

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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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>NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1964</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1964</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1964</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u> <u>1800 PHOENIX BLVD</u> <u>ATLANTA, GA 30349-5593</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0947187</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>770-997-9910</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>445110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0947187</u>	2c Sponsor's telephone number <u>770-997-9910</u>	2d Business code (see instructions) <u>445110</u>	
2b Employer Identification Number (EIN) <u>34-0947187</u>					
2c Sponsor's telephone number <u>770-997-9910</u>					
2d Business code (see instructions) <u>445110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/14/2012	GUSTAVO RIVEIRA, CPA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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") TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND 1800 PHOENIX BLVD ATLANTA, GA 30349-5593	3b Administrator's EIN 34-0947187 3c Administrator's telephone number 770-997-9910
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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	6409
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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	1938
b Retired or separated participants receiving benefits.....	6b	1493
c Other retired or separated participants entitled to future benefits.....	6c	2902
d Subtotal. Add lines 6a , 6b , and 6c	6d	6333
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	136
f Total. Add lines 6d and 6e	6f	6469
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	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

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) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND	D Employer Identification Number (EIN) 34-0947187

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

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

b Assets

(1) Current value of assets	1b(1)	105369739
(2) Actuarial value of assets for funding standard account.....	1b(2)	120878473
c (1) Accrued liability for plan using immediate gain methods	1c(1)	127236421
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method.....	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	127236421
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information :		
(a) Current liability	1d(2)(a)	203284767
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2303658
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	7182011
(3) Expected plan disbursements for the plan year	1d(3)	7167099

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	STEPHEN B. SIEPMAN	Date 11-03493
Type or print name of actuary	BUCK CONSULTANTS, LLC	Most recent enrollment number 314-725-0114
Firm name	231 S. BEMISTON, SUITE 400, ST LOUIS, MO 63105-1914	Telephone number (including area code)
Address of the firm		

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

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

Schedule MB (Form 5500) 2011
v.012611

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	105369739
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1503	77455228
(2) For terminated vested participants	2671	62440937
(3) For active participants:		
(a) Non-vested benefits		5670027
(b) Vested benefits		57718575
(c) Total active	1984	63388602
(4) Total	6158	203284767
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.83 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2011	2510910				
Totals ▶			3(b)	2510910	3(c)

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5.....	4a	
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	95.0 %
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status, were any adjustable benefits reduced?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	4e	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	4.47 %
b Rates specified in insurance or annuity contracts		
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	37.0 % ☐ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.0 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2748237	289619

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a** _____

b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

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

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended **8d(2)** _____

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) **8d(4)** _____

(5) If line (3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)** _____

(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

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

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

a Prior year funding deficiency, if any **9a** _____

b Employer's normal cost for plan year as of valuation date **9b** 1484802

c Amortization charges as of valuation date:

	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended 9c(1)	65423461	9201475
(2) Funding waivers 9c(2)		
(3) Certain bases for which the amortization period has been extended 9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c **9d** 801471

e Total charges. Add lines 9a through 9d **9e** 11487748

Credits to funding standard account:

f Prior year credit balance, if any **9f** 8555706

g Employer contributions. Total from column (b) of line 3 **9g** 2510910

	Outstanding balance	
h Amortization credits as of valuation date 9h	50509807	9768296
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h 9i		1451114
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL) 9j(1)	34300230	
(2) "RPA '94" override (90% current liability FFL) 9j(2)	64183636	
(3) FFL credit 9j(3)		
k (1) Waived funding deficiency 9k(1)		
(2) Other credits 9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) 9l		22286026
m Credit balance: If line 9l is greater than line 9e, enter the difference 9m		10798278
n Funding deficiency: If line 9e is greater than line 9l, enter the difference 9n		

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2011 plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	
(3) Total as of valuation date.....	9o(3)	

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

Part I 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 <u>PACIFIC INVESTMENT MANAGEMENT COMPA</u> <u>33-0629048</u>
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(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation <u>BAIRD AGGREGATE FUND</u> <u>05-7071854</u>
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(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)

NATIONAL EMPLOYEE BENEFITS ADMINIST

65-0498809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	172500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCK CONSULTANTS

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	108077	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PUTNAM FIDUCIARY TRUST COMPANY

04-2777224

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	87046	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)

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	80626	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELLON CAPITAL MANAGEMENT CORPORATI

25-1442864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	73885	Yes ☒ No ☐	Yes ☐ No ☒		Yes ☐ No ☐

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

LITTLER MENDELSON PC

34-1150123

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	67643	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)

PNC

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 52	NONE	39023	Yes ☒ No ☐	Yes ☐ No ☒		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 52	NONE	37577	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

LAPADULA, CARLSON CO.

65-0292391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	33981	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)

ROBERT W. BAIRD AND CO. INC.

