

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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>BUEHLER FOOD MARKETS, INCORPORATED EMPLOYEES PENSION PLAN AND TRUST</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>06/20/1959</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>BUEHLER FOOD MARKETS, INCORPORATED</u> <u>P.O. BOX 196</u> <u>WOOSTER, OH 44691-0196</u>	2b Employer Identification Number (EIN) <u>34-0677847</u> 2c Sponsor's telephone number <u>330-264-4355</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2012</u>	<u>RICHARD A. LOWE</u>
	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 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BUEHLER FOOD MARKETS, INCORPORATED P.O. BOX 196 WOOSTER, OH 44691-0196	3b Administrator's EIN 34-0677847 3c Administrator's telephone number 330-264-4355
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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	2491
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	958
b Retired or separated participants receiving benefits.....	6b	463
c Other retired or separated participants entitled to future benefits.....	6c	1017
d Subtotal. Add lines 6a , 6b , and 6c	6d	2438
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	31
f Total. Add lines 6d and 6e	6f	2469
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	17

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G 1I

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

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

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

(a) Name of insurance carrier

THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>39-0509570</u>	<u>67091</u>	<u>01688</u>	<u>14</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>0</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶ 4%		
b Premiums paid to carrier	6b	9486
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☒ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6)).	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2 Assets:

a Market value	2a	28917435
b Actuarial value	2b	27064944

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	443	11079355
b For terminated vested participants	3b	985	8782259
c For active participants:			
(1) Non-vested benefits	3c(1)		366955
(2) Vested benefits	3c(2)		16415601
(3) Total active	3c(3)	1062	16782556
d Total	3d	2490	36644170

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate

5 6.36 %

6 Target normal cost

6 121528

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	Signature of actuary R. BLAINE BRICKHOUSE Type or print name of actuary FINDLEY DAVIES, INC Firm name 800 GREEN VALLEY ROAD, SUITE 102 GREENSBORO, NC 27408 Address of the firm	10/03/2012 Date 11-03156 Most recent enrollment number 336-271-2009 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2011 v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		881718
b	Interest on (a) using prior year's effective rate of <u>6.72</u> % except as otherwise provided (see instructions)		59251
c	Total available at beginning of current plan year to add to prefunding balance		940969
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	73.85 %
15	Adjusted funding target attainment percentage	15	73.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/06/2011	276722				
07/11/2011	276722				
10/11/2011	276722				
01/13/2012	276722				
09/12/2012	900955				
			Totals ▶	18(b)	2007843
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 1875167
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	121528	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	9579226	1752270	
	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	1873798	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1873798	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1875167	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1369	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

UBS FINANCIAL SERVICES

13-2638166

(b) 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 52 59 60 63	NONE	41548	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MARSHALL & ILSLEY TRUST N.A.

39-1186267

(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 21 27 50 59	TRUSTEE	29122	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan BUEHLER FOOD MARKETS, INCORPORATED EMPLOYEES PENSION PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUEHLER FOOD MARKETS, INCORPORATED	D Employer Identification Number (EIN) 34-0677847	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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)	1843396	1177677
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	87649	22418
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	72005	175216
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	26727419	27930261
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	260830	277294

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	28991299	29582866

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	28991299	29582866
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2007843	
(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)		2007843
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	49	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		49
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	895737	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		895737
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	16464	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		16464
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-806028
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2114065

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1298429	
(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)		1298429
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)	29122	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	41548	
(4) Other	2i(4)	153399	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		224069
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1522498

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		591567
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: BROCKMAN, COATS, GEDELIAN & CO.

(2) EIN: 34-1526704

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.			
4n			

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>31-1296401</u>		
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>2</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 (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ 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. 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

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Stock: 42% Investment-Grade Debt: 56% High-Yield Debt: 1% Real Estate: _____% Other: 1%

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

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

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

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

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

December 31, 2011 and 2010

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**



CARING PEOPLE. SHAPING FUTURES.™

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

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CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the financial statements of Buehler Food Markets, Incorporated Employees Pension Plan and Trust (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplemental schedules as of December 31, 2011, as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan sponsor instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Marshall & Ilsley Trust Company (M&I), the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan sponsor that the trustee holds the Plan's investment assets and executes investment transactions. The plan sponsor has obtained a certification from the trustee for the years ended December 31, 2011 and 2010, that the information provided to the plan sponsor by the trustee is complete and accurate.

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

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

Brockman, Coats, Gedelman & Co.

