

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
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 <u>NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1964</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1964</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1964</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u> <u>2211 RIVER ROAD</u> <u>MAUMEE, OH 43537</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0947187</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>800-567-5899</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>445110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0947187</u>	2c Sponsor's telephone number <u>800-567-5899</u>	2d Business code (see instructions) <u>445110</u>	
2b Employer Identification Number (EIN) <u>34-0947187</u>					
2c Sponsor's telephone number <u>800-567-5899</u>					
2d Business code (see instructions) <u>445110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	LENNIE WYATT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

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 2211 RIVER ROAD MAUMEE, OH 43537	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	6302
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	1976
b Retired or separated participants receiving benefits.....	6b	1414
c Other retired or separated participants entitled to future benefits.....	6c	2902
d Subtotal. Add lines 6a , 6b , and 6c	6d	6292
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	117
f Total. Add lines 6d and 6e	6f	6409
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	6

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	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)
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<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 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.</div>	<div>OMB No. 1210-0110 2010 This Form is Open to Public Inspection</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
▶ 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 2010		
b Assets		
(1) Current value of assets	1b(1)	97886807
(2) Actuarial value of assets for funding standard account.....	1b(2)	119163256
c (1) Accrued liability for plan using immediate gain methods	1c(1)	127503351
(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)	127503351
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)	201830364
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2765222
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	6833711
(3) Expected plan disbursements for the plan year	1d(3)	6824889
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>	10/07/2011	
STEPHEN B. SIEPMAN		Date
BUCK CONSULTANTS, LLC		11-03493
Type or print name of actuary		Most recent enrollment number
231 S. BEMISTON, SUITE 400, ST LOUIS, MO 63105-1914		314-725-0114
Firm name		Telephone number (including area code)
Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or Form 5500-SF.		
Schedule MB (Form 5500) 2010 v.092308.1		

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a	97886807
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1440	73897869
(2) For terminated vested participants	2674	59351228
(3) For active participants:		
(a) Non-vested benefits		8543747
(b) Vested benefits		60037520
(c) Total active	1963	68581267
(4) Total	6077	201830364
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	48.50 %

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
12/31/2010	2364901				
Totals ▶			3(b)	2364901	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	93.5 %
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	2353802

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	4.58 %
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)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	26.9 %
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	21.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	-4886207	-514925
1	-6482472	-683145
3	-4910824	-284785

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	2041731
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)	67408299 9105763
(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	836062
e Total charges. Add lines 9a through 9d	9e	11983556

Credits to funding standard account:

f Prior year credit balance, if any	9f	7311594
g Employer contributions. Total from column (b) of line 3	9g	2364901
	Outstanding balance	
h Amortization credits as of valuation date	9h	51756610 9534859
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1327908
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	41892609
(2) "RPA '94" override (90% current liability FFL)	9j(2)	65776268
(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	20539262
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	8555706
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 2010 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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<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☐ Yes

☒ No

b

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

(b)

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

(b)

Enter name and EIN or address of person who provided you disclosure 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)

NATIONAL EMPLOYEE BENEFITS ADMINIST

65-0498809

(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	139619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 17 50	NONE	128590	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 52	NONE	83005	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

PUTNAM FIDUCIARY TRUST COMPANY

04-2777224

(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 51	NONE	80033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

26-1429809

(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	79435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC

25-1211909

(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 52	NONE	65238	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

ROBERT W. BARID AND CO. INC.

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	60024	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

LITTLER MENDELSON PC

34-1150123

(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	57603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELLON CAPITAL MANAGEMENT CORPORATI

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 51	NONE	56789	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

DEARBORN PARTNERS LLC

36-4145621

(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 52	NONE	51731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GMO

04-3578674

(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 52	NONE	43117	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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 51 56 19 99 52	NONE	32660	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

BOYD WATTERSON ASSET MANAGEMENT

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 51	NONE	32362	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	31809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL INVESTMENT SERVICES, INC.

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?
28 51	NONE	15983	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

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 51	NONE	15803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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)
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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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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)
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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>8948839</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>6627662</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>7490148</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>13127326</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>8432632</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>6615000</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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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)	162118	192360
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	187987	560049
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1592303	1357907
(2) U.S. Government securities	1c(2)	4378420	5115664
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	7232887	7526420
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	77756	58700
(B) Common	1c(4)(B)	12741651	14786248
(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)	40877276	44613945
(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)	6225061	6627662
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24726345	24724433
(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	98201804	105563388

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	118207	107472
i Acquisition indebtedness	1i		
j Other liabilities	1j	196790	86177
k Total liabilities (add all amounts in lines 1g through 1j)	1k	314997	193649

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	97886807	105369739
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2364901	
(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)		2364901

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	829	
(B) U.S. Government securities	2b(1)(B)	175200	
(C) Corporate debt instruments	2b(1)(C)	433523	
(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)		609552

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	132627	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	981282	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1113909

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	59270757	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	59221271	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		49486

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	2881810	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2881810
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6325675
(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)		454332
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1560614
c Other income.....	2c		7382
d Total income. Add all income amounts in column (b) and enter total.....	2d		15367661

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6730818	
(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)		6730818
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)	218003	
(2) Contract administrator fees	2i(2)	139619	
(3) Investment advisory and management fees	2i(3)	620600	
(4) Other	2i(4)	175689	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1153911
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7884729

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7482932
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)

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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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
---------------	----------------------

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>23</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)
----------------	--

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

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

2082840

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

192992

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	1761
c The second preceding plan year	14c	1581

- 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	102.00
b The corresponding number for the second preceding plan year	15b	96.00

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

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

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

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

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

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

Stock: 14.2% Investment-Grade Debt: 12.1% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 73.7%

- 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):

See attached financial statements

See attached schedule MB

**NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009
TOGETHER WITH INDEPENDENT AUDITORS' REPORT**

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

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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, 2010 and 2009, 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, 2010, and changes therein for the year then ended and its financial status as of December 31, 2009 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.

Lapadula, Carlson + Co.

Coral Gables, Florida
March 29, 2011

NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF
DECEMBER 31, 2010 AND 2009

ASSETS		
	2010	2009
INVESTMENTS , at fair value	<u>\$ 104,810,979</u>	<u>\$ 97,851,699</u>
RECEIVABLES:		
Employer contributions	192,360	162,118
Accrued interest and dividends	192,674	187,987
Securities sold	147,164	-
Due from affiliated funds	180,211	-
Other receivables	40,000	-
Total receivables	<u>752,409</u>	<u>350,105</u>
Total assets	<u>105,563,388</u>	<u>98,201,804</u>
LIABILITIES		
ACCOUNTS PAYABLE	107,472	118,207
DUE TO AFFILIATED FUNDS	76,897	-
SECURITIES PURCHASED	<u>9,280</u>	<u>196,790</u>
Total liabilities	<u>193,649</u>	<u>314,997</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 105,369,739</u>	<u>\$ 97,886,807</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, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS WERE PROVIDED BY:		
Employer contributions	\$ 2,364,901	\$ 1,902,431
Investment income -		
Net appreciation in fair value of investments	11,019,716	16,121,259
Interest and dividends	1,975,662	2,432,497
Less: Investment expenses	(620,600)	(458,144)
Net investment income	<u>12,374,778</u>	<u>18,095,612</u>
Other income -	<u>7,382</u>	<u>13,072</u>
Total additions	<u>14,747,061</u>	<u>20,011,115</u>
DEDUCTIONS FROM NET ASSETS AVAILABLE FOR BENEFITS WERE ATTRIBUTABLE TO:		
Benefits paid to participants	6,730,818	6,484,928
Administrative expenses	<u>533,311</u>	<u>577,307</u>
Total deductions	<u>7,264,129</u>	<u>7,062,235</u>
Increase in net assets available for benefits	7,482,932	12,948,880
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>97,886,807</u>	<u>84,937,927</u>
End of year	<u>\$ 105,369,739</u>	<u>\$ 97,886,807</u>

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, 2010 AND 2009

(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 various collective bargaining or participation agreements. 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 changes and amendments

The Plan was amended by freezing the benefit accruals as of May 1, 2009.

As part of a rehabilitation plan established to improve the financial condition of the fund, the Trustees implemented the following changes:

- Elimination of post-retirement lump-sum benefits for any participant who dies on or after April 1, 2010
- Elimination of disability benefits for any participant who becomes totally and permanently disabled on or after April 1, 2010
- Elimination of certain optional forms of retirement benefit effective April 1, 2010
- Elimination of the subsidy on the automatic Qualified Joint and 50% Survivor option effective April 1, 2010
- Elimination of early pension subsidy effective April 1, 2010
- Various changes in benefit accrual rates

A more complete description of these plan changes can be found in the Notice of Reduction in Benefits, Adjustable Benefits and Future Benefits Accruals.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE FUND (CONTINUED)

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, 2010 and 2009 exceeded the minimum funding requirements of ERISA.