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	17135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	5707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MANAGEMENT

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	5462	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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2011 <hr/> 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>NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u>	D Employer Identification Number (EIN) <u>34-0947187</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>THORNBURG INTERNATIONAL EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-210</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTWOOD TRUST LARGE CAP EQUITY TRU</u>		
b Name of sponsor of entity listed in (a): <u>WESTWOOD</u>		
c EIN-PN <u>75-2404093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUE LARGE CAP INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON CAPITAL MANAGEMENT</u>		
c EIN-PN <u>25-6078093-126</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DAILY VALUED GLOBAL ALPHA I FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON CAPITAL MANAGEMENT</u>		
c EIN-PN <u>25-6078093-126</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM TOTAL RETURN FUND</u>		
b Name of sponsor of entity listed in (a): <u>PUTNAM</u>		
c EIN-PN <u>06-6555644-247</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STANDISH EM GLOBAL DIVERSIFIED</u>		
b Name of sponsor of entity listed in (a): <u>MELLON CAPITAL MANAGEMENT</u>		
c EIN-PN <u>25-6078093-126</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP INDEX PLUS SL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>04-0025081-533</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND</u>	D Employer Identification Number (EIN) <u>34-0947187</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	192360	
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	560049	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1357907	
(2) U.S. Government securities.....	1c(2)	5115664	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	7526420	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	58700	
(B) Common	1c(4)(B)	14786248	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	44613945	
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	6627662	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	24724433	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	105563388	

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	105369739	
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2510910	
(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)		2510910

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	821	
(B) U.S. Government securities	2b(1)(B)	29609	
(C) Corporate debt instruments	2b(1)(C)	74422	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	299326	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		404178
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	29824	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1699458	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1729282
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	93773496	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	91786994	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1986502

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-46332	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-46332
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-3805798
(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)		-346382
c Other income.....	2c		53908
d Total income. Add all income amounts in column (b) and enter total.....	2d		2486268

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7205822	
(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)		7205822
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)	264968	
(2) Contract administrator fees	2i(2)	172500	
(3) Investment advisory and management fees	2i(3)	498670	
(4) Other	2i(4)	170906	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1107044
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8312866

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5826598
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		99543141

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LAPADULA, CARLSON CO.

(2) EIN: 65-0292391

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

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

Part IV Compliance Questions

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

During the plan year:

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

UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS PENSION FUND

5b(2) EIN(s)	5b(3) PN(s)
58-6101602	001

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF NORTHWEST OHIO UFCW UNION AND EMPLOYERS JOINT PENSION FUND		D Employer Identification Number (EIN) 34-0947187
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer **KROGER**

b EIN **31-0345740**

c Dollar amount contributed by employer **2045676**

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 **03** Day **31** Year **2013**

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

(1) Contribution rate (in dollars and cents) **0.76**

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

a Name of contributing employer **RITE-AID**

b EIN **52-1858736**

c Dollar amount contributed by employer **215072**

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 **03** Day **08** Year **2014**

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

(1) Contribution rate (in dollars and cents) **0.61**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current year	14a	1761
b The plan year immediately preceding the current plan year	14b	1761
c The second preceding plan year	14c	1761

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	102.00
b The corresponding number for the second preceding plan year	15b	104.00

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

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

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

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

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

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

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

Stock: 0.0% Investment-Grade Debt: 0.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 100.0%

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

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

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

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

**NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010
TOGETHER WITH INDEPENDENT AUDITORS' REPORT**

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

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INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying statements of net assets available for benefits of the **Northwest Ohio UFCW Union and Employers Joint Pension Fund** as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Trustees. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Fund's net assets available for benefits as of December 31, 2011, and changes therein for the year then ended and its financial status as of December 31, 2010 and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States.

As discussed in Notes 1, 3 and 8, effective December 31, 2011 the Fund merged into the UFCW Consolidated Pension Plan pursuant to the terms and conditions of a Merger Agreement between the Pension Plans. Pursuant to the Merger Agreement the UFCW Consolidated Pension Plan agreed to accept all assets and liabilities of the Fund and the Fund ceased to exist as a separate legal entity.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedules of assets (held at end of year) and reportable transactions are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Trustees and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the basic financial statements and certain additional procedures including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

LaPadula, Carlson + Co.

Coral Gables, Florida
March 23, 2012

NORTHWEST OHIO UFCW UNION AND EMPLOYERS
JOINT PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF
DECEMBER 31, 2011 AND 2010

ASSETS

	<u>2011</u>	<u>2010</u>
INVESTMENTS , at fair value	\$ -	\$ 104,810,979
RECEIVABLES:		
Employer contributions	-	192,360
Accrued interest and dividends	-	192,674
Securities sold	-	147,164
Due from affiliated funds	-	180,211
Other receivables	-	40,000
Total receivables	-	752,409
Total assets	-	105,563,388

LIABILITIES

ACCOUNTS PAYABLE	-	107,472
DUE TO AFFILIATED FUNDS	-	76,897
SECURITIES PURCHASED	-	9,280
Total liabilities	-	193,649
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 105,369,739</u>

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

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS TO NET ASSETS AVAILABLE FOR BENEFITS WERE PROVIDED BY:		
Employer contributions -	\$ 2,510,910	\$ 2,364,901
Investment income -		
Net (depreciation) appreciation in fair value of investments	(2,212,012)	11,019,716
Interest income	2,133,460	1,975,662
Less: Investment expenses	<u>(498,670)</u>	<u>(620,600)</u>
Net investment (loss) income	<u>(577,222)</u>	<u>12,374,778</u>
Other income	<u>53,908</u>	<u>7,382</u>
Total additions	<u>1,987,596</u>	<u>14,747,061</u>
DEDUCTIONS:		
Benefits paid to or for participants	7,205,822	6,730,818
Administrative expenses	<u>608,372</u>	<u>533,311</u>
Total deductions	<u>7,814,194</u>	<u>7,264,129</u>
Net (decrease) increase in net assets available for benefits	(5,826,598)	7,482,932
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	105,369,739	97,886,807
Transfer of net assets due to merger (Note 8)	<u>99,543,141</u>	<u>-</u>
End of year	<u>\$ -</u>	<u>\$ 105,369,739</u>

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

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

(1) DESCRIPTION OF THE FUND

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

As discussed in Notes 3 and 8, effective December 31, 2011 the Fund merged into the UFCW Consolidated Pension Plan pursuant to the terms and conditions of a Merger Agreement between the Pension Plans.