October 2, 2012

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS**

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets:		
Investments, at fair value	\$ 27,930,261	\$ 26,727,419
Money market fund	175,216	72,005
Cash surrender value of life insurance policies	<u>277,294</u>	<u>260,830</u>
Net assets available for benefits	<u>\$ 28,382,771</u>	<u>\$ 27,060,254</u>

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

BUEHLER FOOD MARKETS, INCORPORATED
EMPLOYEES PENSION PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
for the years ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Additions:		
Investment income	\$ 961,017	\$ 667,389
Net appreciation in fair value of investments	-	1,727,887
Company contributions	2,673,562	1,405,794
Miscellaneous income	-	6,163
Increase in cash surrender value of life insurance	<u>16,464</u>	<u>11,186</u>
Total additions	<u>3,651,043</u>	<u>3,818,419</u>
Deductions:		
Net depreciation in fair value of investments	806,028	-
Distributions paid to participants	1,298,429	1,207,411
Administrative expenses	70,670	65,397
Insurance premiums	<u>153,399</u>	<u>121,528</u>
Total deductions	<u>2,328,526</u>	<u>1,394,336</u>
Net increase in net assets available for benefits	1,322,517	2,424,083
Net assets available for benefits, beginning of year	<u>27,060,254</u>	<u>24,636,171</u>
Net assets available for benefits, end of year	<u>\$ 28,382,771</u>	<u>\$ 27,060,254</u>

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

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

**NOTES TO FINANCIAL STATEMENTS
for the years ended December 31, 2011 and 2010**

1. Plan Description:

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

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

Payment of Benefits – Participants may choose optional forms of benefit payments, which consist of life only settlement, five year certain and continuous, ten year certain and continuous, 50% joint and survivor settlement or 100% joint and survivor settlement. A full lump sum payment will be made only if the terminated participant has an account balance of \$5,000 or less. Partial lump sum payments will be made in the year benefit payments begin in the case of participants with account balances from prior to 1991. Under the straight life annuity, the participant receives a normal payment for life as calculated under the Plan's benefit formulas. Under the five year certain and continuous option and ten year certain and continuous option, the participant receives a reduced benefit for the rest of the participant's life, but the benefit payments are guaranteed for a minimum of five and ten years, respectively. Under the 50% joint and survivor settlement option, the participant receives reduced benefits during his or her lifetime with 50% of that amount being continued to his or her beneficiary after the participant's death for the remainder of his or her lifetime. Under the 100% joint and survivor settlement option, the participant receives a reduced benefit during his or her lifetime. After the participant's death, the beneficiary receives the same amount of reduced benefit for the remainder of his or her lifetime.

The Plan permits early retirement at age 55, with five years of service, for all employees; however, accrued benefits are reduced 1/3 of 1% for each retired month between age 55 and 60 and 1/2 of 1% for each retired month between age 60 and normal retirement (age 65). For a salaried employee with less than five years of service at retirement, the reduction is 5/9 of 1% per month.

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

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

NOTES TO FINANCIAL STATEMENTS, Continued
for the years ended December 31, 2011 and 2010

1. Plan Description, Continued:

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

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

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

2. Significant Accounting Policies:

Method of Accounting – The accounting records of the Plan are maintained on the modified cash basis. Specifically benefits and expenses are recorded when paid and contributions and other income are recognized when received.

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

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

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

Subsequent Events – Management of the Plan has evaluated subsequent events through October 2, 2012, the date which the financial statements were available to be issued.

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

**NOTES TO FINANCIAL STATEMENTS, Continued
for the years ended December 31, 2011 and 2010**

2. Significant Accounting Policies, Continued:

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

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

3. Trustee Certification:

The following information included in the Plan's financial statements and supplemental schedules was obtained from data that was prepared and certified to as complete and accurate by the trustee as of December 31:

	<u>2011</u>	<u>2010</u>
Investments, at fair value	\$ 27,930,261	\$ 26,727,419
Money market fund	175,216	72,005
Cash surrender value of life insurance policies	277,294	260,830
Investment income	961,017	667,389
Net appreciation (depreciation) in fair value of investments:		
Pooled equity funds	\$ (648,828)	\$ 1,330,762
Pooled fixed income securities funds	<u>(157,200)</u>	<u>397,125</u>
	<u>\$ (806,028)</u>	<u>\$ 1,727,887</u>

BUEHLER FOOD MARKETS, INCORPORATED
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, Continued
for the years ended December 31, 2011 and 2010