(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 PNC Bank (formerly 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.

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 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 and investment strategies.

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 88% and 85% of total employer contributions during the years ended December 31, 2010 and 2009, respectively.

Valuation of investments and income recognition

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.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Valuation of investments and income recognition (continued)

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.

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 diversify 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.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

Reclassification

Certain 2009 amounts have been reclassified to conform to the 2010 presentation.

Financial Accounting Standards Codification

In June 2009, the Financial Accounting Standards Board ("FASB") issued FASB Accounting Standards 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 intent 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 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 Plan's net assets available for benefits
- The priority of those benefits
- The level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC").

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(3) PLAN TERMINATION (CONTINUED)

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.

(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, 2010 are as follows:

Actuarial cost method

Unit Credit

Mortality

The RP-2000 Combined Healthy Mortality Table for males and females projected with blue collar adjustment for all other purposes

Interest

- a. To determine current liability: 4.58% (previously 4.82%)
- b. For all other purposes: 7.50%

Expenses

Expected plan administrative expenses of \$550,000 were added to the normal cost

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%		

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(4) ACCUMULATED PLAN BENEFITS (CONTINUED)

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.

If the resulting amount is greater than 130% of the market value, the actuarial value of assets is set at 130% 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 4.82% to 4.58%.

The current liability mortality table was changed from the 2009 IRS Static Mortality Table to the 2010 IRS Static Mortality Table as provided for the Pension Protection Act of 2006.

The mortality table for all other purposes was changed to the RP-2000 Combined Healthy Mortality Table for males and females with blue collar adjustment.

Expected plan administrative expenses of \$550,000 were added to the normal cost.

The valuation interest rate was changed from 7.50% net of all expenses to 7.50% net of investment expenses.

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.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(4) ACCUMULATED PLAN BENEFITS (CONTINUED)

Accumulated benefit obligation

The actuarial present value of accumulated plan benefits information is shown as of January 1, 2010 and for comparison purposes as of January 1, 2009.

	2010	2009
Vested benefits:		
Participants currently receiving benefits	\$ 55,688,669	\$ 56,089,312
Other participants	65,674,934	67,210,448
Total vested benefits	121,363,603	123,299,760
Non-vested benefits	6,139,748	6,643,645
Total actuarial present value of accumulated plan benefits	<u>\$ 127,503,351</u>	<u>\$ 129,943,405</u>

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, 2009	<u>\$ 129,943,405</u>
Increase (decrease) is attributable to:	
Benefits paid	(6,484,928)
Benefits accrual and plan experience	(571,490)
Change in discount period	9,502,571
Changes in assumptions	<u>(4,886,207)</u>
Net decrease	<u>(2,440,054)</u>
Actuarial present value of accumulated plan benefits as of January 1, 2010	<u>\$ 127,503,351</u>

Pension Protection Act Certification

For the plan years beginning January 1, 2009 and 2010, the Plan was certified by the Plan's actuary as critical. However, as permitted by Section 204 of the Worker, Retiree, and Employer Recovery Act of 2008 ("WRERA"), 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. For the plan year beginning January 1, 2010, the Trustees were required to take certain steps to improve the Plan's funding situation, which included increases in contributions and reductions in future benefit accruals. The Trustees believe the rehabilitation plan adopted will help to cope with the significant impact of the recent declines in the Plan's investments as a result of the downturn in the financial markets.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(4) ACCUMULATED PLAN BENEFITS (CONTINUED)

Unfunded vested liability

As of January 1, 2010, the Plan's present value of vested accumulated benefits of \$121,363,603, exceed the fair value of the plan's net assets of \$97,886,807 using a 7.5% discount rate. The deficit is \$23,476,796.

(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.

Except for certain mutual, commingled funds and common/collective trusts, the Fund's investments are held by PNC Bank as custodian. 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, 2010 and 2009, the fair value of the following individual investments represents more than 5% of the Plan's net assets:

Investments		2010	2009
Dearborn Partners LLC	Int'l Growth Equity Fund	\$ 6,627,662	\$ 6,225,061
GMO	Int'l Intrinsic Value Fund	6,543,328	6,085,395
Loomis Sayles	High Grade Trust	6,615,000	6,030,000
Mellon Bank	Global Alpha I Fund	8,948,839	10,140,613
PIMCO Funds	All Assets Fund	5,614,722	5,175,291
PIMCO Funds	Diversified Income Fund	12,566,383	13,465,659
Putnam	Total Return Fund	8,432,632	7,350,199
State Street Global Advisors	Small Cap Index Fund	7,490,148	5,702,684
Westwood Funds	Large Cap Value Fund	13,127,326	11,653,780

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(5) INVESTMENTS (CONTINUED)

During the years ended December 31, 2010 and 2009, the Fund's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Description	2010	2009
Common and preferred stocks	\$ 2,371,710	\$ 3,354,454
Fixed income securities	559,586	541,540
Equity funds	3,097,815	2,289,978
International equity funds	874,300	1,837,536
Fixed income funds	1,471,936	3,131,493
All asset fund	253,710	967,517
Total return fund	1,082,433	1,574,569
Global alpha fund	1,308,226	2,424,172
Net appreciation in fair value	\$ 11,019,716	\$ 16,121,259

(6) FAIR VALUE MEASUREMENT

The Fund adopted the FASB Accounting Standards 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.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

- 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.

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 enterprises ("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.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

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.

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

The following table sets forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2010:

Description	Level 1	Level 2	Level 3	2010 Total
Equity investments -				
Common and preferred stocks	\$ 14,844,948	\$ -	\$ -	\$ 14,844,948
Diversified International Growth Equity Fund	-	6,627,662	-	6,627,662
State Street Small Cap Index Plus SL Fund	-	7,490,148	-	7,490,148
GMO - International Intrinsic Value Fund - II	6,543,328	-	-	6,543,328
Westwood Trust Large Cap Equity	-	13,127,326	-	13,127,326
Fixed income investments -				
Corporate and municipal bonds	-	7,526,420	-	7,526,420
U.S. Government securities	1,702,613	-	-	1,702,613
Government sponsored enterprises	-	3,413,051	-	3,413,051
Loomis Sayles High Grade	-	6,615,000	-	6,615,000
Money market funds	-	1,357,907	-	1,357,907
Mutual funds -				
PIMCO All Asset Fund	5,614,722	-	-	5,614,722
PIMCO Diversified Income Fund	12,566,383	-	-	12,566,383
Global strategies -				
Putnam Total Return Fund	-	8,432,632	-	8,432,632
EB Daily Value Global Alpha I Fund	-	8,948,839	-	8,948,839
Total investments 2010	\$ 41,271,994	\$ 63,538,985	\$ -	\$ 104,810,979

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

The following table sets forth by levels, 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	2009 Total
Equity investments -				
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 investments -				
Corporate and municipal bonds	-	7,232,887	-	7,232,887
U.S. Government securities	2,112,917	-	-	2,112,917
Government sponsored enterprises	-	2,265,503	-	2,265,503
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
Global Strategies -				
Putnam Total Return Fund	-	7,350,199	-	7,350,199
EB Daily Value Global Alpha I Fund	-	10,140,613	-	10,140,613
Total investments 2009	\$ 39,068,002	\$ 58,783,697	\$ -	\$ 97,851,699

