,848
USB CAPITAL	500 SHARES PREFERRED STOCK	11,325	12,090
Total common and preferred stocks		11,400,435	12,819,407
CORPORATE AND MUNICIPAL BONDS:			
ALLIED WASTE NA	40,000 7.25% DUE 03/15/2015	41,863	41,800
ALLIED WASTE NA	30,000 6.87% DUE 06/01/2017	31,800	31,838
ALLIED WORLD ASSURN CO	35,000 7.50% DUE 08/01/2016	36,880	37,374
ALTERNATIVE LN TR	91,719 6.00% DUE 05/25/2037	90,916	27,578
AMERICAN HOME MTG	43,645 5.50% DUE 02/25/2045	44,240	31,300
AMERICAN HOME PROD	30,000 7.25% DUE 03/01/2023	34,700	34,021
AMERICN HM A3A FRN	118,100 5.00% DUE 09/25/2035	115,757	101,598
AMERICREDIT AUTO	35,000 6.07% DUE 12/12/2012	34,997	36,033
AMERIQUEST MTG FRN	41,247 2.80% DUE 05/25/2033	30,585	38,831
AMVESCAP PLC	60,000 5.62% DUE 04/17/2012	60,134	62,147
AT&T INC	55,000 5.60% DUE 05/15/2018	55,388	57,638
AUSTIN TEX	30,000 5.31% DUE 09/01/2029	30,000	28,693
AXIS CAPT HLDGS	40,000 5.75% DUE 12/01/2014	34,450	40,264
BANC AMER MTG FRN	22,254 4.09% DUE 07/25/2034	18,137	19,761
BANC AMER MTG SECS	35,682 4.03% DUE 06/25/2034	34,555	21,735
BANC AMERICA FD	25,197 3.80% DUE 06/25/2034	21,796	23,101
BANC OF AMER FDG	85,000 5.50% DUE 08/25/2035	76,713	68,751
BANC OF AMERICA	28,683 5.25% DUE 08/25/2034	28,666	28,199
BANK AMERICA CORP	75,000 2.10% DUE 04/30/2012	74,858	75,692
BANK OF AMERICA	15,000 7.38% DUE 05/15/2014	14,917	17,021
BANK OF AMERICA	25,000 7.62% DUE 06/01/2019	29,077	28,921

**NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500
AS OF DECEMBER 31, 2009**

EIN: 34-0947187

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current Value
CORPORATE AND MUNICIPAL BONDS (CONTINUED):			
BANK OF AMERICA	45,000 5.30% DUE 03/15/2017	42,266	44,104
BANK OF AMERICA	55,000 5.65% DUE 05/01/2018	53,599	55,859
BANK OF NY MELLON	45,000 3.10% DUE 01/15/2015	44,924	44,579
BAY AREA TOLL	50,000 6.27% DUE 04/01/2049	49,593	47,951
BEAR STEARNS CO	45,873 4.62% DUE 02/25/2036	36,087	38,950
BEAR STEARNS CO	100,000 5.72% DUE 06/11/2040	99,824	68,935
BEAR STEARNS CO	60,000 7.25% DUE 02/01/2018	69,411	68,871
BEAR STEARNS CO	40,000 5.72% DUE 06/13/2040	37,069	36,359
BLACKROCK INC	50,000 3.50% DUE 12/10/2014	49,928	49,372
CATERPILLAR FINANCIAL SERV	30,000 6.20% DUE 09/30/2013	29,968	33,430
CATERPILLAR FINANCIAL SERV	30,000 7.90% DUE 12/15/2018	29,950	36,598
C-BASS TRUST	53,639 5.03% DUE 08/25/2035	48,543	50,084
CHASE MTG FIN	41,917 3.79% DUE 02/25/2037	36,363	18,398
CHASE MTG FIN	25,352 6.00% DUE 09/25/2036	24,401	22,374
CHEVRON	35,000 3.45% DUE 03/03/2012	35,105	36,376
CISCO SYS INC	20,000 4.95% DUE 02/15/2019	19,955	20,500
CIT EQUIP	60,000 6.59% DUE 08/22/2011	59,986	61,580
CITIGROUP INC	60,000 2.12% DUE 04/30/2012	59,884	60,640
COCA-COLA CO	50,000 5.35% DUE 11/15/2017	49,868	53,861
COCA-COLA HBC FIN	40,000 5.12% DUE 09/17/2013	41,456	42,805
COLLEGIATE FDG	30,000 0.91% DUE 12/28/2037	14,100	21,757
CONOCOPHILLIPS	70,000 5.20% DUE 05/15/2018	69,722	73,428
CONTINENTAL AIRLINES	20,000 9.35% DUE 07/08/2016	20,100	21,200
COUNTRYWIDE HOME	30,026 3.90% DUE 08/25/2033	29,835	28,948
COUNTRYWIDE HOME	28,016 6.00% DUE 10/25/2034	27,789	27,470
CREDIT SUISSE USA	70,000 5.25% DUE 03/02/2011	69,711	73,334
CS FIRST BOSTON MTG	55,000 5.01% DUE 08/15/2038	53,788	55,228
CTRL PUGET SOUND WA	10,000 5.49% DUE 11/01/2039	10,098	9,687
CVS CAREMARK CORP	49,660 5.88% DUE 01/10/2028	46,419	46,459
CWABS INC FRN	35,000 5.15% DUE 07/25/2035	32,463	32,888
CWABS INC FRN	40,000 5.31% DUE 08/25/2035	30,400	36,828
CWABS INC FRN	43,387 0.58% DUE 01/25/2036	31,889	26,589
DEAN WITTR DISCV	30,000 6.75% DUE 01/01/2016	32,049	32,237
DEERE & CO	25,000 4.37% DUE 10/16/2019	24,864	24,969
DEUTSCHE SECS FRN	68,488 0.71% DUE 04/25/2035	68,467	40,245
DEUTSCHE SECS INC	124,719 4.97% DUE 09/25/2033	122,536	114,429
DU PONT E I	35,000 5.87% DUE 01/15/2014	34,836	38,662
EATON VANCE CORP	30,000 6.50% DUE 10/02/2017	30,430	31,023
EKSPORTFINANS A/S	40,000 3.00% DUE 11/17/2014	39,814	39,388
ELI LILLY & CO	30,000 3.55% DUE 03/06/2012	29,969	31,221
EXPRESS PIPELINE	41,300 6.47% DUE 12/31/2011	45,528	41,687
FIRST FRANKLIN FRN	25,000 0.63% DUE 03/25/2035	17,438	17,723
FIRST UN CAP	45,000 7.93% DUE 01/15/2027	39,825	43,750
FIRST UN CORP BD	25,000 7.57% DUE 08/01/2026	25,344	27,119

**NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500
AS OF DECEMBER 31, 2009**

EIN: 34 0947187

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current Value
CORPORATE AND MUNICIPAL BONDS (CONTINUED):				
FL HURR CATASTROPHE	55,000	1.05% DUE 10/15/2012	50,765	55,590
GEN ELEC CAP GRP	70,000	3.00% DUE 12/09/2011	69,799	72,155
GEN ELEC CAP GRP	25,000	3.50% DUE 08/13/2012	25,182	25,516
GENERAL ELEC CAP	35,000	5.40% DUE 02/15/2017	35,728	35,721
GENERAL ELEC CO	50,000	5.00% DUE 02/01/2013	49,813	52,898
GENWORTH GLOBAL	40,000	5.75% DUE 05/15/2013	40,588	39,754
GEORGE WASH UNIV	45,000	6.00% DUE 02/01/2019	50,493	48,828
GEORGETOWN UNIV	50,000	7.22% DUE 04/01/2019	53,544	56,280
GMAC MTG LN TR	26,994	4.35% DUE 06/25/2034	23,519	24,236
GOLDMAN SACHS GP	70,000	6.60% DUE 01/15/2012	69,845	76,100
GS MTG SECURITIES	75,000	5.80% DUE 08/10/2045	60,394	64,398
GS MTG SECURITIES	54,500	4.76% DUE 04/12/2039	50,473	49,354
GSAMP TRUST FRN	80,000	0.63% DUE 07/25/2045	45,800	58,758
GSR MTG LN TR	40,824	5.00% DUE 12/25/2034	36,435	31,425
GSR MTG LN TR	23,433	0.81% DUE 12/25/2034	17,809	17,047
HILLSBOROUGH CNTY FLA	50,000	6.35% DUE 07/01/2039	49,934	50,036
HONEYWELL INTL	20,000	3.87% DUE 02/15/2014	19,947	20,836
JEA FLA ELEC SYS	45,000	6.06% DUE 10/01/2044	45,000	43,763
JEFFERIES GROUP	35,000	6.45% DUE 06/08/2027	29,569	29,828
JOHN DEERE CAP	80,000	2.87% DUE 06/19/2012	81,241	82,435
JOHNSON & JOHNSON	25,000	5.55% DUE 08/15/2017	25,000	27,575
JOHNSON CNTY	25,000	5.90% DUE 09/01/2028	24,969	26,044
JP MORGAN CHASE BANK	90,000	5.41% DUE 12/12/2043	90,450	90,417
JP MORGAN CHASE BANK	45,000	4.89% DUE 09/12/2037	44,371	43,414
JP MORGAN CHASE BANK	39,137	5.04% DUE 07/25/2035	31,799	32,425
JP MORGAN CHASE BANK	33,080	3.89% DUE 04/25/2035	27,622	27,700
JP MORGAN CHASE BANK	40,000	5.87% DUE 06/13/2016	42,333	41,972
KIMBERLY-CLARK CORP	20,000	4.87% DUE 08/15/2015	19,923	21,544
KS ST TPK AUTH TPK	40,000	6.64% DUE 09/01/2034	40,520	40,193
LAKE CNTY	30,000	5.90% DUE 01/01/2025	30,732	32,093
LAS VEGAS VY NV	60,000	7.01% DUE 06/01/2039	60,000	63,356
LB-UBS COML MTG TR	40,000	4.16% DUE 05/15/2032	39,681	39,635
LONG BEACH MTG	45,000	0.67% DUE 04/25/2035	29,419	32,377
LOWES COMPANIES INC	50,000	5.00% DUE 10/15/2015	49,125	54,145
MANUF & TRADERS	35,000	5.58% DUE 12/28/2020	29,551	30,527
MASTR ALTER LN	48,955	6.00% DUE 09/25/2034	47,609	46,462
MERCK & CO INC	40,000	5.00% DUE 06/30/2019	39,917	41,578
METLIFE INC	25,000	10.7% DUE 08/01/2039	24,688	30,786
MORGAN STANLEY	35,000	6.00% DUE 04/28/2015	34,054	37,283
MORGAN STANLEY	70,000	5.30% DUE 03/01/2013	65,275	73,780
MORGAN STANLEY CAP	32,311	6.00% DUE 04/25/2034	32,149	32,119
MORGAN STANLEY FRN	6,355	0.30% DUE 01/25/2037	5,100	5,995
MORGAN STANLEY FRN	20,000	0.63% DUE 07/25/2035	13,950	13,674
MORTGAGEIT TR	18,449	0.57% DUE 05/25/2035	12,038	10,803

**NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500
AS OF DECEMBER 31, 2009**

EIN: 34-0947187

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current Value
CORPORATE AND MUNICIPAL BONDS (CONTINUED):				
MORTGAGEIT TR	51,625	0.92% DUE 10/25/2035	51,270	16,236
N TEX MUN WTR DIST	30,000	6.00% DUE 09/01/2029	30,137	29,165
NAT CITY PREF CAP	30,000	12.0% DUE 12/10/2012	29,115	34,561
NATIONAL COLL FRN	50,000	0.35% DUE 10/25/2026	42,531	41,494
NATIONAL COLL ST	45,000	0.32% DUE 03/25/2026	40,894	41,623
NATL CITY BK CLEVE	30,000	5.80% DUE 06/07/2017	30,317	29,997
NATL COLLEGIATE TR	50,000	0.41% DUE 04/26/2027	35,125	45,560
NATL RURAL UTIL	35,000	10.3% DUE 11/01/2018	39,301	46,378
NAVISTAR FIN FRN	125,000	0.67% DUE 02/25/2013	125,000	122,755
NAVISTAR FINL FRN	25,000	0.32% DUE 02/25/2013	20,500	24,712
NELNET ED LN FDG	55,000	1.19% DUE 02/25/2039	46,363	46,363
NELNET ED LN FRN	40,000	0.55% DUE 02/25/2039	34,014	34,400
NELNET STUDENT FRN	50,000	0.27% DUE 10/25/2038	48,453	48,453
NEW JERSEY ECON	175,000	7.55% DUE 12/20/2036	189,438	174,514
NEW YORK NY	60,000	5.21% DUE 10/01/2031	60,000	55,205
NOVARTIS CAP	20,000	4.12% DUE 02/10/2014	19,979	21,024
OLD DOMINION ELEC	43,542	6.21% DUE 12/01/2028	44,370	44,606
ORACLE CORP	30,000	3.75% DUE 07/08/2014	30,000	30,954
PA ST TPK	40,000	6.10% DUE 12/01/2039	40,195	41,029
PARK PLACE FRN	55,000	0.61% DUE 03/25/2035	38,300	46,579
PARTNERRE FIN A LLC	35,000	6.87% DUE 06/01/2018	34,689	36,659
PASCO COUNTY FL WTR	45,000	6.16% DUE 10/01/2029	45,000	43,452
PASCO COUNTY FL WTR	20,000	6.66% DUE 10/01/2034	20,342	20,240
PEPSICO INC	60,000	5.15% DUE 05/15/2012	59,972	64,590
PHARMACIA CORP	25,000	6.60% DUE 12/01/2028	27,770	27,398
PNC FDG CORP	80,000	2.30% DUE 06/22/2012	80,509	81,350
PRIME MTG TR	34,157	6.00% DUE 02/25/2034	33,816	34,808
PROCTER & GAMBLE	30,000	4.60% DUE 01/15/2014	29,993	31,943
PROCTER & GAMBLE	35,000	4.70% DUE 02/15/2019	34,938	35,829
PROTECTIVE LIFE	40,000	7.37% DUE 10/15/2019	39,974	40,086
QUESTAR PIPELINE	25,000	5.83% DUE 02/01/2018	26,198	25,499
RAYMOND JAMES FINL	35,000	8.60% DUE 08/15/2019	34,994	37,865
REINSURANCE GROUP	35,000	5.62% DUE 03/15/2017	34,741	33,780
RESIDENTIAL ACCREDIT	19,260	5.00% DUE 03/25/2020	18,225	17,190
RESIDENTIAL ACCREDIT	48,420	5.00% DUE 11/25/2018	47,452	45,757
RESIDENTIAL ASSET	25,478	7.12% DUE 04/25/2031	25,510	23,631
RESIDENTIAL ASSET MTG	45,153	8.00% DUE 10/25/2031	38,719	42,839
RESIDENTIAL ASSET MTG	79,278	4.20% DUE 06/25/2033	76,003	49,905
RESIDENTIAL FNDG	34,027	4.47% DUE 06/25/2018	34,023	32,523
SEQUOIA MTG TR FRN	60,262	0.66% DUE 10/20/2034	36,383	42,251
SLM PRIVATE STUDENT LOAN	30,000	0.50% DUE 03/16/2020	23,663	25,174
SLM STUDENT LOAN	20,000	0.71% DUE 03/15/2022	15,800	16,941
STRUCTURED ASSET	20,000	0.59% DUE 05/25/2035	12,200	17,611
STRUCTURED ASSET	37,364	2.83% DUE 06/25/2033	25,781	25,649

**NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500
AS OF DECEMBER 31, 2009**

EIN: 34-0947187

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity	(d) Cost	(e) Current Value
CORPORATE AND MUNICIPAL BONDS (CONTINUED):			
TANGIPAHOA PARISH	30,000 7.20% DUE 02/01/2042	30,000	29,580
TARGET CORP	70,000 5.87% DUE 03/01/2012	76,246	75,846
TORCHMARK CORP	35,000 9.25% DUE 06/15/2019	35,000	39,482
TRIAD AUTO RCVBLS	90,000 5.31% DUE 05/13/2013	91,475	93,154
TRUSTREET PROP	50,000 7.50% DUE 04/01/2015	53,805	51,706
UNITED PARCEL SVC	35,000 3.87% DUE 04/01/2014	35,014	36,364
UNITED TECH CORP	15,000 6.12% DUE 02/01/2019	14,976	16,576
UNIV TX UNIV	30,000 6.28% DUE 08/15/2041	30,000	30,281
UNIVERSITY CA	50,000 5.77% DUE 05/15/2043	49,958	48,839
VALERO ENERGY CORP	25,000 6.70% DUE 01/15/2013	26,882	26,499
WACHOVIA CORP	25,000 5.30% DUE 10/15/2011	22,969	26,538
WACHOVIA CORP	45,000 5.50% DUE 05/01/2013	42,244	47,805
WALGREEN CO	15,000 5.25% DUE 01/15/2019	14,922	15,918
WALT DISNEY CO	35,000 4.50% DUE 12/15/2013	34,659	37,179
WELLPOINT HMO	40,000 5.25% DUE 01/15/2016	38,565	40,377
WELLS FARGO MBS	65,000 5.77% DUE 04/25/2036	60,206	58,561
WELLS FARGO MTG	49,219 3.21% DUE 07/25/2035	47,773	40,158
WESTPAC BKG CORP	35,000 4.87% DUE 11/19/2019	34,975	34,545
WHC IRS TRUST	92,641 6.98% DUE 05/15/2015	101,534	100,860
WYETH	40,000 5.50% DUE 02/15/2016	43,904	42,995
Total corporate and municipal bonds		7,309,280	7,232,887
U.S. GOVERNMENT AND GSE SECURITIES:			
FEDERAL HOME LOAN MGE CORP	125,000 2.50% DUE 01/07/2014	125,247	125,141
FEDERAL HOME LOAN MGE CORP	150,000 2.12% DUE 03/23/2012	152,738	152,297
FEDERAL HOME LOAN MGE CORP	60,000 4.37% DUE 07/17/2015	63,619	63,919
FEDERAL HOME LOAN MGE CORP	46,483 7.00% DUE 02/25/2043	51,770	51,349
FEDERAL HOME LOAN MGE CORP	58,342 7.00% DUE 09/01/2036	60,047	63,649
FEDERAL HOME LOAN MGE CORP	34,637 5.00% DUE 06/01/2028	35,514	35,799
FEDERAL HOME LOAN MGE CORP	36,498 5.00% DUE 02/01/2021	35,819	38,373
FEDERAL HOME LOAN MGE CORP	39,245 5.00% DUE 09/01/2019	40,079	41,310
FEDERAL HOME LOAN MGE CORP	103,992 6.50% DUE 05/01/2025	108,736	113,042
FEDERAL NATL MGE ASSOC	75,000 ZERO COUPON DUE 10/09/2019	37,286	40,725
FEDERAL NATL MGE ASSOC	105,000 5.00% DUE 10/15/2011	110,767	112,219
FEDERAL NATL MGE ASSOC	55,000 4.75% DUE 02/21/2013	54,640	59,623
FEDERAL NATL MGE ASSOC	145,000 4.37% DUE 09/15/2012	147,744	155,286
FEDERAL NATL MGE ASSOC	145,000 4.62% DUE 10/15/2013	153,990	157,144
FEDERAL NATL MGE ASSOC	75,000 4.62% DUE 10/15/2014	82,349	81,258
FEDERAL NATL MGE ASSOC	116,302 7.00% DUE 01/01/2036	119,246	127,621
FEDERAL NATL MGE ASSOC	48,391 6.00% DUE 07/01/2026	48,573	51,714
FEDERAL NATL MGE ASSOC	4,265 8.50% DUE 09/01/2011	4,713	4,349
FEDERAL NATL MGE ASSOC	26,801 6.50% DUE 03/01/2028	27,991	29,004
FEDERAL NATL MGE ASSOC	11,155 6.50% DUE 02/01/2029	11,229	12,079

**NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500
AS OF DECEMBER 31, 2009**

EIN: 34-0947187

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current Value
U.S. GOVERNMENT AND GSE SECURITIES (CONTINUED):				
FEDERAL NATL MGE ASSOC	76,052	5.50% DUE 03/01/2023	79,284	80,592
FEDERAL NATL MGE ASSOC	43,845	6.00% DUE 01/01/2035	44,681	46,914
FEDERAL NATL MGE ASSOC	111,459	5.00% DUE 09/01/2020	107,976	113,903
FEDERAL NATL MGE ASSOC	53,876	6.50% DUE 08/01/2036	54,566	57,816
FEDERAL NATL MGE ASSOC	45,554	6.00% DUE 11/01/2036	45,760	48,386
FEDERAL NATL MGE ASSOC	88,262	4.50% DUE 03/01/2023	90,496	90,975
FEDERAL NATL MGE ASSOC	52,228	5.50% DUE 10/25/2031	54,154	54,580
FEDERAL NATL MGE ASSOC	59,652	7.50% DUE 01/25/2048	62,858	67,257
GOVERNMENT NATL MGE ASSOC	75,000	5.08% DUE 08/16/2026	80,033	79,241
GOVERNMENT NATL MGE ASSOC	82,743	6.50% DUE 11/15/2034	87,759	88,197
GOVERNMENT NATL MGE ASSOC	18,197	7.00% DUE 10/15/2014	19,522	19,597
GOVERNMENT NATL MGE ASSOC	102,808	6.00% DUE 11/15/2037	105,490	109,072
GOVERNMENT NATL MGE ASSOC	100,000	4.43% DUE 04/16/2034	103,813	104,199
GOVERNMENT NATL MGE ASSOC	15,000	4.55% DUE 06/16/2028	15,558	15,601
GOVERNMENT NATL MGE ASSOC	70,000	4.58% DUE 08/16/2034	67,025	72,963
GOVERNMENT NATL MGE ASSOC	85,000	4.66% DUE 12/16/2030	88,041	88,387
GOVERNMENT NATL MGE ASSOC	80,000	4.66% DUE 12/16/2030	77,313	83,596
GOVERNMENT NATL MGE ASSOC	40,000	5.39% DUE 10/16/2032	42,575	42,669
SMALL BUSINESS ADMIN	59,501	5.72% DUE 09/01/2018	62,947	63,445
SMALL BUSINESS ADMIN	18,809	6.22% DUE 12/01/2028	20,196	20,390
SMALL BUSINESS ADMIN	33,894	4.76% DUE 02/01/2029	34,964	35,017
SMALL BUSINESS ADMIN	80,385	6.77% DUE 11/01/2028	83,447	91,061
SMALL BUSINESS ADMIN	120,804	6.90% DUE 09/01/2017	120,804	131,828
SMALL BUSINESS ADMIN	33,609	5.45% DUE 02/10/2016	35,404	35,646
SMALL BUSINESS ADMIN	17,115	6.08% DUE 02/10/2012	17,874	17,992
SMALL BUSINESS ADMIN	35,997	4.98% DUE 08/10/2015	37,865	37,890
U.S. TREASURY BOND	172,000	4.50% DUE 08/15/2039	175,123	168,102
U.S. TREASURY BOND	73,000	6.25% DUE 08/15/2023	90,489	87,190
U.S. TREASURY BOND	141,000	5.37% DUE 02/15/2031	162,907	155,805
U.S. TREASURY NOTE	65,000	2.75% DUE 02/15/2019	63,104	59,841
U.S. TREASURY NOTE	55,000	4.25% DUE 08/15/2013	57,007	59,348
U.S. TREASURY NOTE	100,000	4.75% DUE 05/15/2014	105,328	110,031
U.S. TREASURY NOTE	117,000	3.12% DUE 10/31/2016	117,482	115,528
U.S. TREASURY NOTE	82,000	2.75% DUE 11/30/2016	79,668	78,944
U.S. TREASURY NOTE	73,000	4.25% DUE 05/15/2039	72,590	68,483
U.S. TREASURY NOTE	65,000	4.25% DUE 11/15/2017	67,642	68,128
U.S. TREASURY NOTE	80,000	2.62% DUE 04/30/2016	79,375	77,518
U.S. TREASURY NOTE	121,000	3.37% DUE 11/15/2019	119,788	116,387
Total U.S. Government and GSE securities			4,303,005	4,378,420

**NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
ASSETS (HELD AT END OF YEAR) - SCHEDULE H, LINE 4i – FORM 5500
AS OF DECEMBER 31, 2009**