4. Investments:

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

	2011		2010	
	Number of Shares	Fair Value	Number of Shares	Fair Value
PIMCO Total Return Fund	602,354.375	\$6,547,592	492,345.038	\$5,341,944
PIMCO All Asset Fund	125,319.880	1,446,191	121,827.962	1,468,027
American Europacific Growth Fund	-	-	33,703.371	1,392,286
Dodge & Cox Income Fund	266,984.002	3,550,887	253,315.720	3,351,367
Loomis Sayles Bond Institutional	-	-	140,890.215	2,010,503
Templeton Global Bond Fund	-	-	113,303.864	1,536,400

5. Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump sum distributions, for plan benefits that have accrued on the basis of each participant's earnings and service history as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (i.e., retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2011 were: (a) life expectancy of participants (the RP-2000 Mortality Table for males and females, projected to valuation year); (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return (the assumed average rate of return was 8.00%).

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

BUEHLER FOOD MARKETS, INCORPORATED
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, Continued
for the years ended December 31, 2011 and 2010

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

The actuarial present value of accumulated plan benefits is as follows as of January 1:

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 9,610,389	\$ 8,138,961
Other participants	<u>19,408,738</u>	<u>16,491,552</u>
Total vested benefits	29,019,127	24,630,513
Nonvested benefits	<u>388,293</u>	<u>3,177,078</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 29,407,420</u>	<u>\$ 27,807,591</u>

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

Actuarial present value of accumulated plan benefits, January 1, 2010	\$ 27,807,591
Increase (decrease) during the year attributable to:	
Benefits accumulated (including gains and losses)	634,954
Decrease in the discount period	2,172,286
Distributions to participants	<u>(1,207,411)</u>
Actuarial present value of accumulated plan benefits, January 1, 2011	<u>\$ 29,407,420</u>

BUEHLER FOOD MARKETS, INCORPORATED
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, Continued
for the years ended December 31, 2011 and 2010

6. Plan Termination:

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested, normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

7. Tax Status:

The Plan obtained its latest determination letter on July 24, 2009, in which the Internal Revenue Service stated that the Plan, as then designated, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan accounts for uncertainties in income taxes in accordance with accounting principles generally accepted in the United States, which provides for financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return that have a greater than 50% chance of not being allowed under examination. No such positions have been recorded in the December 31, 2011 and 2010 financial statements.

During 2011, the plan sponsor remitted a quarterly contribution late to the Plan. The Pension Benefit Guaranty Corporation (PBGC) has reviewed the reportable event as reported by the plan sponsor and has decided to take no further action on the matter at this time.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. As of December 31, 2011, the Plan's federal informational returns are subject to examination by the Internal Revenue Service for the tax years 2008 and thereafter.

BUEHLER FOOD MARKETS, INCORPORATED
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, Continued
for the years ended December 31, 2011 and 2010

8. Fair Value Measurements:

The Plan measures its assets in accordance with the Financial Accounting Standards Board (FASB) framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include: 1) quoted prices for similar assets or liabilities in active markets; 2) quoted prices for identical or similar assets or liabilities in inactive markets; 3) inputs other than quoted prices that are observable for the asset or liability; 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

Cash surrender value of life insurance policies: Valued at amortized cost, which approximates fair value.

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

BUEHLER FOOD MARKETS, INCORPORATED
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, Continued
for the years ended December 31, 2011 and 2010

8. Fair Value Measurements, Continued:

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value.

Assets at Fair Value as of December 31, 2011

	<u>Level 1</u>	<u>Level 3</u>	<u>Total</u>
Pooled equity funds:			
Small cap equity funds	\$ 444,042	\$ -	\$ 444,042
Mid cap equity funds	1,444,295	-	1,444,295
Large cap equity funds	5,419,709	-	5,419,709
International equity funds	2,208,333	-	2,208,333
Balanced funds	1,446,191	-	1,446,191
Other equity funds	<u>1,131,064</u>	<u>-</u>	<u>1,131,064</u>
Total pooled equity funds	<u>12,093,634</u>	<u>-</u>	<u>12,093,634</u>
Pooled fixed income securities funds:			
Taxable bond funds	6,732,109	-	6,732,109
Corporate and government bond funds	<u>9,104,518</u>	<u>-</u>	<u>9,104,518</u>
Total pooled fixed income securities funds	<u>15,836,627</u>	<u>-</u>	<u>15,836,627</u>
Money market fund	<u>175,216</u>	<u>-</u>	<u>175,216</u>
Cash surrender value of life insurance policies	<u>-</u>	<u>277,294</u>	<u>277,294</u>
Total assets at fair value	<u>\$28,105,477</u>	<u>\$ 277,294</u>	<u>\$ 28,382,771</u>