General

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

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

Plan benefits - (prior to January 1, 2012)

Vesting service

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

Normal retirement

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

Early retirement

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

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

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE FUND (CONTINUED)

Plan benefits (continued)

Late retirement

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

Disability benefit

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

Lump-sum death benefit

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

Plan changes and amendments

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

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

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

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

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF THE FUND (CONTINUED)

Funding policy

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

According to the Fund's actuary, contributions for the years ended December 31, 2011 and 2010 exceeded the minimum funding requirements of ERISA.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Use of estimates

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

Risk and uncertainties

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

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risk and uncertainties (continued)

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

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

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

The Fund has one employer which accounted for 82% and 88% of total employer contributions during the years ended December 31, 2011 and 2010, respectively.

Valuation of investments and income recognition

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

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

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Valuation of investments and income recognition (continued)

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

Derivatives

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

Contributions receivable

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

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

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions which are attributable under the Fund's provisions for services rendered by participants through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Fund are based on the employee's total credited service, which is the sum of past service credits and paid benefit credits. Benefits under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income taxes

In accordance with a determination letter received from the Internal Revenue Service, the Fund meets the requirements of Internal Revenue Code (the "Code") Section 501(a). The Fund has been amended since receiving the determination letter. The Fund's Trustees and legal counsel believe the Fund, as amended, is in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes is considered necessary.

The Trustees have evaluated the tax positions taken by the Plan and have concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken, that would require the recognition of a liability or asset or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions until the applicable statute of limitations expires; however, there are currently no audits for any tax periods in progress.

Reclassification

Certain 2010 amounts have been reclassified to conform to the 2011 presentation.

Financial Accounting Standards Codification

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

(3) PLAN TERMINATION

Effective December 31, 2011, the Fund merged into the the UFCW Consolidated Pension Plan ("Surviving Plan"), pursuant to the terms and conditions of a Merger Agreement negotiated between the Pension Plans (See Note 8).

The Trustees filed an application with the Internal Revenue Service ("IRS") for an advanced determination as to whether the Surviving Plan meets the qualification requirements of Section 401(a) of the IRS Code with respect to the surviving Plan's provisions both prior to and subsequent to its amendment and restatement following the merger.

In addition, the Trustees submitted a request to the Pension Benefit Guaranty Corporation for a compliance determination that the merger is in accordance with the provisions of Section 4231 of ERISA.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(3) PLAN TERMINATION (CONTINUED)

Upon any complete or partial termination of the Plan, the right of each affected participant to his or her accrued benefit, to the extent then funded, will be fully vested and non-forfeitable. In the event the obligation of every employer to make contributions to the Plan under their respective collective bargaining agreements should terminate, the Trustees will continue to hold the assets in a Trust to provide benefits and upon the disbursement of the entire Trust, the Plan would then terminate.

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

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

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

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

(4) ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by actuaries from Buck Consultants. It is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuation date of January 1, 2011 are as follows:

Actuarial cost method

Unit Credit

Mortality

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

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(4) ACCUMULATED PLAN BENEFITS (CONTINUED)

Interest

- a. To determine current liability: 4.47% (previously 4.58%)
- b. For all other purposes: 7.50%, net of investment expenses

Expenses

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

Retirement age assumption

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

Asset valuation method

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

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

Contributions

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

Changes since prior valuation

The current liability interest rate was changed from 4.58% to 4.47%.

The current liability mortality table was changed from the 2010 IRS Static Mortality Table to the 2011 IRS Static Mortality Table as provided for under the Pension Protection Act of 2006.

The limit of actuarial value of assets above market value of assets was changed from 130% to 120% of market value.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(4) ACCUMULATED PLAN BENEFITS (CONTINUED)

Accumulated benefit obligation

The actuarial present value of accumulated plan benefits information is shown as of January 1, 2011 and for comparison purposes as of January 1, 2010.

	<u>2011</u>	<u>2010</u>
Vested benefits:		
Participants currently receiving benefits	\$ 57,777,051	\$ 55,688,669
Other vested benefits	<u>65,325,560</u>	<u>65,674,934</u>
Total vested benefits	123,102,611	121,363,603
Non-vested benefits:	<u>4,133,810</u>	<u>6,139,748</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 127,236,421</u>	<u>\$ 127,503,351</u>

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

Actuarial present value of accumulated plan benefits as of January 1, 2010	<u>\$ 127,503,351</u>
Additions during the period were attributable to -	
Benefits paid	(6,730,818)
Change in discount period	9,310,346
Plan amendments	(5,113,503)
Other, including benefit accrual, and net experience gain or loss	<u>2,267,045</u>
Net decrease	<u>(266,930)</u>
Actuarial present value of accumulated plan benefits as of January 1, 2011	<u>\$ 127,236,421</u>

Pension Protection Act Certification

For the plan year beginning January 1, 2011, the Plan is neither in Endangered Status nor Critical Status. The Plan was in Critical Status for the 2010 plan year. After adoption of a Rehabilitation Plan and election of special rules available under the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PRA), the Plan is not projected to have a funding deficiency for more than 10 years.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(4) ACCUMULATED PLAN BENEFITS (CONTINUED)

Unfunded vested liability

As of January 1, 2011, the Plan's present value of vested accumulated benefits of \$123,102,611, exceeds the fair value of the plan's net assets available for benefits of \$105,369,739. Using a 7.5% discount rate, the deficit would be \$17,732,872.