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, 2010

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 STOCKS:			
ABB LTD	5,900 SHARES COMMON STOCK	\$ 114,286	\$ 132,455
AFLAC INC	5,450 SHARES COMMON STOCK	259,548	307,544
AGILENT TECHNOLOGIES	5,284 SHARES COMMON STOCK	185,278	218,916
AKAMAI TECHNOLOGIES	7,125 SHARES COMMON STOCK	223,646	335,231
ALLERGAN INC	4,150 SHARES COMMON STOCK	210,446	284,981
ALTERA CORP	8,450 SHARES COMMON STOCK	133,388	300,651
AMAZON	1,431 SHARES COMMON STOCK	137,591	257,580
APPLE INC	2,235 SHARES COMMON STOCK	505,764	720,922
BROADCOM CORP	4,600 SHARES COMMON STOCK	94,820	200,330
C.H.ROBINSON WORLDWIDE INC	5,700 SHARES COMMON STOCK	301,465	457,083
CENOVUS ENERGY INC	3,750 SHARES COMMON STOCK	106,942	124,650
CHURCH & DWIGHT INC	2,350 SHARES COMMON STOCK	150,343	162,197
COGNIZANT TECHNOLOGY SOLUTIONS	4,250 SHARES COMMON STOCK	206,821	311,483
CORE LABORATORIES	2,900 SHARES COMMON STOCK	234,332	258,245
CORNING INC	17,904 SHARES COMMON STOCK	333,432	345,905
DANAHER CORP	10,286 SHARES COMMON STOCK	369,090	485,191
DIRECTV	1,725 SHARES COMMON STOCK	72,756	68,879
DOLBY LABORATORIES INC	2,525 SHARES COMMON STOCK	156,482	168,418
ECOLAB INC	3,751 SHARES COMMON STOCK	160,851	189,125
EMC CORP	22,750 SHARES COMMON STOCK	274,051	520,975
EMERSON ELECTRIC CO	9,648 SHARES COMMON STOCK	374,296	551,576
EOG RES INC	1,466 SHARES COMMON STOCK	144,061	134,007
EXPRESS SCRIPTS INC	8,000 SHARES COMMON STOCK	268,430	432,400
FASTENAL CO	4,874 SHARES COMMON STOCK	178,067	292,001
FREEMPORT MCMORAN COPPER & GOLD INC	900 SHARES COMMON STOCK	62,489	108,081
GOLDMAN SACHS GROUP INC	670 SHARES COMMON STOCK	105,482	112,667
GOOGLE INC	551 SHARES COMMON STOCK	172,816	327,277
HEWLETT-PACKARD	4,550 SHARES COMMON STOCK	155,564	191,555
INTERNATIONAL GAME TECHNOLOGY	7,875 SHARES COMMON STOCK	147,834	139,309
JM SMUCKER CO	2,925 SHARES COMMON STOCK	177,419	192,026
JOHNSON CONTROLS INC	11,291 SHARES COMMON STOCK	343,128	431,316
JOY GLOBAL INC	1,475 SHARES COMMON STOCK	82,403	127,956
JUNIPER NETWORKS INC	7,800 SHARES COMMON STOCK	170,956	287,976
MASTERCARD INC	616 SHARES COMMON STOCK	161,121	138,052
NETFLIX INC	462 SHARES COMMON STOCK	60,779	81,173
NOBLE ENERGY INC	1,825 SHARES COMMON STOCK	138,002	157,096
O REILLY AUTOMOTIVE INC	6,225 SHARES COMMON STOCK	224,891	376,116
OCCIDENTAL PETROLEUM CORP	5,575 SHARES COMMON STOCK	439,669	546,908
PACCAR INC	2,075 SHARES COMMON STOCK	95,050	118,981
PNC FINANCIAL SERVICES GROUP INC	2,585 SHARES COMMON STOCK	101,158	156,961

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, 2010

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 STOCKS (CONTINUED):			
PRAXAIR INC	4,443 SHARES COMMON STOCK	227,328	424,173
PRECISION CASTPARTS CORP	1,489 SHARES COMMON STOCK	170,835	207,284
PRICE T ROWE GROUP INC	3,824 SHARES COMMON STOCK	222,841	246,801
QUALCOMM INC	4,200 SHARES COMMON STOCK	197,257	207,858
RED HAT INC	1,950 SHARES COMMON STOCK	64,831	89,018
ROPER INDS INC	1,925 SHARES COMMON STOCK	114,228	147,128
SALESFORCE.COM	2,525 SHARES COMMON STOCK	167,067	333,301
SCHLUMBERGER LTD	4,087 SHARES COMMON STOCK	242,370	341,265
SCRIPPS NETWORKS INTER	6,150 SHARES COMMON STOCK	267,456	318,263
SOUTHWESTERN ENERGY CO	8,249 SHARES COMMON STOCK	277,303	308,760
STATE STR CORP	5,060 SHARES COMMON STOCK	263,766	234,480
STERICYCLE INC	2,175 SHARES COMMON STOCK	122,425	176,001
TARGET CORP	7,753 SHARES COMMON STOCK	382,471	466,188
THERMO FISHER SCIENTIFIC INC	4,114 SHARES COMMON STOCK	209,111	227,751
UNITEDHEALTH GROUP INC	3,900 SHARES COMMON STOCK	126,480	140,829
WHOLE FOODS MKT INC	3,225 SHARES COMMON STOCK	117,475	163,153
ENTERGY TEXAS INC	400 SHARES PREFERRED STOCK	10,080	11,046
HSBC FINANCE CORPORATION	200 SHARES PREFERRED STOCK	5,060	5,076
MORGAN STANLEY	400 SHARES PREFERRED STOCK	9,280	9,280
NATL CITI	400 SHARES PREFERRED STOCK	9,746	9,992
PUBLIC STORAGE	200 SHARES PREFERRED STOCK	5,060	5,086
SANTANDER FIN PFD SA	300 SHARES PREFERRED STOCK	7,320	6,725
USB CAPITAL	450 SHARES PREFERRED STOCK	11,256	11,295
Total common stock		11,065,993	14,844,948
CORPORATE BONDS:			
AAMES MTG INVT TRUST	40,000 VAR% DUE 10/25/2035	34,800	37,431
ABBOTT LABORATORIES	105,000 5.125% DUE 04/01/2019	110,967	115,476
ACCESS GROUP INC	19,333 VAR % DUE 04/25/2023	18,985	19,173
ACE SECS CORP	30,000 VAR% DUE 04/25/2035	22,950	23,534
AEGON	25,000 4.625% DUE 12/01/2015	25,392	25,829
ALASKA ST BUILD AMERICA	20,000 5.742% DUE 08/01/2033	20,000	20,726
AMERICAN HOME MTG	38,656 5.500% DUE 01/25/2035	39,183	30,066
AMERICAN MUN PWR OHIO INC	30,000 7.734% DUE 02/15/2033	29,682	31,280
AMERIQUEST MTG	43,564 VAR % DUE 08/25/2033	33,557	41,807
AXIS SPECIALTY FINANCE COMPANY	25,000 5.875% DUE 06/01/2020	24,906	24,976
BANC AMER MTG	34,741 VAR % DUE 06/25/2034	33,644	12,910
BANC OF AMERICA FUNDING	18,952 VAR % DUE 06/25/2034	16,393	17,672
BANC OF AMERICA MTG	15,610 5.250% DUE 08/25/2034	15,600	15,846

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, 2010

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 BONDS (CONTINUED):				
BANK OF AMERICA	45,000	5.300% DUE 03/15/2017	42,266	45,713
BANK OF AMERICA	90,000	5.650% DUE 05/01/2018	89,444	92,943
BANK OF NEW YORK MELLON	110,000	3.100% DUE 01/15/2015	110,468	112,786
BANK OF NOVA SCOTIA	115,000	2.250% DUE 01/22/2013	115,547	117,410
BB&T CORPORATION	95,000	3.375% DUE 09/25/2013	97,761	99,669
BEAR STEARNS CO	24,195	VAR % DUE 03/25/2035	19,780	20,078
BEAR STEARNS CO	50,000	VAR % DUE 10/15/2036	52,680	46,416
BEAR STEARNS CO	45,000	VAR % DUE 11/25/2035	32,963	33,971
BEAR STEARNS CO	25,000	VAR% DUE 01/25/2036	19,500	17,217
BEAR STEARNS CO INC	95,000	7.250% DUE 02/01/2018	110,577	112,644
BEAR STEARNS COML MTG	100,000	5.713% DUE 06/13/2040	99,824	100,281
BELVOIR LAND LLC	45,000	5.400% DUE 12/15/2047	38,813	36,493
BERKSHIRE HATHWAY INC	110,000	3.200% DUE 02/11/2015	110,346	113,302
BIRMINGHAM ALA REC ZONE	25,000	6.800% DUE 02/01/2037	25,000	25,173
BLACK & DECKER	20,000	8.950% DUE 04/15/2014	24,347	23,826
BLACKROCK INC	105,000	3.500% DUE 12/10/2014	105,832	108,604
BNSF RAILWAY CO	40,231	5.996% DUE 04/01/2024	46,197	42,885
BUNGE NA FINANCE LP	20,000	5.900% DUE 04/01/2017	21,643	20,588
CAMPBELL SOUP CO	30,000	3.050% DUE 07/15/2017	29,913	30,108
CANADIAN IMPERIAL BANK	95,000	2.350% DUE 12/11/2015	94,902	92,931
CATERPILLAR INC	50,000	6.200% DUE 09/30/2013	54,309	56,117
CATERPILLAR INC	45,000	7.900% DUE 12/15/2018	49,817	57,770
CHASE MTG FINANCE CORP	33,619	VAR% DUE 02/25/2037	29,164	13,082
CISCO SYSTEMS INC	100,000	4.950% DUE 02/15/2019	104,647	109,142
CITIGROUP RESIDENTIAL MTG	40,000	5.939% DUE 07/25/2036	39,100	38,464
CITY NATIONAL CORP	25,000	5.250% DUE 09/15/2020	24,935	24,556
COLLEGIATE FDG SVCS	30,000	VAR % DUE 12/28/2037	14,100	23,214
COMMERCIAL MTG	49,911	3.156% DUE 07/10/2046	51,408	50,734
CONOCOPHILLIPS	105,000	5.200% DUE 05/15/2018	109,703	116,219
COUNTRYWIDE ALTERNATIVE LN	23,732	3.900% DUE 08/25/2033	23,581	23,251
COUNTRYWIDE ALTERNATIVE LN	88,527	6.000% DUE 05/25/2037	87,753	29,998
COUNTRYWIDE ALTERNATIVE LN	32,181	6.000% DUE 09/25/2034	31,296	32,952
COUNTRYWIDE ASSET BACKED CERT	36,429	VAR % DUE 05/25/2035	26,775	24,841
COUNTRYWIDE ASSET BACKED CERT	35,000	VAR% DUE 05/25/2035	29,050	27,071
COUNTRYWIDE HOME LNS	22,970	6.000% DUE 10/25/2034	22,783	23,439
COUNTRYWIDE HOME LNS	35,000	VAR% DUE 05/25/2035	24,325	24,662
COUNTRYWIDE HOME LNS	45,000	VAR% DUE 11/25/2035	37,431	33,897
CREDIT BASED ASSET SERVICING	50,000	VAR % DUE 07/25/2035	33,750	25,259
CREDIT SUISSE FIRST BOSTON MTG	20,000	5.500% DUE 06/25/2035	19,050	20,611
CREDIT SUISSE NEW YORK	35,000	6.000% DUE 02/15/2018	37,537	37,661