BUEHLER FOOD MARKETS, INCORPORATED
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, Continued
for the years ended December 31, 2011 and 2010

8. Fair Value Measurements, Continued:

Assets at Fair Value as of December 31, 2010

	<u>Level 1</u>	<u>Level 3</u>	<u>Total</u>
Pooled equity funds:			
Small cap equity funds	\$ 595,515	\$ -	\$ 595,515
Mid cap equity funds	1,300,652	-	1,300,652
Large cap equity funds	4,261,434	-	4,261,434
International equity funds	3,079,262	-	3,079,262
Balanced funds	1,468,027	-	1,468,027
Other equity funds	<u>1,867,302</u>	<u>-</u>	<u>1,867,302</u>
Total pooled equity funds	<u>12,572,192</u>	<u>-</u>	<u>12,572,192</u>
Pooled fixed income securities funds:			
Taxable bond funds	7,741,086	-	7,741,086
Corporate and government bond funds	<u>6,414,141</u>	<u>-</u>	<u>6,414,141</u>
Total pooled fixed income securities funds	<u>14,155,227</u>	<u>-</u>	<u>14,155,227</u>
Money market fund	72,005	-	72,005
Cash surrender value of life insurance policies	<u>-</u>	<u>260,830</u>	<u>260,830</u>
Total assets at fair value	<u>\$26,799,424</u>	<u>\$ 260,830</u>	<u>\$ 27,060,254</u>

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2011 and 2010:

	<u>Cash Surrender Value of Life Insurance Policies</u>
Balance, January 1, 2010	\$ 249,644
Increase in cash surrender values	<u>11,186</u>
Balance, December 31, 2010	260,830
Increase in cash surrender values	<u>16,464</u>
Balance, December 31, 2011	<u>\$ 277,294</u>

BUEHLER FOOD MARKETS, INCORPORATED
EMPLOYEES PENSION PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS, Continued
for the years ended December 31, 2011 and 2010

9. Reconciliation of Financial Statements to 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of the Form 5500 as of December 31:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits, per the financial statements	\$ 28,382,771	\$ 27,060,254
Accrued income	22,418	87,649
Employer contribution receivable	<u>1,177,677</u>	<u>1,843,396</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 29,582,866</u>	<u>\$ 28,991,299</u>

The following is a reconciliation of total change in net assets per the financial statements to total change in net assets per Schedule H of Form 5500 as of December 31:

	<u>2011</u>	<u>2010</u>
Total increase (decrease) in net assets per financial statements	\$ 1,322,517	\$ 2,424,083
Change in accrued income	(65,231)	77,359
Change in employer contribution receivable	<u>(665,719)</u>	<u>771,690</u>
Total increase (decrease) in net assets per Schedule H of Form 5500	<u>\$ 591,567</u>	<u>\$ 3,273,132</u>

10. Subsequent event:

Effective January 1, 2012, E&H Family Group, Inc. replaces Buehler Food Markets, Incorporated as the plan sponsor. Also effective January 1, 2012, the name of the Plan and Trust is changed to the E&H Family Group, Inc. Employees' Pension Plan and Trust.

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

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - MODIFIED CASH BASIS
December 31, 2011