(5) INVESTMENTS

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

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

As of December 31, 2011 and 2010, the fair value of the following individual investments represents more than 5% of the Plan's net assets:

<u>Investments</u>	<u>2011</u>	<u>2010</u>
Westwood Trust Large Cap Value Fund	\$ -	\$ 13,127,326
PIMCO Diversified Income Fund	-	12,566,383
Mellon - EB Daily Value Global Alpha I Fund	-	8,948,839
Putnam Total Return Fund	-	8,432,632
State Street Global Advisors Small Cap Fund	-	7,490,148
Dearborn Partners Int'l Growth Equity Fund	-	6,627,662
GMO Intl Intrinsic Value Fund	-	6,543,328
Loomis Sayles High Grade Trust Fund	-	6,615,000

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(5) INVESTMENTS (CONTINUED)

During the years ended December 31, 2011 and 2010, the Fund's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Description	2011	2010
Domestic equities	\$ (544,760)	\$ 5,469,525
International equities	(1,426,426)	874,300
Domestic fixed income	233,963	1,144,586
Global fixed income	(728,730)	886,936
Hedge fund strategies	(79,493)	-
Global asset allocation	333,434	2,644,369
Net (depreciation) appreciation in fair value	<u>\$ (2,212,012)</u>	<u>\$ 11,019,716</u>

(6) FAIR VALUE MEASUREMENT

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

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

- Level 1 - Quoted market prices in active markets that are accessible at the measurement date, for identical unrestricted assets. It includes securities traded on an active exchange, such as the New York Stock Exchange.
- Level 2 - Quoted market prices for similar instruments in active markets, quoted prices for identical or similar instruments that are not active, and model based valuations in which significant inputs are observed in the market. An example of this is the use of matrix pricing to estimate the value of a fixed income security that is, using the sale price of securities with similar characteristics such as coupon rate, credit rating and maturity to estimate the value of another security.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

- Level 3 - The valuation is modeled using significant inputs that are unobservable in the market. These unobservable inputs reflect certain estimates and assumptions that market participants would use in pricing an asset i.e. valuation of real estate using independent appraisals.

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

Level 1

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

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

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

Level 2

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

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

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

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

Level 3

The inputs used reflect management's assessment of the assumptions that would be made by an independent, knowledgeable market participant who is able and willing to transact in such investments. Additionally, these investments may be adjusted to reflect illiquidity or non-transferability. Assumptions used may significantly impact valuations.

The values of Level 3 assets are generally prepared giving consideration to the income, cost and market approaches.

- The income approach – uses valuation techniques to convert future amounts (for example cash flows or earnings) to a single present discounted amount. The measurement is based on the value indicated by current market expectations. Valuations include present value techniques, option-pricing models such as the Black-Scholes-Merton formula and binomial models. Yield rates and growth assumptions utilized in this approach are derived from recent market transactions as well as other financial and industry data.
- The cost approach – is based on the amount that would be required to replace the service capacity of an asset (the replacement cost). From the perspective of a market participant (seller), the price that would be received for the asset is determined based on the cost to a buyer to acquire or construct a substitute asset adjusted for physical depreciation or technological or economic obsolescence. Generally, this approach provides a check on the value derived using the income approach.
- The market approach – uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. Adjustments are made for dissimilarities which typically provide a range of value.

The Mesirow Institutional Multi-Strategy Fund ("Mesirow"), a hedge fund of funds through an affiliated fund, invests in various private related and unrelated investment hedge funds. The underlying investment funds generally utilize the services of independent fund administrators who provide the net asset value of the private investment funds directly to the affiliated investment fund's administrator.

The value of Mesirow's investment in the affiliated funds is determined as of the close of business at the end of the period, generally monthly, in accordance with the valuation principles set forth below or as may be determined from time to time pursuant to the policies established by its general partner.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

Level 3 (continued)

Mesirow's investment in the affiliated fund is valued at fair value, which is Mesirow's proportionate interest in the net assets of its affiliate, as determined by the investment manager. In determining this fair value, the investment manager generally utilizes the valuations of the underlying private investment funds. Valuations received from the underlying private investment funds are typically estimates only, subject to subsequent revision and fair value adjustment as determined in good faith by the investment managers. Such valuations are generally net of management and performance incentive fees.

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

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

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

The following table sets forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2011 (prior to the merger) (See Note 8):

Description	Level 1	Level 2	Level 3	2011 Total
Domestic equities -				
EB Daily Value Large Cap Growth	\$ -	\$ 11,329,413	\$ -	\$ 11,329,413
Trust Large Cap Value Fund	-	11,515,769	-	11,515,769
Global Advisors Small Cap Fund	-	5,411,412	-	5,411,412
International equities -				
Thornburg International Equity Fund	-	13,800,122	-	13,800,122
Domestic fixed income -				
Baird Aggregate Bond Fund	8,832,939	-	-	8,832,939
Titanium Absolute Return Fund	-	6,503,941	-	6,503,941
Money market funds	-	954,719	-	954,719
Global fixed income -				
PIMCO Diversified Income Fund	9,404,211	-	-	9,404,211
Standish EB Emerging Markets	-	6,213,114	-	6,213,114
Hedge fund strategies -				
Institutional Multi-Strategy Fund	-	-	5,220,508	5,220,508
Global asset allocation -				
EB Daily Valued Global Alpha I Fund	-	8,250,165	-	8,250,165
PIMCO - All Asset Fund	4,895,443	-	-	4,895,443
Putnam Total Return Fund	-	7,153,106	-	7,153,106
Total investments 2011	\$ 23,132,593	\$ 71,131,761	\$ 5,220,508	\$ 99,484,862