EIN: 34-0947187

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current Value
CASH AND EQUIVALENTS:				
ALLEGIAN'T GOVERNMENT	329,490	SHARES - MONEY MARKET FUND	329,490	329,490
ALLEGIAN'T I SHARES	1,262,813	SHARES - MONEY MARKET FUND	1,262,813	1,262,813
		Total cash and equivalents	1,592,303	1,592,303
REGISTERED INVESTMENT COMPANIES:				
GMO	298,596	SHARES - INTL EQUITY FUND	8,608,838	6,085,395
PIMCO	450,417	SHARES - ALL ASSETS FUND	5,636,973	5,175,291
PIMCO	1,269,149	SHARES - DIVERSIFIED INCOME FUND	13,725,716	13,465,659
		Total registered investment companies	27,971,527	24,726,345
103-12B,				
DEARBORN PARTNERS	5,515	SHARES - INTL EQUITY FUND	5,505,897	6,225,061
COMMON/COLLECTIVE TRUSTS:				
LOOMIS SAYLES	500,000	SHARES - HIGH GRADE TRUST	5,000,000	6,030,000
MELLON BANK	73,726	SHARES - EB GLOBAL ALPHA I FUND	11,501,149	10,140,613
PUTNAM	132,651	SHARES - TOTAL RETURN FUND	7,000,000	7,350,199
STATE STREET GLOBAL ADVISORS	537,583	SHARES - SMALL CAP INDEX FUND	8,000,000	5,702,684
WESTWOOD	23,014	SHARES - LARGE CAP EQUITY FUND	13,546,527	11,653,780
		Total common/collective trusts	45,047,676	40,877,276
		Total investments	\$ 103,130,123	\$ 97,851,699

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

REPORTABLE TRANSACTIONS - SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2009

EIN: 34-0947187

(a) Identity of Party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(f) Expense incurred with Transaction	(g) Cost of Asset	(h) Current value of asset on Transation date	(i) Net Gain or (Loss)
Allegiant Government	Money Market Fund	\$ 9,293,773	\$ -	\$ -	\$ 9,293,773	\$ 9,293,773	\$ -
Allegiant Government	Money Market Fund	-	8,948,607	-	8,948,607	8,948,607	-
Allegiant Fund I SH	Money Market Fund	4,567,376	-	-	4,567,376	4,567,376	-
Allegiant Fund I SH	Money Market Fund	-	4,597,169	-	4,597,169	4,597,169	-
Allegiant Treasury	Money Market Fund	13,912,938	-	-	13,912,938	13,912,938	-
Allegiant Treasury	Money Market Fund	-	13,218,008	-	13,218,008	13,218,008	-
Loomis Sayles	High Grade Trust	5,000,000	-	-	5,000,000	-	-

See attached financial statements and
accountant's opinion

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 Northwest Ohio UFCW Union and Employers Joint Pension Fund	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees - See Above	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 34-0947187</td> </tr> </table>	D Employer Identification Number (EIN) 34-0947187	
D Employer Identification Number (EIN) 34-0947187			

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

1a Enter the valuation date:	Month <u>1</u> Day <u>1</u> Year <u>2009</u>	
b Assets		
(1) Current value of assets	1b(1)	84,937,927
(2) Actuarial value of assets for funding standard account	1b(2)	101,925,512
c (1) Accrued liability for plan using immediate gain methods	1c(1)	129,943,405
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	129,943,405
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information :		
(a) Current liability	1d(2)(a)	192,346,803
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,086,703
(c) Current liability for the plan year	1d(2)(c)	
(3) Expected plan disbursements for the plan year	1d(3)	6,647,246

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	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> Stephen B. Siepman Type or print name of actuary </div> <div style="text-align: center;"> Buck Consultants, LLC 231 S. Bemiston, Suite 400 St. Louis MO 63105-1914 Firm name Address of the firm </div>	<div style="text-align: center;"> <div style="font-size: 1.5em;">9/24/10</div> Date 08-03493 Most recent enrollment number (314) 719-2529 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a	84,937,927
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	1,425	70,122,431
(3) For active participants:	2,624	54,182,380
(a) Non-vested benefits		9,138,511
(b) Vested benefits		58,903,481
(c) Total active	1,993	68,041,992
(4) Total	6,042	192,346,803
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	44.15 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2009	1,863,063				
Totals ▶			3(b)	1,863,063	3(c)
					0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5	4a	C
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	78.40 %
c Is the plan making the scheduled progress with any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status, were any adjustable benefits reduced?		☐ Yes ☒ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	

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

- | | | | |
|--|--|--|---|
| a ☐ Attained age normal | b ☐ Entry age normal | c ☒ Accrued benefit (unit credit) | d ☐ Aggregate |
| e ☐ Frozen initial liability | f ☐ Individual level premium | g ☐ Individual aggregate | h ☐ Shortfall |
| i ☐ Reorganization | j ☐ Other (specify): | | |

k If box h is checked, enter period of use of shortfall method	5k	
l Has a change been made in funding method for this plan year?		☒ Yes ☐ No
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40?		☒ Yes ☐ No
n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5n	

6 Checklist of certain actuarial assumptions:

a		6a	4.82 %
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	8P04	8P04
(2) Females	6c(2)	8P04	8P04
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Expense loading	6e	.0 %	.0 %
f Salary scale	6f	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		(12.3) %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		(24.8) %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	23,678,996	2,495,375
5	(8,417,320)	(1,140,730)

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....

8a

b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.

☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?

☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?

☐ Yes ☐ No

(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended.....

8d(2)

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?

☐ Yes ☐ No

(4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....

8d(4)

(5) If line (3) is "Yes," enter the date of the ruling letter approving the extension.....

8d(5)

(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?

☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s).....

8e

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any.....

9a

0

b Employer's normal cost for plan year as of valuation date

9b

633,486

c Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....

9c(1)

72,219,974

9,514,580

(2) Funding waivers.....

9c(2)

0

0

(3) Certain bases for which the amortization period has been extended

9c(3)

0

0

d Interest as applicable on lines 9a, 9b, and 9c

9d

761,105

e Total charges. Add lines 9a through 9d.....

9e

10,909,171

Credits to funding standard account:

f Prior year credit balance, if any

9f

7,073,703

g Employer contributions. Total from column (b) of line 3

9g

1,863,063

Outstanding balance

h Amortization credits as of valuation date.....