(a) Party-In- Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Century Small Cap Value Fund	Pooled equity fund	\$ 161,965	\$ 152,306
	Brown Capital Management Small Company Fund	Pooled equity fund	141,179	144,890
	Royce Pennsylvania Mutual Fund	Pooled equity fund	138,427	146,846
	JP Morgan Mid Cap Value Fund Select	Pooled equity fund	180,914	212,592
	T Rowe Price Mid Cap Growth Fund	Pooled equity fund	716,259	672,889
	T Rowe Price Mid Cap Value Fund	Pooled equity fund	203,937	201,053
	Rydex Sgi Mid Cap Value Fund	Pooled equity fund	168,240	145,141
	Wells Fargo Advantage Mid Cap Disciplined Fund I	Pooled equity fund	213,507	212,620
	Allianz NFJ Dividend Value Fund Institutional	Pooled equity fund	780,118	855,266
	Blackrock Equity Dividend Fund	Pooled equity fund	971,409	973,494
	Fidelity Advisor New Insights Fund A	Pooled equity fund	484,744	515,795
	American Fundamental Investors	Pooled equity fund	758,480	723,869
	Gabelli Asset Fund	Pooled equity fund	788,960	725,371
	T Rowe Price Growth Stock Fund	Pooled equity fund	494,683	505,234
	T Rowe Price Equity Income Fund	Pooled equity fund	572,504	604,953
	Wells Fargo Advantage Growth Fund	Pooled equity fund	536,963	515,727
	Blackrock Global Allocation Fund I	Pooled equity fund	1,268,382	1,259,963
	American Europacific Growth Fund	Pooled equity fund	789,882	755,381
	Harbor Fund International Fund	Pooled equity fund	232,595	192,989
	PIMCO All Asset Fund	Pooled equity fund	1,454,451	1,446,191
	T Rowe Price Spectrum Growth Fund	Pooled equity fund	633,661	609,096
	Vanguard Morgan Growth Fund	Pooled equity fund	527,163	521,968
	Dodge & Cox Income Fund	Pooled fixed income fund	3,540,925	3,550,887
	Loomis Sayles Bond Institutional	Pooled fixed income fund	1,305,698	1,273,548
	Manning & Napier Fund	Pooled fixed income fund	720,663	697,117
	Templeton Global Bond Fund	Pooled fixed income fund	1,339,317	1,210,557
	American High Income Trust Fund	Pooled fixed income fund	770,363	751,678
	PIMCO Low Duration Fund	Pooled fixed income fund	828,736	814,896
	PIMCO Total Return Fund	Pooled fixed income fund	6,501,311	6,547,592
	PIMCO Investment Grade Corporate Bond Fund	Pooled fixed income fund	1,020,915	990,352
*	BMO Prime Money Market	Money market fund	175,216	175,216
	Northwest Mutual Life Insurance Companies	Cash surrender value of life insurance policies	277,294	277,294
	Total		\$ 28,698,861	\$ 28,382,771

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

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

SCHEDULE H, LINE 4j- SCHEDULE OF REPORTABLE TRANSACTIONS
MODIFIED CASH BASIS
for the year ended December 31, 2011

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<u>Reporting Criterion I:</u>	Any transaction within the Plan year, with respect to any Plan asset, involving an amount in excess of five percent of the current value of Plan assets. - PIMCO Investment Grade Corporate Bond Fund	\$ 2,008,576	\$ -	\$ -	\$ -	\$ 2,008,576	\$ 2,008,576	\$ -
<u>Reporting Criterion II:</u>	Any series of transactions (other than transactions with respect to securities) within the Plan year with or in conjunction with the same person which, when aggregated, regardless of the category of asset and the gain or loss of any transaction, involves an amount in excess of five percent of the current value of Plan assets. None.							
<u>Reporting Criterion III:</u>	Any series of transactions within the Plan year involving securities of the same issue which, when aggregated, involve an amount in excess of five percent of the current value of Plan assets. - PIMCO Total Return Fund - PIMCO Investment Grade Corporate Bond Fund - BMO Prime Money Market - BMO Prime Money Market	\$ 2,030,965 2,079,013 13,279,765 -	\$ - - - 13,176,553	\$ - - - -	\$ - - - -	\$ 2,030,965 2,079,013 13,279,765 13,176,553	2,030,965 2,079,013 13,279,765 13,176,553	- - - -
<u>Reporting Criterion IV:</u>	Any transaction within the Plan year with respect to securities with or in conjunction with a person if any prior or subsequent single transaction within the Plan year with such person with respect to securities exceeds five percent of the current value of Plan assets. None.							

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ 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 BUEHLER FOOD MARKETS, INCORPORATED EMPLOYEES PENSION PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BUEHLER FOOD MARKETS, INCORPORATED		D Employer Identification Number (EIN) 34-0677847
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value		2a	28,917,435
b Actuarial value		2b	27,064,944
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	443
b For terminated vested participants		3b	985
c For active participants:			
(1) Non-vested benefits		3c(1)	366,955
(2) Vested benefits		3c(2)	16,415,601
(3) Total active		3c(3)	1,062
d Total		3d	2,490
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.36 %
6 Target normal cost		6	121,528