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

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

Description	Level 1	Level 2	Level 3	2010 Total
Domestic equities -				
Common Stocks	\$ 14,844,948	\$ -	\$ -	\$ 14,844,948
Trust Large Cap Value Fund	-	13,127,326	-	13,127,326
Global Advisors Small Cap Fund	-	7,490,148	-	7,490,148
International equities -				
Int'l Growth Equity Fund	-	6,627,662	-	6,627,662
GMO Intl Intrinsic Value Fund	6,543,328	-	-	6,543,328
Domestic fixed income -				
Corporate and municipal bonds	-	7,526,420	-	7,526,420
U.S. Government securities	1,702,613	-	-	1,702,613
Government sponsored enterprises	-	3,413,051	-	3,413,051
High Grade Trust Fund	-	6,615,000	-	6,615,000
Money market funds	-	1,357,907	-	1,357,907
Global fixed income -				
PIMCO Diversified Income Fund	12,566,383	-	-	12,566,383
Global asset allocation -				
EB Daily Valued Global Alpha I Fund	-	8,948,839	-	8,948,839
PIMCO All Asset Fund	5,614,722	-	-	5,614,722
Putnam Total Return Fund	-	8,432,632	-	8,432,632
Total investments 2010	\$ 41,271,994	\$ 63,538,985	\$ -	\$ 104,810,979

Changes in fair value levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Trustees have evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2011 and 2010, there were no significant transfers in or out of levels 1, 2 or 3.

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(6) FAIR VALUE MEASUREMENT (CONTINUED)

The following is a summary of the changes in fair value of the Plan's Level 3 investment for the year ended December 31, 2011 (prior to the merger).

	Mesirow Multi-Strategy Fund
Balance at January 1, 2011	\$ -
Purchases	5,300,000
Sales	-
Interest income	-
Investment expense	-
Change in fair value	<u>(79,492)</u>
Balance at December 31, 2011	<u>\$ 5,220,508</u>

(7) SUBSEQUENT EVENTS

In accordance with FASB Accounting Standards Codification Topic 855 *Subsequent Events*, the Fund has evaluated events that occurred through March 23, 2012, which is the date these financial statements were available to be issued. Other than the merger described in Notes 1, 3 and 8, there were no material events noted during this period that would impact the results reflected in these financial statements.

(8) MERGER

The Trustees of the Fund, the UFCW Unions and Food Employers Pension Plan of Central Ohio and the Indiana Area United Food and Commercial Workers Unions and Retail Employers Joint Pension Plan (the "Merging Funds"), all multiemployer plans within the meaning of ERISA, agreed to merge into the United Food and Commercial Workers Unions and Employers Pension Plan (the "Surviving Fund") effective December 31, 2011. The following is a summary of the merger terms. For a complete understanding of the merger provisions the financial statement users should refer to the Merger Agreement.

- The Merging Funds merged into the Surviving Fund and cease to exist as separate legal entities
- The existence of the Surviving Fund and Trust will continue under the name of the UFCW Consolidated Pension Plan. The Surviving Fund will become the owner of all of the Merging Funds' assets, rights, property and claims, liabilities, and books and records

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(8) MERGER (CONTINUED)

- The Trustees of the Surviving Fund expressly assumed the payment of and commitment of all of the debts, liabilities, contracts, commitments, engagements and other obligations, absolute or contingent of each pension plan including all benefit liabilities with respect to all employees, terminated vested participants, retirees, beneficiaries and alternative payees that were participating in the plans on the transaction date
- Participants are to receive a benefit equal to or greater than the benefit he/she would have been entitled to receive before the merger
- Contributions made by non- Kroger employers previously made to the Merging Funds are to be made to the Surviving Fund in an amount equal to the amounts required to be made under the terms of the applicable collective bargaining agreement
- Subsequent to the merger date, December 31, 2011, the contribution obligation of Kroger to the Surviving Fund is to be determined in accordance with a Memorandum of Understanding, dated December 2011, between Kroger and various locals affiliated with the United Food and Commercial Workers.

The Trustees of the Merging Funds and the Surviving Fund represent and warrant that:

- The merger is in the best interest of the respective Funds
- Their respective Trust Funds are qualified under the applicable provisions of the Internal Revenue Code
- The Funds have no pending or threatened litigation or material claims against them
- They have the authority to approve the merger
- They have made full disclosure and all documents exchanged are true and accurate
- There has been no material change in the financial condition of the funds and no unreserved liabilities
- All property is represented and owned by the Funds

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

NOTES TO FINANCIAL STATEMENTS

(8) MERGER (CONTINUED)

- The consummation of the merger will not result in the breach of any agreement to which the Trustees are a party
- No material fact has been withheld and the Trustees know of no development or threatened development which would adversely affect the operations of the funds subsequent to the merger.

Indemnification of individual Trustees

- The Trustees of the merged Funds were relieved of further fiduciary obligations with respect to the Funds as of the merger date
- The Surviving Fund shall cause any person who is or has served as a Trustee of any of the merging plans to be indemnified against all damages, liabilities and expenses in connection with any claim, suit, action or proceeding.