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, 2010

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 BONDS (CONTINUED):					
CRH AMERICA INC	30,000	4.125%	DUE 01/15/2016	29,978	29,728
DEAN WITTER DISCOVER CO	30,000	6.750%	DUE 01/01/2016	32,049	31,985
DEERE & CO	40,000	4.375%	DUE 10/16/2019	40,071	41,739
DEUTSCHE ALT-A SECS INC MTG	100,718	4.970%	DUE 09/25/2033	98,955	96,697
DUKE ENERGY INDIANA INC	30,000	3.750%	DUE 07/15/2020	29,972	29,416
E.I. DU PONT DE NEMOURS	11,000	5.875%	DUE 01/15/2014	11,700	12,230
EKSPORTFINANS	40,000	3.000%	DUE 11/17/2014	39,814	41,336
EXPRESS PIPELINE LP	19,000	6.470%	DUE 12/31/2013	20,945	20,066
FIRST FRANKLIN MTG	45,000	VAR % DUE 03/25/2035		33,825	40,057
FIRST UNION CAPITAL	45,000	7.935 1/15/27 CALL 1/15/07		39,825	46,013
FLORIDA HURRICANE CATASTROPHE	55,000	VAR% DUE 10/15/2012		50,765	53,775
FLORIDA ST GOVERN UTIL BUILD AMERICA	25,000	6.884% DUE 10/01/2030		25,000	25,039
FRANKLIN RESOURCES INC	70,000	3.125% DUE 05/20/2015		69,923	71,259
GE BUSINESS LOAN	79,927	VAR% DUE 12/15/2032		70,212	68,385
GENERAL AMERICAN LIFE	45,000	7.625% DUE 01/15/2024		48,153	50,905
GENERAL ELEC CAP CORP	45,000	2.250% DUE 11/09/2015		44,966	43,338
GENERAL ELECTRIC COMPANY	65,000	5.000% DUE 02/01/2013		67,781	69,488
GEORGE WASHINGTON UNIV	25,000	VAR % DUE 09/15/2032		26,575	26,495
GEORGETOWN UNIV	50,000	7.220% DUE 04/01/2019		53,544	58,416
GOLDMAN SACHS GROUP INC	40,000	6.150% DUE 04/01/2018		43,364	43,938
GOLDMAN SACHS GROUP INC	90,000	6.600% DUE 01/15/2012		94,018	95,203
GS MTG SECS CORP	40,000	5.993% DUE 08/10/2045		37,312	42,059
GSR MTG LN	27,523	5.500% DUE 03/25/2035		26,835	28,451
HEWLETT-PACKARD CO	105,000	2.125% DUE 09/13/2015		104,881	103,606
HOME EQUITY ASSET	20,000	VAR% DUE 08/25/2035		15,100	15,900
HONEYWELL INTERNATIONAL	30,000	3.875% DUE 02/15/2014		31,627	31,858
HSBC BANK USA	45,000	6.000% DUE 08/09/2017		49,848	48,605
INDIANAPOLIS IND LOC PUB IMPT BUILD AM	30,000	6.116% DUE 01/15/2040		29,972	31,394
J P MORGAN CHASE	90,000	5.415% DUE 12/12/2043		90,450	96,518
J P MORGAN CHASE	50,000	5.429% DUE 12/12/2043		50,000	52,480
JBG/ROCKVILLE NCI CAMPUS	50,000	6.100% DUE 07/15/2033		50,000	50,000
JEA FLA ELEC SYS REV BUILD AMERICA	45,000	6.056% DUE 10/01/2044		45,000	46,087
JEFFRIES GROUP INC	35,000	6.875% DUE 04/15/2021		35,122	36,778
JP MORGAN CHASE BANK	30,000	5.875% DUE 06/13/2016		34,064	32,838
JP MORGAN CHASE MORTGAGE	45,000	4.895% DUE 09/12/2037		44,371	47,199
JPMORGAN CHASE & CO	15,000	2.600% DUE 01/15/2016		14,986	14,594
JPMORGAN CHASE & CO	25,000	4.400% DUE 07/22/2020		24,934	24,640
KENTUCKY ASSET	25,000	3.165% DUE 04/01/2018		25,000	24,387
KEYCORP STUDENT LOAN TRUST	28,207	VAR % DUE 06/27/2025		26,655	27,160
KIMBERLY CLARK CORP	20,000	4.875% DUE 08/15/2015		19,923	22,152

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, 2010

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 BONDS (CONTINUED):				
KIMBERLY CLARK CORP	30,000	3.625% DUE 08/01/2020	29,910	29,610
LB-UBS COML MTG	260	6.510% DUE 12/17/2026	267	260
LONG BEACH MTG LN	45,000	VAR % DUE 04/25/2035	29,419	41,529
LOWES COMPANIES INC	70,000	5.000% DUE 10/15/2015	74,421	77,746
MANUFACTURERS & TRADERS TR CO	35,000	VAR % DUE 12/28/2020	29,551	33,220
MASTR ALTERNATIVE LN	23,453	5.500% DUE 02/25/2034	23,424	23,346
MASTR ALTERNATIVE LN	9,326	6.000% DUE 07/25/2034	9,395	9,445
MASTR ALTERNATIVE LN	42,843	6.000% DUE 09/25/2034	41,665	43,530
MEDTRONIC INC	105,000	4.450% DUE 03/15/2020	104,798	109,275
MERCK & CO INC	65,000	5.000% DUE 06/30/2019	67,085	71,765
METRO GOVT NASHVILLE BUILD AMERICA	35,000	7.431% DUE 07/01/2043	37,967	37,172
MICROSOFT CORP	35,000	3.000% DUE 10/01/2020	34,698	33,099
MONROE CNTY NY WTR AUTH	30,000	6.459% DUE 08/01/2042	30,000	30,690
MORGAN STANLEY	20,000	5.450% DUE 01/09/2017	20,173	20,844
MORGAN STANLEY	110,000	5.300% DUE 03/01/2013	110,880	117,079
MORGAN STANLEY CAPITAL INC	20,000	VAR % DUE 07/25/2035	13,950	16,306
MORGAN STANLEY MTG LOAN	28,575	6.000% DUE 04/25/2034	28,432	29,436
MOSAIC CO	25,000	7.625% DUE 12/01/2016	27,531	27,000
NASDAQ OMC GROUP	30,000	2.500% DUE 08/15/2013	28,125	29,772
NAT CITY PREF CAP	20,000	VAR % DUE 12/31/2049	19,410	22,450
NATIONAL CITY BANK	30,000	5.800% DUE 06/07/2017	30,317	32,278
NATIONAL COLLEGIATE STUDENT LN	35,000	VAR% DUE 02/25/2028	30,931	31,001
NATIONAL COLLEGIATE STUDENT LN	33,948	VAR% DUE 08/25/2023	33,184	33,404
NELNET STUDENT LOAN TRUST	50,000	VAR% DUE 10/25/2038	48,453	50,000
NEW YORK NY	45,000	2.250% DUE 03/01/2013	45,280	44,974
NEW YORK UNIVERSITY	45,000	4.955% DUE 07/01/2032	45,000	42,358
NORTHERN TRUST CORP	50,000	3.450% DUE 11/04/2020	49,942	47,751
NOVARTIS CAPITAL CORP	30,000	4.125% DUE 02/10/2014	31,246	32,067
NOVASTAR HOME EQUITY LOAN	20,000	VAR% DUE 06/25/2035	15,700	17,352
OHIO ST MAJOR NEW ST INFRASTRU	45,000	3.000% DUE 06/15/2015	45,000	45,054
ORACLE CORP	105,000	3.750% DUE 07/08/2014	109,041	111,101
PARTNERRE FINANCE A LLC CO	35,000	6.875% DUE 06/01/2018	34,689	37,568
PENN MUT LIFE INS CO	40,000	6.650% DUE 06/15/2034	35,322	35,522
PNC FUNDING CORP	75,000	2.300% DUE 06/22/2012	76,012	76,829
PORT CLINTON OHIO CITY SCH DIS	20,000	6.300% DUE 12/01/2041	19,715	20,121
PRIME MORTGAGE TRUST	26,934	6.000% DUE 02/25/2034	26,665	27,976
PROCTER & GAMBLER CO	65,000	1.800% DUE 11/15/2015	64,468	63,731
PRUDENTIAL FINANCIAL INC	30,000	4.500% DUE 11/15/2020	29,771	29,442
PUBLIC SERVICE COLORADO	50,000	3.200% DUE 11/15/2020	49,797	47,283
RAYMOND JAMES FINANCIAL	35,000	8.600% DUE 08/15/2019	34,994	41,207