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**

Signature of actuary

10/3/12

Date

R. Blaine Brickhouse

Type or print name of actuary

11-03156

Most recent enrollment number

Findley Davies, Inc

(336) 271-2009

800 Green Valley Road, Suite 102

Telephone number (including area code)

Greensboro

NC 27408

Address of the firm

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of _____ %.....		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		881,718
b	Interest on (a) using prior year's effective rate of <u>6.72</u> % except as otherwise provided (see instructions).....		59,251
c	Total available at beginning of current plan year to add to prefunding balance.....		940,969
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	73.85 %
15	Adjusted funding target attainment percentage	15	73.85 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/06/2011	276,722				
07/11/2011	276,722				
10/11/2011	276,722				
01/13/2012	276,722				
09/12/2012	900,955				
Totals •			18(b)	2,007,843	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,875,167

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:

a Segment rates:

1st segment:
3.78 %2nd segment:
6.31 %3rd segment:
6.57 %☐ N/A, full yield curve used

b Applicable month (enter code).....

21b

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....☐

Yes

☒

No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment☐

Yes

☒

No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.☒

Yes

☐

No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contributions for all prior years**28**

0

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

0

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

0

Part VIII Minimum required contribution for current year**31** Target normal cost and excess assets (see instructions):

a Target normal cost (line 6).....

31a

121,528

b Excess assets, if applicable, but not greater than 31a

31b

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

9,579,226

1,752,270

b Waiver amortization installment.....

0

0

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

1,873,798

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

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

1,873,798

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

1,875,167

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)

38a

1,369

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances

38b

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....**39**

0

40 Unpaid minimum required contributions for all years.....**40**

0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**41** If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected

☐

2 plus 7 years

☐

15 years

b Eligible plan year(s) for which the election in line 41a was made

☐

2008

☐

2009

☐

2010

☐

2011

42 Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Buehler Food Markets Incorporated Employees' Pension Plan and Trust
January 1, 2011 Valuation
EIN/PN: 34-0677847 / 001

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

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

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

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

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

APPENDIX A (Continued)

Credited Service

Salaried employees:

Elapsed time measured in years and completed months.

Hourly employees:

Based on Hours as follows:

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

Accrued Benefit

Salaried employees:

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

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

Hourly employees:

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

Accrued benefits were frozen effective December 31, 2006.

Participant Contributions

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

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

Normal Retirement Benefit

Eligibility:

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

Monthly Benefit:

The Accrued Benefit.

APPENDIX A (Continued)

Late Retirement Benefit

Eligibility:

After age 65.

Monthly Benefit:

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

Early Retirement Benefit

Eligibility:

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

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

Monthly Benefit:

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

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

Disability Retirement Benefit

Eligibility:

Permanent and total disability.

Monthly Benefit:

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

Termination Benefit

Eligibility:

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

APPENDIX A (Continued)

Termination Benefit (Continued)

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

Monthly Benefit:

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

Death Benefit

Eligibility:

100% vested and married for at least one year.

Monthly Benefit:

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

Supplemental Pre Retirement Death Benefit

Eligibility:

Salaried employee with a vested Accrued Benefit.

Lump Sum Benefit:

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

Schedule SB, Part V – Summary of Plan Provisions
Buehler Food Markets, Incorporated Employees' Pension Plan and Trust
January 1, 2011 Valuation
EIN/PN: 34-0677847 / 001

APPENDIX A (Continued)

Optional Forms of Payment	Life Annuity 50% Joint and Survivor 100% Joint and Survivor 5 year Certain and Continuous 10 year Certain and Continuous The conversion factors are based on the 1984 Unisex Pension Mortality Table set back 3 years for beneficiaries and 5.00% interest.
Benefits Available as Lump Sums	Lump Sum – only available to participants as of December 31, 1990, or small benefit cashouts less than \$5,000. The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(e)(3).
Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Funding of the Plan	Employer pays all costs.
Changes in Plan Provisions	None.

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding: 24-Month Segment Rates averaged through the end of August 2010:

- | | | |
|----|--|-------|
| a. | First Rate, Years 1-5 | 3.78% |
| b. | Second Rate, Years 5-20 | 6.31% |
| c. | Third Rate, Years 20+ | 6.57% |
| d. | Effective Interest Rate using the above rates | 6.36% |
| e. | Interest rate for developing expected value of assets, but not more than applicable statutory limits | 6.72% |

Salary Scale

N/A

Mortality

Funding: RP-2000 static, non-generational mortality table as described in Proposed Regulation 1.430(h)(3) projected by Scale AA to between 7 and 15 years beyond the year of the obligation, male and female, with different rates for annuitants and nonannuitants.