Transfer of assets and liabilities

Prior to the transfer, the assets and liabilities of the Fund were as follows:

ASSETS	
INVESTMENTS , at fair value	\$ 99,484,862
RECEIVABLES	<u>322,436</u>
Total assets	<u>99,807,298</u>
LIABILITIES	
ACCOUNTS PAYABLE	187,260
DUE TO AFFILIATED FUNDS	<u>76,897</u>
Total liabilities	<u>264,157</u>
NET ASSETS TRANSFERRED	<u>\$ 99,543,141</u>

SUPPLEMENTAL SCHEDULE

NORTHWEST OHIO UFCW UNION AND EMPLOYERS

JOINT PENSION FUND

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

FOR THE YEAR ENDED DECEMBER 31, 2011

EIN: 34-0947187

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
PNC Money Market Fund	Money Market Fund	\$ 7,953,688	\$ -	\$ -	\$ 7,953,688	\$ 7,953,688	\$ -
PNC Money Market Fund	Money Market Fund		8,356,876	-	8,356,876	8,356,876	-
Titanium Absolute Return Fund	Partnership	6,558,317	-	-	-	-	-
Baird Aggregate Bond Fund	Mutual Fund	8,828,779	-	-	-	-	-
Loomis Sayles High Grade Trust Fund	Common Collective Trust	-	6,840,000		5,000,000	6,840,000	1,840,000
GMO Intl Intrinsic Value Fund	Mutual Fund	-	7,199,778	-	8,689,920	7,199,778	(1,490,142)
Dearborn Partners Int'l Growth Equity Fund	103-12B	-	7,358,009	-	5,505,897	7,358,009	1,852,112
Mellon - EB Daily Value Large Cap Growth Fund	Common Collective Trust	16,185,454	-	-	-	-	-
Mellon - EB Daily Value Large Cap Growth Fund	Common Collective Trust	-	3,900,000	-	4,403,288	3,900,000	(503,288)
Mellon - Standish EB Emerging Markets	Common Collective Trust	6,840,000	-	-	-	-	-
Thornburg International Equity Fund	Common Collective Trust	16,648,866	-	-	-	-	-
Mesirow Institutional Multi-Strategy Fund	Partnership	5,300,000	-	-	-	-	-

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(a), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form Is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2011 or fiscal plan year beginning _____ and ending _____	
A This return/report is for:	☒ a multiemployer plan; ☐ a single-employer plan;
	☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ an amended return/report;
	☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ special extension (enter description) _____
Part II Basic Plan Information—enter all requested information	

1a Name of plan Northwest Ohio UFCW Union and Employers Joint Pension Fund	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 6/1/1964
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) Trustees of Northwest Ohio UFCW Union and Employers Joint Pension Fund 2211 River Road Maumee OH 43537	2b Employer Identification Number (EIN) 34-0947187 2c Sponsor's telephone number (800) 567-5899 2d Business code (see instructions) 445110

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

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

SIGN HERE		10/3/2012	Lennie Wyatt
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

See attached financial statements and
accountant's opinion

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

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

Northwest Ohio UFCW Union and Employers Joint Pension Fund

B Three-digit
plan number (PN) ▶

001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Board of Trustees - See Above

D Employer Identification Number (EIN)
34-0947187**E** Type of plan:(1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 1 Day 1 Year 2011**b** Assets(1) Current value of assets
(2) Actuarial value of assets for funding standard account.....**1b(1)** 105,369,739
1b(2) 120,878,473**c** (1) Accrued liability for plan using immediate gain methods
(2) Information for plans using spread gain methods:**1c(1)** 127,236,421(a) Unfunded liability for methods with bases.....
(b) Accrued liability under entry age normal method.....
(c) Normal cost under entry age normal method.....**1c(2)(a)**
1c(2)(b)
1c(2)(c)

(3) Accrued liability under unit credit cost method.....

1c(3) 127,236,421**d** Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....

1d(1)

(2) "RPA '94" information:

(a) Current liability
(b) Expected increase in current liability due to benefits accruing during the plan year
(c) Expected release from "RPA '94" current liability for the plan year**1d(2)(a)** 203,284,767
1d(2)(b) 2,303,658
1d(2)(c) 7,182,011

(3) Expected plan disbursements for the plan year.....

1d(3) 7,167,099**Statement by Enrolled Actuary**

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

**SIGN
HERE**

STEPHEN SIEPMAN

SS

Signature of actuary

Stephen B. Siepman

Type or print name of actuary

Buck Consultants, LLC

231 S. Bemiston, Suite 400

Firm name

St. Louis

MO 63105-1914

Address of the firm

9/28/12

Date

11-03493

Most recent enrollment number

(314) 725-0114

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2011
v.012611

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	105,369,739
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,503	77,455,228
(2) For terminated vested participants	2,671	62,440,937
(3) For active participants:		
(a) Non-vested benefits		5,670,027
(b) Vested benefits		57,718,575
(c) Total active	1,984	63,388,602
(4) Total	6,158	203,284,767
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.83 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2011	2,510,910				
Totals ▶			3(b)	2,510,910	3(c) 0

4 Information on plan status:

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	4.47 %
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	37.0 % ☐ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.0 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2,748,237	289,619

8 Miscellaneous information:

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

8a

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

☒ Yes ☐ No

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

☐ Yes ☒ No

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

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

☐ Yes ☐ No

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

8d(2)

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

☐ Yes ☐ No

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

8d(4)

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

8d(5)

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

☐ Yes ☐ No

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

8e

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

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

9a

0

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

9b

1,484,802

c Amortization charges as of valuation date:

Outstanding balance

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

9c(1)

65,423,461

9,201,475

(2) Funding waivers.....

9c(2)

0

0

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

9c(3)

0

0

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

9d

801,471

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

9e

11,487,748

Credits to funding standard account:

f Prior year credit balance, if any.....