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, 2010

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 BONDS (CONTINUED):				
REGIONAL TRANSN DIST COLO CTFS	20,000	7.672% DUE 06/01/2040	20,000	20,795
REINSURANCE GROUP AMER INC	35,000	5.625% DUE 03/15/2017	34,741	36,267
RENSSELAER POLYTECHNIC	35,000	5.600% DUE 09/01/2020	35,771	36,082
RESIDENTIAL ACCREDIT LNS INC	38,347	5.000% DUE 11/25/2018	37,580	38,993
RESIDENTIAL ASSET MORTGAGE	21,685	7.125% DUE 04/25/2031	21,712	21,385
RESIDENTIAL ASSET SECURITIES	45,000	VAR % DUE 01/25/2036	31,488	30,454
RESIDENTIAL FDG MTG	30,000	5.790% DUE 02/25/2036	27,450	27,829
RLI CORP	25,000	5.950% DUE 01/15/2014	25,580	25,961
SAN ANTONIO TEX BUILD AMERICA	25,000	6.038% DUE 08/01/2040	25,000	25,395
SHELL INTERNATIONAL	45,000	4.375% DUE 03/25/2020	44,845	47,217
SHELL INTERNATIONAL	55,000	3.100% DUE 06/28/2015	54,962	56,447
SLM STUDENT LN	17,126	VAR % DUE 03/15/2022	13,529	15,693
SLM STUDENT LOAN	70,000	VAR % DUE 03/15/2028	68,378	70,000
SOUTH CAROLINA STUDENT LN CORP	40,000	0.000% DUE 12/01/2022	37,006	39,130
STATE PUB SCH BLDG AUTH PA	25,000	5.000% DUE 09/15/2027	25,000	22,603
STATOIL ASA SEDOL	65,000	3.125% DUE 08/17/2017	64,858	64,179
STRUCTURED ASSET SECURITIES CO	22,311	5.500% DUE 10/25/2033	22,199	22,534
TANGIPAHOA PARISH LA HOSP SVC	15,000	7.200% DUE 02/01/2042	15,000	15,038
TARGET CORP	70,000	5.875% DUE 03/01/2012	76,246	74,057
TOTAL CAPITAL SA CO	30,000	2.300% DUE 03/15/2016	30,233	29,256
U S BANCORP	100,000	3.150% DUE 03/04/2015	99,511	102,769
UNITED PARCEL SERVICE	25,000	3.125% DUE 01/15/2021	24,736	23,229
UNITED PARCEL SERVICE	35,000	3.875% DUE 04/01/2014	35,014	37,333
UNITED TECHNOLOGIES CORP	40,000	4.500% DUE 04/15/2020	40,160	42,049
UNITED TECHNOLOGIES CORP	15,000	6.125% DUE 02/01/2019	14,976	17,532
UNIVERSITY CALIF REVS BUILD AMERICA	50,000	5.770% DUE 05/15/2043	49,958	47,261
UNIVERSITY OF CHICAGO	25,000	5.420% DUE 10/01/2030	26,898	25,928
UNIVERSITY TEX UNIV REVS	45,000	6.276% DUE 08/15/2041	46,381	46,280
US BANCORP	15,000	1.125% DUE 09/30/2013	14,978	14,833
VIRGINIA ST PUB BLDG AUTH PUB	20,000	5.500% DUE 08/01/2027	19,810	20,402
WACHOVIA CORP	105,000	5.500% DUE 05/01/2013	108,075	114,235
WALGREEN CO	35,000	5.250% DUE 01/15/2019	36,412	38,898
WALT DISNEY COMPANY	50,000	4.500% DUE 12/15/2013	51,882	54,580
WASHINGTON CNTY ORE CLEAN WTR BUILD	20,000	5.701% DUE 10/01/2030	20,000	20,337
WELLS FARGO MORTGAGE	13,601	5.750% DUE 04/25/2036	13,686	13,388
WELLS FARGO MORTGAGE	26,953	VAR % DUE 04/25/2036	24,965	26,698
WELLS FARGO MORTGAGE	5,702	VAR % DUE 07/25/2035	5,534	5,637
WESTERN MINN MUN PWR AGY MINN BUILD	25,000	6.770% DUE 01/01/2046	25,000	25,290
WHC-IRS TRUST PASS THUR	78,289	6.980% DUE 05/15/2015	85,804	82,451

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, 2010

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 BONDS (CONTINUED):				
WORLD FINANCIAL NETWORK	40,000	4.160% DUE 09/15/2017	39,999	40,232
WYETH	55,000	5.500% DUE 02/15/2016	60,906	62,232
	Total corporate bonds		7,464,782	7,526,420
U.S. GOVERNMENT AND GSE SECURITIES:				
U.S. GOVERNMENT -				
U.S. TREASURY BOND	65,000	0.000% DUE 08/15/2026	31,669	32,637
U.S. TREASURY BOND	116,000	5.375% DUE 02/15/2031	136,609	135,411
U.S. TREASURY BOND	130,000	6.250% DUE 08/15/2023	173,159	163,475
U.S. TREASURY NOTE	119,000	3.875% DUE 08/15/2040	109,718	109,703
U.S. TREASURY NOTE	133,000	2.250% DUE 11/30/2017	129,620	41,817
U.S. TREASURY NOTE	281,000	2.625% DUE 11/15/2020	267,924	251,244
U.S. TREASURY NOTE	105,000	4.250 % DUE 08/15/2013	112,961	114,319
U.S. TREASURY NOTE	90,000	2.375% DUE 07/31/2017	92,707	88,861
U.S. TREASURY NOTE	220,000	2.625% DUE 04/30/2016	220,121	225,258
U.S. TREASURY NOTE	290,000	1.750% DUE 07/31/2015	294,040	289,092
U.S. TREASURY NOTE	35,000	4.250% DUE 11/15/2017	36,992	38,560
U.S. TREASURY NOTE	190,000	4.750% DUE 05/15/2014	206,064	212,236
	Total U.S. Government		1,811,584	1,702,613
GSE SECURITIES -				
FEDERAL HOME LOAN MTG CORP	20,877	5.000% DUE 06/01/2028	21,405	22,030
FEDERAL HOME LOAN MTG CORP	73,261	5.000% DUE 08/01/2023	77,932	77,547
FEDERAL HOME LOAN MTG CORP	150,000	4.500% DUE 11/15/2012	162,543	160,577
FEDERAL HOME LOAN MTG CORP	173,403	4.000% DUE 03/01/2025	177,548	178,679
FEDERAL HOME LOAN MTG CORP	105,000	2.500% DUE 01/07/2014	107,556	108,935
FEDERAL HOME LOAN MTG CORP	66,136	5.231% DUE 05/25/2043	71,758	72,057
FEDERAL NATL MTG ASSN	33,979	6.000% DUE 07/01/2026	34,107	37,162
FEDERAL NATL MTG ASSN	57,866	5.500% DUE 03/01/2023	60,325	62,846
FEDERAL NATL MTG ASSN	63,126	5.000% DUE 06/01/2035	67,446	66,772
FEDERAL NATL MTG ASSN	72,320	7.000% DUE 01/01/2036	74,150	81,107
FEDERAL NATL MTG ASSN	68,048	5.000% DUE 07/01/2039	72,195	71,616
FEDERAL NATL MTG ASSN	109,229	5.500% DUE 02/01/2038	114,691	117,674
FEDERAL NATL MTG ASSN	29,573	5.500% DUE 10/25/2031	30,663	30,996
FEDERAL NATL MTG ASSN	51,858	6.000% DUE 04/25/2043	55,941	57,761
FEDERAL NATL MTG ASSN	85,000	2.875% DUE 12/11/2013	87,943	89,230
FEDERAL NATL MTG ASSN	295,000	4.375% DUE 09/15/2012	310,693	313,588
FEDERAL NATL MTG ASSN	200,000	4.625% DUE 10/15/2013	216,037	219,222