ASC 960-20 and 715-30: RP-2000 Mortality Table projected to 2015 (male and female).

Rates of Retirement

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

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

Rates of Disability

None.

APPENDIX B (Continued)

Rates of Turnover

Salaried Employees

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

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

Hourly Employees

Sample rates:

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

Assumptions Made In Valuing Spouse's Benefit

Eighty-five percent of the male employees and fifty percent of the female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. Females are assumed to be the same age as males.

Optional Form Election

All married participants are assumed to elect the QJSA form and single participants are assumed to elect the life annuity.

No subsidies related to any optional form of payment exist.

Annual Increases to Maximum Benefits and Plan Compensation Limits

N/A

Annual Increases to Social Security

	<u>Taxable Wage Base</u>	<u>Cost of Living Index</u>	<u>Average Earnings</u>
Funding:	N/A	N/A	N/A
ASC 715-30 Expense:	N/A	N/A	N/A

APPENDIX B (Continued)

<i>Provision for Expenses</i>	The expected administrative (i.e. non-investment) expenses that will be paid from plan assets, which were assumed to equal actual expenses during the prior year, were included in the Target Normal Cost for minimum contribution purposes. Expenses were subtracted from the Expected Return on Assets for ASC 715-30 expense purposes.
<i>Fiscal Year</i>	The 12-month period ending each December 31.
<i>Standing Elections</i>	The client has not signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement.
<i>Asset Method</i>	Funding: Market Value of Assets plus interest-adjusted accrued but unpaid contributions as of the valuation date, plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end-of-year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Other Purposes: Market Value of Assets plus, for ASC 960-20 purposes only, any contributions for prior plan years that will be made in this plan year.
<i>Employees Valued</i>	Only participants as of the valuation date were valued.
<i>Changes in Assumptions and Methods since the Last Actuarial Valuation</i>	The segmented interest rates used for determining the funding target were 5.03%, 6.31%, and 6.57%. These rates were updated to the rates required for the current plan year. The mortality table for the funding target was updated as required under PPA '06. The interest rate used to determine liabilities under ASC 715-30 was updated from 6.00% to 5.50%.
<i>Justification for Changes in Actuarial Assumptions and Methods</i>	The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2011 Valuation
Buehler Food Markets, Inc. Employees Pension Plan and Trust
(EIN: 34-0677847; PN: 001)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	1	2	-	-	-	-	-	-	-	-
25 to 29	8	54	12	-	-	-	-	-	-	-
30 to 34	3	23	26	8	-	-	-	-	-	-
35 to 39	2	27	17	24	11	-	-	-	-	-
40 to 44	4	12	28	18	27	10	-	-	-	-
45 to 49	5	35	37	23	27	27	11	-	-	-
50 to 54	5	32	40	22	31	11	28	18	-	-
55 to 59	10	34	40	21	22	8	18	25	14	-
60 to 64	7	42	23	13	11	9	7	6	6	1
65 to 69	4	14	6	6	3	1	2	-	1	1
70 & up	10	13	8	4	1	-	2	-	-	-

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

Schedule SB, line 32 – Schedule of Amortization Bases
Buehler Food Markets Incorporated Employees' Pension Plan and Trust
January 1, 2011 Valuation
EIN/PN: 34-0677847 / 001

EXHIBIT VII
SCHEDULE OF AMORTIZATION BASES

Plan Year Beginning

1/01/2011

	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
<i>Shortfall Amortization Bases</i>	1/01/2011	\$ 4,832,792	7.00	\$ 795,137
	1/01/2010	2,171,267	6.00	403,190
	1/01/2009	<u>2,575,167</u>	5.00	<u>553,943</u>
	Total	\$ 9,579,226		\$ 1,752,270
<i>Waiver Amortization Bases</i>	1/01/2011	\$ 0		\$ 0

Schedule SB, line 32 – Schedule of Amortization Bases
Buehler Food Markets Incorporated Employees' Pension Plan and Trust
January 1, 2011 Valuation
EIN/PN: 34-0677847 / 001

||

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

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - MODIFIED CASH BASIS
December 31, 2011