9h

37,128,378

6,900,909

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....

9i

1,105,091

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

9j(1)

56,666,117

(2) "RPA '94" override (90% current liability FFL)

9j(2)

73,683,439

(3) FFL credit.....

9j(3)

0

k (1) Waived funding deficiency.....

9k(1)

0

(2) Other credits

9k(2)

0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....

9l

16,942,766

m Credit balance: If line 9l is greater than line 9e, enter the difference.....

9m

6,033,595

n Funding deficiency: If line 9e is greater than 9l, enter the difference

9n

9 o Current year's accumulated reconciliation account:

(1)	Due to waived funding deficiency accumulated prior to the 2009 plan year.....	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3)	Total as of valuation date.....	9o(3)	0

10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	☒ Yes	☐ No
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Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
Schedule MB, line 3 – Statement of Contributions Made to the Plan for 2009

The Employers contribute to the plan at various times throughout the plan year. A breakdown of the actual dates and amounts of these contributions is not available. The contributions are assumed to earn, on average, 5 months' interest.

**ACTUARIAL CERTIFICATION REQUIRED UNDER
INTERNAL REVENUE CODE SECTION 432(b)**

TO: Secretary of the Treasury
Board of Trustees of the Northwest Ohio UFCW Union and Employers Joint Pension Plan

RE: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
2009 Plan Year: January 1, 2009 – December 31, 2009
Plan Sponsor: Board of Trustees of the Northwest Ohio UFCW Union and Employers Joint Pension Plan
9970 Old Airport Highway
Monclova, OH 43542-9555
(419) 865-8041

I certify that, in accordance with Internal Revenue Code Section 432(b), the Northwest Ohio UFCW Union and Employers Joint Pension Plan ("the Plan") is in Critical Status for the 2009 plan year.

The basis for this certification is as follows:

- 1 The estimated present value of accrued liabilities as of the beginning of the 2009 plan year is based on projections of the accrued liabilities determined under the actuarial valuation as of January 1, 2008.
- 2 Plan assets as of December 31, 2008 are based on the unaudited financial statements provided by National Employee Benefits Administrators.
- 3 Contributions for the current and succeeding plan years are projected assuming the terms of one or more collective bargaining agreements pursuant to which the Plan is maintained for the current year continue in effect for succeeding plan years. In this determination I have relied on information provided by the Board of Trustees of the Northwest Ohio UFCW Union and Employers Joint Pension Plan regarding stable future covered employment with respect to the industries covered by the Plan.

This certificate has been prepared in accordance with my understanding of the requirements of Internal Revenue Code Section 432. I am a member of the American Academy of Actuaries and I meet the Academy's Qualification Standards to issue this Statement of Actuarial Opinion.

3/31/09

Date

SS

Stephen B. Siepman, FSA, MAAA, EA
Enrollment Number 08-03493
Buck Consultants LLC
231 South Bemiston, Suite 400
St. Louis, MO 63105
(314) 725-0114

NORTHWEST OHIO UFCW UNION AND EMPLOYEES JOINT PENSION PLAN
EIN/PN: 34-0947187/001

Schedule MB, line 4a – Illustration Supporting Actuarial Certification of Status

Critical status per IRC Sec. 432(b)(2)(B) based on Accumulated Funding Deficiency (AFD):

AFD current year or
 AFD within 4 yrs or yes
 AFD within 5 yrs if FP < 65%

Projected Funding Standard Account

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Normal Cost	\$1,692,472	\$1,644,640	\$1,586,195	\$1,524,688
Amortization Charges	\$9,570,772	\$9,247,959	\$9,054,053	\$8,994,956
Interest	\$844,743	\$816,945	\$798,019	\$788,973
Total Charges	\$12,107,987	\$11,709,544	\$11,438,267	\$11,308,617
Credit Balance	\$7,085,291	\$4,770,117	\$2,875,705	\$1,089,678
Amortization Credits	\$6,861,658	\$6,861,658	\$6,861,658	\$6,861,658
Interest	\$1,046,021	\$872,383	\$730,302	\$596,350
Total Credits	\$14,992,970	\$12,504,158	\$10,467,665	\$8,547,686
Minimum Required	\$0	\$0	\$970,602	\$2,760,931
Actual Contributions	\$1,829,175	\$2,019,315	\$1,999,122	\$1,979,131
Interest	\$55,959	\$61,776	\$61,158	\$60,547
Credit Balance	\$4,770,117	\$2,875,705	\$1,089,678	(\$721,254)

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Interest: 4.82% (prior: 5.06%) for current liability purposes.
7.50% for all other purposes, net of all expenses.

Mortality: For all purposes other than calculating current liability:
The 1994 Unisex Pensioners Mortality Table projected to 2004 with Scale AA.

For current liability:
RP-2000 Combined Mortality Tables for Males and Females Projected 7 years beyond 2008 using Scale AA for annuitants and RP-2000 Projected 15 years beyond 2008 using Scale AA for non-annuitants.

Disabled Life Mortality: Rates of mortality set forth in Revenue Ruling 96-7 for males and females.

Value of Accrued Benefits: The actuarial present value of accrued benefits was determined on a "going concern" basis, based on each participant's age and service as of the indicated dates. The values were computed using the same actuarial assumptions used in the actuarial valuation.

Incidence of Disability: Sample disability rates used are shown below:

Age	Rate
25	.10%
30	.11%
35	.12%
40	.15%
45	.22%
50	.33%
55	.58%
60	1.18%

Expenses: No explicit load.

Marital Status: 80% of participants are assumed to be married. Husbands are assumed to be 3 years older than their wives.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Withdrawal:

Sample select and ultimate termination rates are shown below:

Attained Age	Years of Service (Select)		
	<u>1</u>	<u>2</u>	<u>3 or More (Ultimate)</u>
25	30%	20%	9.0%
30	20%	15%	8.0%
35	20%	15%	7.0%
40	15%	15%	6.0%
45	10%	10%	5.0%
50	10%	10%	5.0%

Retirement:

<u>Age</u>	<u>Rate</u>
Less than 55	0%
55	15%
56-59	10%
60	15%
61	20%
62-64	40%
65 and over	100%

Actuarial Cost Method:

The Unit Credit Actuarial Cost Method. Under this method, the normal cost for each active participant is the present value of the benefit expected to be accrued during the current plan year. The Actuarial Accrued Liability for a participant is the present value of his accrued benefit as of the valuation date.