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, 2010

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 MTG ASSN	55,000 4.750% DUE 02/21/2013	54,640	59,523
FEDERAL NATL MTG ASSN	155,796 4.500% DUE 07/01/2024	164,827	163,822
FEDERAL NATL MTG ASSN	9,867 6.500% DUE 02/01/2029	9,932	11,165
FEDERAL NATL MTG ASSN	35,000 ZERO CPN DUE 10/09/2019	18,183	24,236
GOVERNMENT NATL MTG ASSN	35,000 5.621% DUE 08/16/2030	38,112	38,142
GOVERNMENT NATL MTG ASSN	50,000 5.328% DUE 09/16/2034	55,391	55,234
GOVERNMENT NATL MTG ASSN	70,000 5.409% DUE 10/16/2032	74,961	77,328
GOVERNMENT NATL MTG ASSN	20,000 VAR % DUE 03/16/2038	21,875	20,691
GOVERNMENT NATL MTG ASSN	30,000 5.190% DUE 05/16/2039	33,080	32,441
GOVERNMENT NATL MTG ASSN	58,675 6.500% DUE 11/15/2034	62,232	66,651
GOVERNMENT NATL MTG ASSN	68,804 5.000% DUE 10/15/2039	70,997	73,225
GOVERNMENT NATL MTG ASSN	11,901 7.000% DUE 10/15/2014	12,768	12,878
GOVERNMENT NATL MTG ASSN	69,052 6.000% DUE 11/15/2037	70,854	76,276
GOVERNMENT NATL MTG ASSN	64,002 5.000% DUE 06/20/2030	69,132	68,854
GOVERNMENT NATL MTG ASSN	35,000 4.666% DUE 07/16/2031	37,280	37,794
GOVERNMENT NATL MTG ASSN	40,000 VAR% DUE 03/16/2035	42,078	43,830
GOVERNMENT NATL MTG ASSN	30,000 VAR% DUE 12/16/2036	32,986	32,975
SMALL BUSINESS ADMIN	29,801 4.108% DUE 03/10/2020	32,073	31,230
SMALL BUSINESS ADMIN	57,139 4.430% DUE 05/01/2029	61,746	60,340
SMALL BUSINESS ADMIN	53,358 4.941% DUE 09/01/2015	57,793	57,466
SMALL BUSINESS ADMIN	41,249 5.310% DUE 05/01/2027	44,060	44,303
SMALL BUSINESS ADMIN	30,911 5.524% DUE 03/10/2016	33,509	32,720
SMALL BUSINESS ADMIN	88,193 5.680% DUE 06/01/2028	95,804	97,150
SMALL BUSINESS ADMIN	43,286 5.720% DUE 01/01/2029	46,952	47,932
SMALL BUSINESS ADMIN	34,522 5.725% DUE 09/01/2018	36,521	37,680
SMALL BUSINESS ADMIN	37,895 5.870% DUE 05/01/2026	40,951	40,683
SMALL BUSINESS ADMIN	9,002 6.030% DUE 02/10/2012	9,401	9,281
SMALL BUSINESS ADMIN	51,052 6.070% DUE 03/01/2022	56,380	56,796
SMALL BUSINESS ADMIN	45,279 6.220% DUE 12/01/2028	50,206	50,730
SMALL BUSINESS ADMIN	69,776 6.770% DUE 11/01/2028	72,838	79,342
SMALL BUSINESS ADMIN	95,110 6.900% DUE 09/01/2017	95,110	104,534
Total GSE securities		3,345,605	3,413,051
Total U.S. Government and GSE securities		5,157,189	5,115,664

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, 2010

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
MONEY MARKET FUNDS:				
PNC GOVERNMENT	91,097	SHARES - MONEY MARKET FUND	91,097	91,097
PNC PRIME	1,266,810	SHARES - MONEY MARKET FUND	1,266,810	1,266,810
	Total money market funds		1,357,907	1,357,907
MUTUAL FUNDS:				
GMO INT'L INTRINSIC VALUE FUND	302,512	SHARES - INTL EQUITY FUND	8,689,920	6,543,328
PIMCO ALL ASSET FUND INSTL	465,952	SHARES - ALL ASSETS FUND	5,822,694	5,614,722
PIMCO DIVERSIFIED INCOME FUND I	1,098,460	SHARES - DIVERSIFIED INCOME FUND	11,898,740	12,566,383
	Total mutual funds		26,411,354	24,724,433
103-12B,				
DEARBORN PARTNERS GROUP TRUST	5,515	SHARES - INTL EQUITY FUND	5,505,897	6,627,662
COMMON/COLLECTIVE TRUSTS:				
LOOMIS SAYLES	500,000	SHARES - HIGH GRADE CORP. BOND FUN	5,000,000	6,615,000
MELLON BANK	56,045	SHARES - EB GLOBAL ALPHA I FUND	8,742,976	8,948,839
PUTNAM	132,651	SHARES- TOTAL RETURN FUND	7,000,000	8,432,632
STATE STREET GLOBAL ADIVSORS	537,583	SHARES - SMALL CAP INDEX FUND	8,000,000	7,490,148
WESTWOOD	80,443	SHARES - LARGE CAP EQUITY FUND	13,709,723	13,127,326
	Total common/collective trusts		42,452,699	44,613,945
	Total investments		99,415,821	104,810,979

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

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

FOR THE YEAR ENDED DECEMBER 31, 2010

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 transaction date	(i) Net gain or (loss)
PNC Government	Money Market Fund	\$ 3,688,453	\$ -	\$ -	\$ 3,688,453	\$ 3,688,453	\$ -
PNC Government	Money Market Fund	-	3,996,847	-	3,996,847	3,996,847	-
PNC Money Market FD I SH	Money Market Fund	11,675,173	-	-	11,675,173	11,675,173	-
PNC Money Market FD I SH	Money Market Fund	-	11,760,005	-	11,760,005	11,760,005	-
PNC Prime	Money Market Fund	2,142,522	-	-	2,142,522	2,142,522	-
PNC Prime	Money Market Fund	-	2,053,693	-	2,053,693	2,053,693	-

See attached financial statements

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.		OMB No. 1210-0110 2010 This Form is Open to Public Inspection	
For calendar plan year 2010 or fiscal plan year beginning		01/01/2010		and ending 12/31/2010	
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 Board of Trustees - See Above				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>2010</u>					
b Assets					
(1) Current value of assets				1b(1) 97,886,807	
(2) Actuarial value of assets for funding standard account				1b(2) 119,163,256	
c (1) Accrued liability for plan using immediate gain methods				1c(1) 127,503,351	
(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) 127,503,351	
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) 201,830,364	
(b) Expected increase in current liability due to benefits accruing during the plan year				1d(2)(b) 2,765,222	
(c) Expected release from "RPA '94" current liability for the plan year				1d(2)(c) 6,833,711	
(3) Expected plan disbursements for the plan year				1d(3) 6,824,889	
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 STEPHEN A SIEPMAN SS		10/07/2011 Date			
Signature of actuary Stephen B. Siepman		11-03493 Most recent enrollment number			
Type or print name of actuary Buck Consultants, LLC		(314) 725-0114 Telephone number (including area code)			
231 S. Bemiston, Suite 400 Firm name					
St. Louis MO 63105-1914 Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or Form 5500-SF.					
Schedule MB (Form 5500) 2010 v.092308.1					

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a	97,886,807
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,440	73,897,869
(2) For terminated vested participants	2,674	59,351,228
(3) For active participants:		
(a) Non-vested benefits		8,543,747
(b) Vested benefits		60,037,520
(c) Total active	1,963	68,581,267
(4) Total	6,077	201,830,364
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	48.50 %

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
12/31/2010	2,364,901				
Totals ▶			3(b)	2,364,901	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	93.4 %
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	2,353,802

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	4.58 %
b Rates specified in insurance or annuity contracts		
	<div style="display: flex; justify-content: space-around;"> Pre-retirement Post-retirement </div> <div style="display: flex; justify-content: space-around;"> ☐ Yes ☒ No ☐ N/A ☐ Yes ☒ No ☐ N/A </div>	
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	26.9 %
f Salary scale	6f	.00 %
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	21.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	(4,886,207)	(514,925)
1	(6,482,472)	(683,145)
3	(4,910,824)	(284,785)