9f

8,555,706

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

9g

2,510,910

Outstanding balance

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

9h

50,509,807

9,768,296

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

9i

1,451,114

j Full funding limitation (FFL) and credits:

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

9j(1)

34,300,230

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

9j(2)

64,183,636

(3) FFL credit.....

9j(3)

0

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

9k(1)

0

(2) Other credits.....

9k(2)

0

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

9l

22,286,026

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

9m

10,798,278

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

9n

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2011 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		☒ Yes ☐ No

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187/ PN: 001

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

The current liability interest rate assumption was changed from 4.58% to 4.47% as permitted for the 2011 plan year; the revised rate is within the acceptable range.

The current liability mortality table was changed from the RP-2000 Mortality Table projected to 2017 for annuitants and projected to 2025 for non-annuitants, to the RP-2000 Mortality Table projected to 2018 for annuitants and 2026 for non-annuitants according to regulations published by the IRS for current liability purposes.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan
EIN: 34-0947187 / PN: 001
Schedule MB, line 3 – Statement of Contributions Made to the Plan for 2011

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

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187 / PN: 001

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

Interest: 4.47% (prior: 4.58%) for current liability purposes.
7.50% for all other purposes, net of all investment expenses.

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

For current liability:
RP-2000 Mortality Tables projected to 2018 for retirees and projected to 2026 for actives and terminated vested participants according to regulations published by the IRS.

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

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

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

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

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

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

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187 / PN: 001

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

Withdrawal:

Sample select and ultimate termination rates are shown below:

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

Retirement:

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

Actuarial Cost Method:

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

Asset Valuation Method:

Five-year straight line method. This method calculates the investment gain or loss compared with the expected return under the valuation interest assumption. The gains and losses for the last five years are recognized in equal installments over five years (ten years for 2008 losses).

If the resulting amount is greater than 120% of the market value, the actuarial value as assets is set at 120% of the market value. The prior year used an actuarial value of assets limited to 130% of the market value of assets. If the resulting value is less than 80% of the market value, the actuarial value of assets is set at 80% of market value.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187 / PN: 001

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

Expected Contributions:

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

Changes Since the Prior Valuation:

1. The current liability interest rate was changed from 4.58% to 4.47%.
2. The currently liability mortality table was changed from the 2010 IRS Static Mortality Table to the 2011 IRS Static Mortality Table as provided for under the Pension Protection Act of 2006.
3. The limit of actuarial value of assets above market value of assets was changed from 130% to 120% of market value.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187 / PN: 001

Schedule MB, line 6 – Summary of Plan Provisions

PLAN HISTORY

Original Effective Date: June 1, 1964.

Restated: Effective January 1, 2001, last amended effective during 2010.

ELIGIBILITY REQUIREMENTS

Minimum Age: 21

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

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

ACCRUED BENEFIT

Future service accruals are as follows:

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

The effective dates and type of rehabilitation plan schedules are:

Brennan – not yet elected

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

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

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

NEBA – Tier approach effective August 15, 2010

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

Rite Price Foods – not yet elected

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187 / PN: 001

Schedule MB, line 6 – Summary of Plan Provisions

NORMAL PENSION

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

**UNREDUCED EARLY
RETIREMENT PENSION**

Eligibility:	(A) Age 62 and 5 years of Vesting Service, or (B) Age 55 and 30 or more years of Vesting Service including at least 500 hours of covered employment at a contribution rate of 25¢ or greater.
Benefit:	Accrued benefit accrued through December 31, 2005.

EARLY RETIREMENT PENSION

Eligibility:	Age 55 and 5 or more years of service with 500 hours of covered employment in a calendar year after age 50½.
Benefit:	Normal Pension reduced ½ of 1% for each month prior to age 62 if less than 30 Vesting Years of service at retirement. Normal Pension accrued subsequent to December 31, 2005 reduced .25 of 1% for each month prior to age 62 if at least than 30 Vesting Years of service at retirement.

DISABILITY RETIREMENT

Eligibility:	Total and permanent disability with 5 Years of Vesting Service.
Benefit:	Normal Pension reduced by ½ of 1% for each month prior to age 65.

VESTED PENSION

Eligibility:	5 Years of Vesting Service.
Benefit:	Normal Pension reduced by ½ of 1% for each month prior to age 65.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187 / PN: 001

Schedule MB, line 6 – Summary of Plan Provisions

PRE-RETIREMENT

DEATH BENEFIT

Eligibility: 5 years of Vesting Service and one year of marriage.

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

YEARS OF SERVICE

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

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

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

**CHANGES SINCE THE
PRIOR VALUATION:**

None.

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan**EIN: 34-0947187 / PN: 001****Schedule MB, line 8b– Schedule of Active Participant Data**

Attained Age	YEARS OF CREDITED SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
	Number	Number	Number	Number	Number	Number	Number	Number	Number	Number	
Under 25	3	221	108	0	0	0	0	0	0	0	332
25 to 29	0	73	146	78	0	0	0	0	0	0	297
30 to 34	0	28	43	83	26	0	0	0	0	0	180
35 to 39	0	20	21	35	42	22	0	0	0	0	140
40 to 44	0	34	26	31	26	52	10	0	0	0	179
45 to 49	0	31	29	37	23	25	45	27	0	0	217
50 to 54	0	26	47	33	23	35	16	48	19	0	247
55 to 59	0	23	36	24	13	16	13	24	32	23	204
60 to 64	0	14	21	18	15	12	6	27	10	17	140
65 to 69	0	5	5	12	3	1	2	1	1	3	33
70 & up	0	4	4	3	2	0	0	0	0	2	15
Total	3	479	486	354	173	163	92	127	62	45	1984