Asset Valuation Method:

Five-year straight line method. This method calculates the investment gain or loss compared with the expected return under the valuation interest assumption. The gains and losses for the last five years are recognized in equal installments over five years.

If the resulting amount is greater than 120% of the market value, the actuarial value as assets is set at 120% of the market value. If the resulting value is less than 80% of the market value, the actuarial value of assets is set at 80% of market value.

Expected Contributions:

The current bargaining agreement commits each Employer to a fixed contribution per participant for each contribution base unit (hours, weeks or months) worked. The expected contribution is equal to the number of contribution base units worked during the preceding plan year multiplied by the contribution rate in effect on the valuation date for each active participant.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Changes Since the Prior Valuation:

1. The current liability interest rate was changed from 5.06% to 4.82%.
2. The currently liability mortality table was changed from the 2008 IRS Static Mortality Table to the 2009 IRS Static Mortality Table as provided for under the Pension Protection Act of 2006.
3. The actuarial cost method was changed from the Entry Age Normal method to the Unit Credit method.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
Schedule MB, line 6 – Summary of Plan Provisions

PLAN HISTORY

Original Effective Date: June 1, 1964.

Restated: Effective January 1, 2001, last amended effective January 1, 2006.

ELIGIBILITY REQUIREMENTS

Minimum Age: 21

Service: 1,000 hours of work in Covered Employment during a 12 month period.

Other: Collective bargaining agreement may provide for an earlier entry date.

ACCRUED BENEFIT

Future service accruals are as follows:

Hourly Contribution Rate	1999 - 2004		2005 and After	
	Benefit Accrual		Benefit Accrual	
	Svc 0 - 30	Svc 30 +	Svc 0 - 30	Svc 30 +
Less than \$.25	\$26.00	\$34.67	\$17.00	\$22.66
\$.25 to \$.29	\$33.00	\$44.00	\$22.00	\$29.33
\$.30 to \$.34	\$40.00	\$53.33	\$27.00	\$36.00
\$.35 or more	\$45.00	\$60.00	\$30.00	\$40.00

Effective May 1, 2009, future benefit accruals were frozen.

NORMAL PENSION

Eligibility: Later of age 65 and 5th anniversary of participation.

Benefit: Accrued Benefit.

Normal Form: Life Annuity with subsidized 50% surviving spouse's pension.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
Schedule MB, line 6 – Summary of Plan Provisions

**UNREDUCED EARLY
RETIREMENT PENSION**

Eligibility:

(A) Age 62 and 5 years of Vesting Service, or

(B) Age 55 and 30 or more years of Vesting Service including at least 500 hours of covered employment at a contribution rate of 25¢ or greater.

Benefit: Accrued benefit accrued through December 31, 2005.

EARLY RETIREMENT PENSION

Eligibility:

Age 55 and 5 or more years of service with 500 hours of covered employment in a calendar year after age 50½.

Benefit:

Normal Pension reduced ½ of 1% for each month prior to age 62 if less than 30 Vesting Years of service at retirement.

Normal Pension accrued subsequent to December 31, 2005 reduced .25 of 1% for each month prior to age 62 if at least than 30 Vesting Years of service at retirement.

DISABILITY RETIREMENT

Eligibility:

Total and permanent disability with 5 Years of Vesting Service.

Benefit:

Accrued benefit.

VESTED PENSION

Eligibility:

5 Years of Vesting Service.

Benefit:

Normal Pension reduced by ½ of 1% for each month prior to age 65.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
Schedule MB, line 6 – Summary of Plan Provisions

**PRE-RETIREMENT
DEATH BENEFIT**

Eligibility:	5 years of Vesting Service and one year of marriage.
Benefit:	Surviving Spouse receives the survivor portion of the Qualified Joint and Survivor Annuity the participant would have received if he had survived to Early Retirement age (if not already eligible), retired, and died immediately thereafter.

LUMP SUM DEATH BENEFIT

Eligibility:	Retired participant other than a Vested Pension.
Benefit:	\$1,000; \$3,000 effective for employees who retire on or after July 1, 1980 provided they accrued 500 hours of service at a contribution rate of 25¢ or more. Benefit is not payable if covered under a formal health and welfare benefit program to which the employer contributes.

YEARS OF SERVICE

Benefit Service:	<u>Hours of Contribution</u>	<u>Credit</u>
	< 500	0
	500 – 1,819	Hours/2,000
	1,820 or more	1.0

There is a 35 year maximum if the employee fails to accrue at least 500 hours of covered employment at a contribution rate of 25¢ or greater.

Vesting Service: For purposes of determining eligibility for benefits, a participant receives one year's credit for any Plan Year in which he has at least 500 hours of service.

**CHANGES SINCE THE
PRIOR VALUATION:**

Effective May 1, 2009, future benefit accruals were frozen.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
Schedule MB, line 8b– 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	
	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	
Under 25	9	200	138	0	0	0	0	0	0	0	347
25 to 29	1	69	133	60	0	0	0	0	0	0	263
30 to 34	2	22	37	77	18	0	0	0	0	0	156
35 to 39	3	22	38	32	61	21	0	0	0	0	177
40 to 44	2	30	32	26	21	48	13	0	0	0	172
45 to 49	0	26	50	34	24	26	55	18	0	0	233
50 to 54	2	34	51	40	27	16	25	48	23	0	266
55 to 59	0	24	34	25	16	16	22	23	40	11	211
60 to 64	1	16	19	20	8	8	13	19	8	10	122
65 to 69	0	3	13	5	2	1	1	3	0	4	32
70 & up	0	5	5	0	2	0	0	2	0	0	14
Total	20	451	550	319	179	136	129	113	71	25	1993