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** 2,041,731

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended **9c(1)** 67,408,299 9,105,763

(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** 836,062

e Total charges. Add lines 9a through 9d **9e** 11,983,556

Credits to funding standard account:

f Prior year credit balance, if any **9f** 7,311,594

g Employer contributions. Total from column (b) of line 3 **9g** 2,364,901

h Amortization credits as of valuation date **9h** 51,756,610 9,534,859

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h **9i** 1,327,908

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL) **9j(1)** 41,892,609

(2) "RPA '94" override (90% current liability FFL) **9j(2)** 65,776,268

(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** 20,539,262

m Credit balance: If line 9l is greater than line 9e, enter the difference **9m** 8,555,706

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

9o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the 2010 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		☒ Yes ☐ No

Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187/ PN: 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>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Normal Cost	\$1,774,085	\$1,562,619	\$1,470,789	\$1,387,023
Amortization Charges	\$9,105,759	\$9,583,255	\$10,173,324	\$10,677,890
Interest	\$815,988	\$835,941	\$873,308	\$904,868
Total Charges	\$11,695,832	\$11,981,815	\$12,517,421	\$12,969,781
Credit Balance	\$6,033,605	\$5,051,079	\$3,962,928	\$2,216,239
Amortization Credits	\$7,623,940	\$7,898,044	\$7,898,044	\$7,898,044
Interest	\$1,024,316	\$971,184	\$889,573	\$758,571
Total Credits	\$14,681,861	\$13,920,307	\$12,750,545	\$10,872,854
Minimum Required	(\$2,986,029)	(\$1,938,492)	(\$233,124)	\$2,096,927
Actual Contributions	\$2,003,750	\$1,964,342	\$1,924,247	\$1,886,624
Interest	\$61,300	\$60,094	\$58,868	\$57,717
Credit Balance	\$5,051,079	\$3,962,928	\$2,216,239	(\$152,586)

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: 4.58% (prior: 4.82%) for current liability purposes.
7.50% for all other purposes, net of all investment expenses.

Mortality: For all purposes other than calculating current liability:
The RP-2000 Combined Healthy Mortality Table for males and females projected with blue collar adjustment for all other purposes.

For current liability:
RP-2000 Mortality Tables projected to 2016 for retirees and projected to 2024 for actives and terminated vested participants according to regulations published by the IRS.

Disabled Life Mortality: Rates of disabled 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:

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

Expenses: Expected plan administrative expenses of \$550,000 were added to the normal cost.

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:

<u>Attained Age</u>	<u>Years of Service (Select)</u>		
	<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 (ten years for 2008 losses).

If the resulting amount is greater than 130% of the market value, the actuarial value as assets is set at 130% 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.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187 / PN: 001

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

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.

Changes Since the Prior Valuation:

1. The current liability interest rate was changed from 4.82% to 4.58%.
2. The currently liability mortality table was changed from the 2009 IRS Static Mortality Table to the 2010 IRS Static Mortality Table as provided for under the Pension Protection Act of 2006.
3. The mortality table for all other purposes was changed to the RP-2000 Combined Healthy mortality table for males and females with blue collar adjustment.
4. Expected plan administrative expenses of \$550,000 were added to the normal cost.
5. The valuation interest rate was changed from 7.50% net of all expenses to 7.50% net of investment expenses.

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 during 2010.

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:

January 1, 2010 Contribution Rate	Before Rehab Plan Benefit Accrual		After Rehab Plan Benefit Accrual	
	Svc 0 - 30	Svc 30 +	All Svc - 1%	All Svc-Tiers
\$0.20	\$17.00	\$22.66	\$3.64	\$5.00
\$0.25	\$22.00	\$29.33	\$4.55	\$5.00
\$0.36	\$30.00	\$44.00	\$6.55	\$5.00
\$0.46	\$22.00	\$29.33	\$8.37	\$5.00
\$0.48	\$22.00	\$29.33	\$8.74	\$10.00
\$0.513	\$30.00	\$40.00	\$9.34	\$10.00
\$0.573	\$22.00	\$29.33	\$10.43	\$10.00
\$0.613	\$30.00	\$40.00	\$11.16	\$10.00
\$0.63	\$30.00	\$40.00	\$11.47	\$15.00
\$0.743	\$30.00	\$40.00	\$13.52	\$20.00
\$0.763	\$30.00	\$40.00	\$13.89	\$20.00

The effective dates and type of rehabilitation plan schedules are:

Brennan – not yet elected

CVS – 1% of contributions approach effective August 15, 2010

Great Scot – 1% of contributions approach effective September 19, 2010

Kroger – \$5/\$10/\$15/\$20 Tier approach effective August 15, 2010

NEBA – Tier approach effective August 15, 2010

Rite Aid – 1% of contributions approach effective August 15, 2010

Rite Price Foods – not yet elected

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187 / PN: 001

Schedule MB, line 6 – Summary of Plan Provisions

NORMAL PENSION

Eligibility:	Later of age 65 and 5 th anniversary of participation.
Benefit:	Accrued Benefit.
Normal Form:	Life Annuity.

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

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

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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.

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 January 1, 2010, future benefit accruals were restored at their previous rates.

Effective April 1, 2010, adjustable benefits (lump sum death benefit and disabled retirement) were eliminated.

Effective on the date a rehabilitation plan schedule was adopted, future benefit accruals were reduced and the subsidized joint and survivor annuity was eliminated.

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	3	221	117	0	0	0	0	0	0	0	341
25 to 29	0	63	134	70	0	0	0	0	0	0	267
30 to 34	0	27	43	72	19	0	0	0	0	0	161
35 to 39	0	25	25	36	41	24	0	0	0	0	151
40 to 44	1	32	25	37	23	53	9	0	0	0	180
45 to 49	0	31	43	28	20	27	47	29	0	0	225
50 to 54	1	26	47	42	22	25	12	46	25	0	246
55 to 59	0	24	34	24	14	17	16	25	31	25	210
60 to 64	1	13	22	18	15	12	12	22	11	7	133
65 to 69	0	5	7	8	2	0	2	3	1	6	34
70 & up	0	5	7	0	3	0	0	0	0	0	15
Total	6	472	504	335	159	158	98	125	68	38	1963

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</u> <u>Established</u>	<u>Original</u> <u>Amount</u>	<u>Original</u> <u>Amortization</u> <u>Period</u>	<u>1-1-2010</u> <u>Outstanding</u> <u>Balance</u>	<u>1-1-2010</u> <u>Beginning of Yr.</u> <u>Amort. Amount</u>	<u>Remaining</u> <u>Amortization</u> <u>Period</u>
Charges						
Initial Unfunded	1-01-1977	\$ 2,722,655	40	\$ 1,076,696	189,098	7
Amendment	1-01-1978	\$ 499,382	40	\$ 219,667	34,887	8
Amendment	1-01-1980	\$ 3,948,642	40	\$ 2,058,576	278,982	10
Amendment	1-01-1981	\$ 2,218,821	30	\$ 165,363	165,362	1
Assumptions	1-01-1981	\$ 382,928	30	\$ 28,544	28,543	1
Actuarial Loss	1-01-1983	\$ 899,500	30	\$ 191,926	68,653	3
Combine Bases (412(b)(4))	1-01-1983	\$ 767,600	29	\$ 114,075	59,099	2
Amendment	1-01-1984	\$ 3,436,462	30	\$ 937,997	260,516	4
Amendment	1-01-1985	\$ 788,266	30	\$ 262,587	60,374	5
Amendment	1-01-1986	\$ 455,600	30	\$ 182,887	36,245	6
Amendment	1-01-1987	\$ 1,992,053	30	\$ 871,669	153,090	7
Amendment-Rea	1-01-1987	\$ 4,704,393	30	\$ 2,055,465	360,998	7
Amendment	1-01-1988	\$ 396,844	30	\$ 192,371	30,551	8
Amendment	1-01-1989	\$ 33,885	30	\$ 17,949	2,617	9
Amendment	1-01-1990	\$ 6,827,122	30	\$ 3,902,491	528,873	10
Amendment	1-01-1992	\$ 2,362,935	30	\$ 1,526,542	183,580	12
Amendment	1-01-1993	\$ 1,103,338	30	\$ 749,815	85,838	13
Assumptions	1-01-1993	\$ 1,428,478	30	\$ 970,776	111,133	13
Amendment	1-01-1994	\$ 3,637,115	30	\$ 2,585,702	283,338	14
Method Change	1-01-1994	\$ 867,969	22	\$ 378,201	74,952	6
Amendment	1-01-1995	\$ 618,666	30	\$ 457,923	48,257	15
Amendment	1-01-1996	\$ 395,343	30	\$ 303,422	30,876	16
Amendment	1-01-1998	\$ 2,830,879	30	\$ 2,312,290	221,612	18
Amendment	1-01-2000	\$ 864,815	30	\$ 743,568	67,849	20
Actuarial Loss	1-01-2000	\$ 1,318,834	15	\$ 600,523	138,072	5
Amendment	1-01-2001	\$ 495,106	30	\$ 435,291	38,884	21
Actuarial Loss	1-01-2001	\$ 2,461,256	15	\$ 1,302,442	258,120	6
Amendment	1-01-2002	\$ 334,016	30	\$ 299,705	26,259	22
Actuarial Loss	1-01-2002	\$ 4,655,441	15	\$ 2,784,551	489,046	7
Actuarial Loss	1-01-2003	\$ 6,261,723	15	\$ 4,148,500	658,847	8
Actuarial Loss	1-01-2005	\$ 5,603,248	15	\$ 4,357,156	590,490	10
Actuarial Loss	1-01-2006	\$ 6,162,885	15	\$ 5,107,454	649,466	11
Actuarial Loss	1-01-2007	\$ 3,714,422	15	\$ 3,254,979	391,439	12
Actuarial Loss	1-01-2008	\$ 42,154	15	\$ 38,805	4,442	13
Actuarial Loss	1-01-2009	\$ 23,678,996	15	\$ 22,772,391	2,495,375	14
Total Charges				\$ 67,408,299	\$ 9,105,763	