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

<u>Description</u>	<u>Date</u> <u>Established</u>	<u>Original</u> <u>Amount</u>	<u>Original</u> <u>Amortization</u> <u>Period</u>	<u>1-1-2011</u> <u>Outstanding</u> <u>Balance</u>	<u>1-1-2011</u> <u>Beginning of Yr.</u> <u>Amort. Amount</u>	<u>Remaining</u> <u>Amortization</u> <u>Period</u>
<u>Charges</u>						
Initial Unfunded	1-01-1977	\$ 2,722,655	40	\$ 954,168	189,098	6
Amendment	1-01-1978	\$ 499,382	40	\$ 198,639	34,887	7
Amendment	1-01-1980	\$ 3,948,642	40	\$ 1,913,064	278,982	9
Actuarial Loss	1-01-1983	\$ 899,500	30	\$ 132,518	68,653	2
Combine Bases (412(b)(4))	1-01-1983	\$ 767,600	29	\$ 59,099	59,098	1
Amendment	1-01-1984	\$ 3,436,462	30	\$ 728,292	260,517	3
Amendment	1-01-1985	\$ 788,266	30	\$ 217,379	60,374	4
Amendment	1-01-1986	\$ 455,600	30	\$ 157,640	36,245	5
Amendment	1-01-1987	\$ 1,992,053	30	\$ 772,472	153,089	6
Amendment-Rea	1-01-1987	\$ 4,704,393	30	\$ 1,821,552	360,997	6
Amendment	1-01-1988	\$ 396,844	30	\$ 173,957	30,552	7
Amendment	1-01-1989	\$ 33,885	30	\$ 16,482	2,618	8
Amendment	1-01-1990	\$ 6,827,122	30	\$ 3,626,639	528,872	9
Amendment	1-01-1992	\$ 2,362,935	30	\$ 1,443,684	183,579	11
Amendment	1-01-1993	\$ 1,103,338	30	\$ 713,775	85,837	12
Assumptions	1-01-1993	\$ 1,428,478	30	\$ 924,116	111,133	12
Amendment	1-01-1994	\$ 3,637,115	30	\$ 2,475,041	283,338	13
Method Change	1-01-1994	\$ 867,969	22	\$ 325,993	74,952	5
Amendment	1-01-1995	\$ 618,666	30	\$ 440,391	48,258	14
Amendment	1-01-1996	\$ 395,343	30	\$ 292,987	30,876	15
Amendment	1-01-1998	\$ 2,830,879	30	\$ 2,247,479	221,612	17
Amendment	1-01-2000	\$ 864,815	30	\$ 726,398	67,850	19
Actuarial Loss	1-01-2000	\$ 1,318,834	15	\$ 497,135	138,073	4
Amendment	1-01-2001	\$ 495,106	30	\$ 426,138	38,884	20
Actuarial Loss	1-01-2001	\$ 2,461,256	15	\$ 1,122,646	258,119	5
Amendment	1-01-2002	\$ 334,016	30	\$ 293,954	26,259	21
Actuarial Loss	1-01-2002	\$ 4,655,441	15	\$ 2,467,668	489,046	6
Actuarial Loss	1-01-2003	\$ 6,261,723	15	\$ 3,751,377	658,847	7
Actuarial Loss	1-01-2005	\$ 5,603,248	15	\$ 4,049,166	590,489	9
Actuarial Loss	1-01-2006	\$ 6,162,885	15	\$ 4,792,337	649,466	10
Actuarial Loss	1-01-2007	\$ 3,714,422	15	\$ 3,078,306	391,439	11
Actuarial Loss	1-01-2008	\$ 42,154	15	\$ 36,940	4,442	12
Actuarial Loss	1-01-2009	\$ 23,678,996	15	\$ 21,797,792	2,495,375	13
Actuarial Loss	1-01-2011	\$ 2,748,237	15	\$ 2,748,237	289,619	15
Total Charges				\$ 65,423,461	\$ 9,201,475	

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

<u>Description</u>	<u>Date Established</u>	<u>Original Amount</u>	<u>Original Amortization Period</u>	<u>1-1-2011 Outstanding Balance</u>	<u>1-1-2011 Beginning of Yr. Amort. Amount</u>	<u>Remaining Amortization Period</u>
<u>Credits</u>						
Combined Credit Base	1-01-2007	35,963,100	7.9	\$ 20,330,417	5,760,180	3.9
Change in Funding Method	1-01-2009	16,911,113	10.0	14,430,704	2,291,824	8
Change in Assumptions	1-01-2010	4,886,207	15.0	4,699,128	514,925	14
Actuarial Gain	1-01-2010	6,482,472	15.0	6,234,277	683,145	14
Amendment	4-01-2010	2,557,022	15.0	2,487,385	269,806	14.25
Amendment	9-01-2010	2,353,802	15.0	2,327,896	248,416	14.67
Total Credits				\$ 50,509,807	\$ 9,768,296	

Balance Test

1) Total Charges less Credits	\$ 14,913,654
2) Funding Standard Account Credit Balance	<u>8,555,706</u>
3) Unfunded Actuarial Accrued Liability = (1) - (2)	\$ 6,357,948

Plan: Northwest Ohio UFCW Union and Employers Joint Pension Plan

EIN: 34-0947187/ PN: 001

Schedule MB - Statement by Enrolled Actuary

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

See attached schedule MB