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

<u>Description</u> <u>Charges</u>	<u>Date</u> <u>Established</u>	<u>Original</u> <u>Amount</u>	<u>Original</u> <u>Amortization</u> <u>Period</u>	<u>1-1-2009</u> <u>Outstanding</u> <u>Balance</u>	<u>1-1-2009</u> <u>Beginning of Yr.</u> <u>Amort. Amount</u>	<u>Remaining</u> <u>Amortization</u> <u>Period</u>
Initial Unfunded	1-01-1977	\$ 2,722,655	40	\$ 1,190,676	189,098	8
Amendment	1-01-1978	\$ 499,382	40	\$ 239,228	34,887	9
Amendment	1-01-1980	\$ 3,948,642	40	\$ 2,193,936	278,982	11
Amendment	1-01-1981	\$ 2,218,821	30	\$ 319,189	165,363	2
Assumptions	1-01-1981	\$ 382,928	30	\$ 55,097	28,544	2
Actuarial Loss	1-01-1983	\$ 899,500	30	\$ 247,190	68,654	4
Combine Bases (412(b)(4))	1-01-1983	\$ 767,600	29	\$ 165,214	59,098	3
Amendment	1-01-1984	\$ 3,436,462	30	\$ 1,133,072	260,517	5
Amendment	1-01-1985	\$ 788,266	30	\$ 304,641	60,374	6
Amendment	1-01-1986	\$ 455,600	30	\$ 206,371	36,244	7
Amendment	1-01-1987	\$ 1,992,053	30	\$ 963,944	153,089	8
Amendment-Rea	1-01-1987	\$ 4,704,393	30	\$ 2,273,057	360,997	8
Amendment	1-01-1988	\$ 396,844	30	\$ 209,501	30,551	9
Amendment	1-01-1989	\$ 33,885	30	\$ 19,315	2,618	10
Amendment	1-01-1990	\$ 6,827,122	30	\$ 4,159,097	528,873	11
Amendment	1-01-1992	\$ 2,362,935	30	\$ 1,603,618	183,579	13
Amendment	1-01-1993	\$ 1,103,338	30	\$ 783,340	85,838	14
Assumptions	1-01-1993	\$ 1,428,478	30	\$ 1,014,180	111,133	14
Amendment	1-01-1994	\$ 3,637,115	30	\$ 2,688,643	283,339	15
Method Change	1-01-1994	\$ 867,969	22	\$ 426,767	74,952	7
Actuarial Loss	1-01-1995	\$ 3,941,673	15	\$ 408,815	408,814	1
Amendment	1-01-1995	\$ 618,666	30	\$ 474,232	48,257	16
Amendment	1-01-1996	\$ 395,343	30	\$ 313,129	30,876	17
Amendment	1-01-1998	\$ 2,830,879	30	\$ 2,372,579	221,612	19
Amendment	1-01-2000	\$ 864,815	30	\$ 759,541	67,850	21
Actuarial Loss	1-01-2000	\$ 1,318,834	15	\$ 696,699	138,073	6
Amendment	1-01-2001	\$ 495,106	30	\$ 443,806	38,884	22
Actuarial Loss	1-01-2001	\$ 2,461,256	15	\$ 1,469,694	258,120	7
Amendment	1-01-2002	\$ 334,016	30	\$ 305,054	26,259	23
Actuarial Loss	1-01-2002	\$ 4,655,441	15	\$ 3,079,325	489,045	8
Actuarial Loss	1-01-2003	\$ 6,261,723	15	\$ 4,517,918	658,848	9
Actuarial Loss	1-01-2005	\$ 5,603,248	15	\$ 4,643,658	590,490	11
Actuarial Loss	1-01-2006	\$ 6,162,885	15	\$ 5,400,586	649,466	12
Actuarial Loss	1-01-2007	\$ 3,714,422	15	\$ 3,419,326	391,439	13
Actuarial Loss	1-02-2008	\$ 42,154	15	\$ 40,540	4,442	14
Actuarial Loss	1-01-2009	\$ 23,678,996	15	\$ 23,678,996	2,495,375	15
Total Charges				\$ 72,219,974	\$ 9,514,580	

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

<u>Description</u>	<u>Date Established</u>	<u>Original Amount</u>	<u>Original Amortization Period</u>	<u>1-1-2009 Outstanding Balance</u>	<u>1-1-2009 Beginning of Yr. Amort. Amount</u>	<u>Remaining Amortization Period</u>
<u>Credits</u>						
Combined Credit Base	1-01-2007	35,963,100	7.9	\$ 28,711,058	5,760,179	5.9
Change in Funding Method	1-01-2009	8,417,320	10.0	8,417,320	1,140,730	10
Total Credits				\$ 37,128,378	\$ 6,900,909	

Balance Test

1) Total Charges less Credits	\$ 35,091,596
2) Funding Standard Account Credit Balance	7,073,703
3) Unfunded Actuarial Accrued Liability = (1) - (2)	\$ 28,017,893

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187/ PN: 001

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

The current liability interest rate assumption was changed from 5.06% to 4.82% as permitted for the 2009 plan year; the revised rate is within the acceptable range.

The current liability mortality table was changed from the RP-2000 Mortality Table projected to 2015 for annuitants and projected to 2023 for non-annuitants, to the RP-2000 Mortality Table projected to 2016 for annuitants and 2024 for non-annuitants according to regulations published by the IRS for current liability purposes.

See attached financial statements and
accountant's opinion

See attached Schedule MB

See attached schedule MB

See attached schedule MB

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**

For calendar plan year 2009 or fiscal plan year beginning _____ and ending _____

- 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 Northwest Ohio UFCW Union and Employers Joint Pension Fund	1b Three-digit plan number (PN). ▶ 001
	1c Effective date of plan 6/1/1964
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) Trustees of Northwest Ohio UFCW Union and Employers Joint Pension Fund 9970 Old Airport Highway Monclova OH 43542	2b Employer Identification Number (EIN) 34-0947187
	2c Sponsor's telephone number (800) 567-5899
	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	<i>Cynthia J. Bender</i>	10/7/2010	Cynthia
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Jefferson M. Stephens</i>	10/12/2010	Jefferson Stephens
	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") Same		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 6,565
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	1,956
b Retired or separated participants receiving benefits	6b	1,358
c Other retired or separated participants entitled to future benefits	6c	2,881
d Subtotal. Add lines 6a, 6b, and 6c	6d	6,195
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	107
f Total. Add lines 6d and 6e	6f	6,302
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	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..		7 9
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		
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 (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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		b General 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	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

See attached schedule MB