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>1-1-2010 Outstanding Balance</u>	<u>1-1-2010 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	\$ 24,672,196	5,760,180	4.9
Change in Funding Method	1-01-2009	16,911,113	10.0	15,715,735	2,291,824	9
Change in Assumptions	1-01-2010	4,886,207	15.0	4,886,207	514,925	15
Actuarial Gain	1-01-2010	6,482,472	15.0	\$ 6,482,472	683,145	15
Total Credits				\$ 51,756,610	\$ 9,250,074	

<u>Description</u>	<u>Date Established</u>	<u>Original Amount</u>	<u>Original Amortization Period</u>	<u>2010 Partial Year Amort. Amount</u>
<u>Additional Credits</u>				
Amendment	4-01-2010	2,557,022	15.0	202,101
Amendment	9-01-2010	2,353,802	15.0	82,684
Total Additional Credits				\$ 284,785

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187/ PN: 001

Schedule MB, line 9f – Explanation of Prior Year Credit Balance/Funding Deficiency Discrepancy

The 2009 credit balance was changed after the Schedule MB was filed due to PRA elections retroactive to 2009.

	<u>2009</u>	<u>2009 Revised</u> <u>PRA Election</u>
Normal Cost	\$633,486	\$633,486
Amortization Charges	\$9,514,580	\$9,514,580
Interest	\$761,105	\$761,105
Total Charges	\$10,909,171	\$10,909,171
Prior Year Credit Balance	\$7,073,703	\$7,073,703
Actual Contributions	\$1,863,063	\$1,902,431
Amortization Credits	\$6,900,909	\$8,052,003
Interest	\$1,105,091	\$1,192,628
Total Credits	\$16,942,766	\$18,220,765
End of Year Credit Balance	\$6,033,595	\$7,311,594

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 4.82% to 4.58% as permitted for the 2010 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.

The mortality table for all other purposes was changed to the RP-2000 Combined Healthy mortality table for males and females with blue collar adjustment to more accurately adjust for participants in the plan.

Expected plan administrative expenses of \$550,000 were added to the normal cost to better reflect ongoing plan expenses.

The valuation interest rate was changed from 7.50% net of all expenses to 7.50% net of investment expenses to value plan administrative expenses.

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 2010

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
2010 Plan Year: January 1, 2010 – December 31, 2010
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 2010 plan year. The Plan is anticipated to have a funding deficiency in the funding standard account at the end of the 2013 plan year.

The basis for this certification is as follows:

1. The estimated present value of accrued liabilities as of the beginning of the 2010 plan year is based on projections of the accrued liabilities determined under the actuarial valuation as of January 1, 2009.
2. Plan assets as of December 31, 2009 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.
4. Because this document certifies the Plan as being in critical status, the Board of Trustees of the Plan has the responsibility, under Internal Code Section 432(b)(3)(D), to so notify Plan participants and beneficiaries, the bargaining parties, the Pension Benefit Guaranty Corporation, and the Secretary of Labor, within 30 days after the date of this certification.

The measurements upon which this certification is based may not be appropriate for other purposes. Future results may differ from the underlying projections upon which this certification is based, for reasons including: actual plan experience differing from assumptions, future changes in plan provisions or actuarial assumptions and future changes in statute or regulatory guidance.

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.

3/31/10

Date

SJ

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

SUPPORTING INFORMATION FOR SECTION 432(b) CERTIFICATION

Projected Results Relevant to Certification Status

Plan Year (January 1)	Unit Credit Accrued Liability (end of year)	Actuarial Value of Assets (end of year)	Funded Percentage	Credit Balance (end of year)
2009	133,370,334	111,638,829	83.7%	6,033,605
2010	135,202,960	108,524,660	80.3%	5,051,079
2011	139,150,481	104,961,972	75.4%	3,962,928
2012	142,846,657	101,377,539	71.0%	2,216,239
2013	146,266,204	104,907,182	71.7%	(152,586)

Assumptions/Plan Provisions

Except as noted here and elsewhere in this document, the plan provisions and assumptions upon which this certification is based may be found in the Plan's 2009 Actuarial Report.

Assumptions

Results for years beyond 2009 are based on an assumed constant active employee population and collective bargaining agreements in effect as of 1/1/2010. Projection results are summarized in the following table:

Year	Normal Cost	Benefit Payments	Contributions
2009	633,486	6,484,928	1,863,063
2010	1,774,085	6,938,103	2,003,750
2011	1,562,619	7,309,525	1,964,342
2012	1,470,789	7,727,764	1,924,247
2013	1,387,023	8,160,403	1,886,624

Plan Provisions

Benefit accruals were frozen effective May 1, 2009. In December, 2009, the Trustees reinstated accrual of benefits effective January 1, 2010 at the same levels as existed prior to May 1, 2009.

The Trustees approved an amendment to eliminate the Plan's disability pension for participants who become disabled on or after April 10, 2010 and to eliminate the post-retirement lump-sum death benefit for any participant who dies on or after April 1, 2010.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187/ PN: 001

Schedule MB - Statement by Enrolled Actuary

In preparing this Schedule MB, the actuary relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on people covered by the plan.

See attached schedule MB

See attached financial statements

See attached schedule MB

See attached schedule MB

See attached schedule MB

See attached schedule MB

See attached schedule MB

See attached schedule MB

See attached schedule MB

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2010 or fiscal plan year beginning		and ending	
A This return/report is for:	☒ a multiemployer plan; ☐ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final 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; ☐ special extension (enter description) _____	☒ automatic extension;	☐ the DFVC program;

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			Cindy Bondar
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Lennie Wyatt
	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 (2010)
v.092307.1

5500 EF Info - Practitioner Signature Agreement

Plan Administrator/Employer:

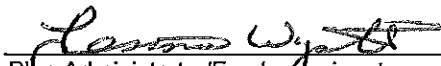
In accordance with expanded EFAST2 signature options, I, the Plan Administrator/Employer for the following plan:
UFCW Local 911 and Employers'
Health & Welfare Fund

give this written authorization to: Gus Riveira, CPA

to submit this return/report electronically and to sign this return/report with their EFAST2 UserID and PIN. I further acknowledge that an image of my manual signature will be included with the rest of the annual return/report posted by the DOL on the Internet for public disclosure.

Lennie Wyatt

Plan Administrator/Employer Name


Plan Administrator/Employer signature

4/24/11
Date

Practitioner:

I certify that I have been specifically authorized in writing by the plan administrator/employer, as applicable, to enter my EFAST2 PIN on this return/report in order to electronically submit this return/report. I further certify that: (1) I will retain a copy of the administrator's/employer's specific written authorization in my records; (2) I have attached to this electronic filing, in addition to any other required schedules or attachments, true and correct pdf copies of the first page of the completed Form 5500 or Form 5500-SF return/report bearing the manual signature of the plan administrator/employer under penalty of perjury and the second page of the completed Form 5500 or Form 5500-SF; (3) I advised the plan administrator/employer that by selecting this electronic signature option the pdf image of that manual signature will be included with the rest of the return/report posted by the Department of Labor (DOL) on the Internet for public disclosure; and (4) I will communicate to the plan administrator/employer any inquiries and information that I receive from EFAST2, DOL, IRS or PBGC regarding this annual return/report.

I declare that I am authorized to make and sign this statement. ☒ (Check "X" here)

See attached schedule MB

See attached schedule MB

See attached schedule MB