(a) Party-In- Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	American Century Small Cap Value Fund	Pooled equity fund	\$ 161,965	\$ 152,306
	Brown Capital Management Small Company Fund	Pooled equity fund	141,179	144,890
	Royce Pennsylvania Mutual Fund	Pooled equity fund	138,427	146,846
	JP Morgan Mid Cap Value Fund Select	Pooled equity fund	180,914	212,592
	T Rowe Price Mid Cap Growth Fund	Pooled equity fund	716,259	672,889
	T Rowe Price Mid Cap Value Fund	Pooled equity fund	203,937	201,053
	Rydex Sgi Mid Cap Value Fund	Pooled equity fund	168,240	145,141
	Wells Fargo Advantage Mid Cap Disciplined Fund I	Pooled equity fund	213,507	212,620
	Allianz NFJ Dividend Value Fund Institutional	Pooled equity fund	780,118	855,266
	Blackrock Equity Dividend Fund	Pooled equity fund	971,409	973,494
	Fidelity Advisor New Insights Fund A	Pooled equity fund	484,744	515,795
	American Fundamental Investors	Pooled equity fund	758,480	723,869
	Gabelli Asset Fund	Pooled equity fund	788,960	725,371
	T Rowe Price Growth Stock Fund	Pooled equity fund	494,683	505,234
	T Rowe Price Equity Income Fund	Pooled equity fund	572,504	604,953
	Wells Fargo Advantage Growth Fund	Pooled equity fund	536,963	515,727
	Blackrock Global Allocation Fund I	Pooled equity fund	1,268,382	1,259,963
	American Europacific Growth Fund	Pooled equity fund	789,882	755,381
	Harbor Fund International Fund	Pooled equity fund	232,595	192,989
	PIMCO All Asset Fund	Pooled equity fund	1,454,451	1,446,191
	T Rowe Price Spectrum Growth Fund	Pooled equity fund	633,661	609,096
	Vanguard Morgan Growth Fund	Pooled equity fund	527,163	521,968
	Dodge & Cox Income Fund	Pooled fixed income fund	3,540,925	3,550,887
	Loomis Sayles Bond Institutional	Pooled fixed income fund	1,305,698	1,273,548
	Manning & Napier Fund	Pooled fixed income fund	720,663	697,117
	Templeton Global Bond Fund	Pooled fixed income fund	1,339,317	1,210,557
	American High Income Trust Fund	Pooled fixed income fund	770,363	751,678
	PIMCO Low Duration Fund	Pooled fixed income fund	828,736	814,896
	PIMCO Total Return Fund	Pooled fixed income fund	6,501,311	6,547,592
	PIMCO Investment Grade Corporate Bond Fund	Pooled fixed income fund	1,020,915	990,352
*	BMO Prime Money Market	Money market fund	175,216	175,216
	Northwest Mutual Life Insurance Companies	Cash surrender value of life insurance policies	277,294	277,294
	Total		<u>\$ 28,698,861</u>	<u>\$ 28,382,771</u>

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

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

SCHEDULE H, LINE 4f - SCHEDULE OF REPORTABLE TRANSACTIONS
MODIFIED CASH BASIS
for the year ended December 31, 2011

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<u>Reporting Criterion I:</u>	Any transaction within the Plan year, with respect to any Plan asset, involving an amount in excess of five percent of the current value of Plan assets. - PIMCO Investment Grade Corporate Bond Fund	\$ 2,008,576	\$ -	\$ -	\$ -	\$ 2,008,576	\$ 2,008,576	\$ -
<u>Reporting Criterion II:</u>	Any series of transactions (other than transactions with respect to securities) within the Plan year with or in conjunction with the same person which, when aggregated, regardless of the category of asset and the gain or loss of any transaction, involves an amount in excess of five percent of the current value of Plan assets. None.							
<u>Reporting Criterion III:</u>	Any series of transactions within the Plan year involving securities of the same issue which, when aggregated, involve an amount in excess of five percent of the current value of Plan assets. - PIMCO Total Return Fund - PIMCO Investment Grade Corporate Bond Fund - BMO Prime Money Market - BMO Prime Money Market	\$ 2,030,965 2,079,013 13,279,765 -	\$ - - - 13,176,553	\$ - - - -	\$ - - - -	\$ 2,030,965 2,079,013 13,279,765 13,176,553	2,030,965 2,079,013 13,279,765 13,176,553	- - - -
<u>Reporting Criterion IV:</u>	Any transaction within the Plan year with respect to securities with or in conjunction with a person if any prior or subsequent single transaction within the Plan year with such person with respect to securities exceeds five percent of the current value of Plan assets. None.							