

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 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: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ 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>SMART STORES PENSION PLAN</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>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2020</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/2020</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/2020</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SMART FOODSERVICE STORES LLC</u> <u>9399 HIGGINS ROAD, SUITE 100</u> <u>ROSEMONT, IL 60018</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-4882764</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>847-720-8000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>424400</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-4882764</u>	2c Plan Sponsor's telephone number <u>847-720-8000</u>	2d Business code (see instructions) <u>424400</u>	
2b Employer Identification Number (EIN) <u>95-4882764</u>					
2c Plan Sponsor's telephone number <u>847-720-8000</u>					
2d Business code (see instructions) <u>424400</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.	09/28/2021	LAURA TRUAX
	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, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	925
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	107
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 1I 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
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) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning	01/01/2020	and ending	12/31/2020
▶ 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 SMART STORES PENSION PLAN		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SMART FOODSERVICE STORES LLC		D Employer Identification Number (EIN) 95-4882764	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2020			
2 Assets:			
a Market value	2a	59261404	
b Actuarial value	2b	59261404	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	265	31467901	31467901
b For terminated vested participants.....	553	20903551	20903551
c For active participants	107	2178376	2178376
d Total.....	925	54549828	54549828
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate	5	5.39 %	
6 Target normal cost.....	6	500000	

Statement by Enrolled Actuary

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

<div>SIGN HERE</div>	<div>09/27/2021</div> <div>Signature of actuary</div> <div>MICHAEL KRAVITZ</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</div> <div>Address of the firm</div>	<div>Date</div> <div>20-06149</div> <div>Most recent enrollment number</div> <div>312-288-7700</div> <div>Telephone number (including area code)</div>
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>0.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>0.00</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	108.63 %
15 Adjusted funding target attainment percentage	15	108.63 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	94.17 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 500000**b** Excess assets, if applicable, but not greater than line 31a **31b** 500000**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan SMART STORES PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SMART FOODSERVICE STORES LLC	D Employer Identification Number (EIN) 95-4882764	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE KNOWN	462627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON INVESTMENT SERVICES

52-1868818

(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 70	NONE KNOWN	152293	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

41-6257133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 50 64 65	NONE KNOWN	17083	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>SMART STORES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SMART FOODSERVICE STORES LLC</u>	D Employer Identification Number (EIN) <u>95-4882764</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>LONG TERM GOVT BND INDX N-LENDB FND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>26-3774476-001</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>SHORT-TERM INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-6450621-001</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>WELLSFARGO/BLRK SHORT-TRM INVTMT FD</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>41-6292499-001</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:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>SMART STORES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SMART FOODSERVICE STORES LLC</u>	D Employer Identification Number (EIN) <u>95-4882764</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	0

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-2963407
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-2963407

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2508175	
(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)		2508175
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)	614920	
(2) Contract administrator fees	2i(2)	17083	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	270590	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		902593
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3410768

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6374175
l Transfers of assets:			
(1) To this plan.....	2l(1)		51751810
(2) From this plan	2l(2)		45377635

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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **PLANTE & MORAN, PLLC**

(2) EIN: **38-1357951**

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

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

Part IV Compliance Questions

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

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		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.)			
4c		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.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		25000000
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	
4f		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?			
4g		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?			
4h		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.)			
4i		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		
4j	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		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
US FOODS CONSOLIDATED DEFINED BENEFIT RETIREMENT PLAN	36-3642294	012	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4308912 _____.			

<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 sections 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>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan SMART STORES PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SMART FOODSERVICE STORES LLC	D Employer Identification Number (EIN) 95-4882764

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3642294		
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	1

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
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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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 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 lines (a) through (c)

a Enter the percentage of plan assets held as:

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

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

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

c What duration measure was used to calculate line 19(b)?

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

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Smart Stores Pension Plan

Financial Report
December 31, 2020

Smart Stores Pension Plan

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Independent Auditor's Report

To the US Foods, Inc. Benefits Administration Committee
Smart Stores Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Smart Stores Pension Plan (the "Plan"), which comprise the statement of changes in net assets available for benefits for the year ended December 31, 2020, and the statement of accumulated plan benefits as of January 1, 2020 and the statement of changes in accumulated benefits for the year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these 2020 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion on the 2020 Financial Statements* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion on the 2020 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A. (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2020 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on the 2020 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2020 Financial Statements* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the 2020 financial statements.

Other Matter

The supplemental schedule of reportable transactions for the year ended December 31, 2020 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2020 Financial Statements* paragraph, we do not express an opinion on this supplemental schedule.

To the US Foods, Inc. Benefits Administration Committee
Smart Stores Pension Plan

Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 Financial Statements

The form and content of the information included in the 2020 financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moreau, PLLC

Schaumburg, Illinois
September 24, 2021

Smart Stores Pension Plan

Statement of Changes in Net Assets Available

Year Ended December 31, 2020

(000s omitted)

Additions - Interest	\$ 56
Deductions	
Benefits paid directly to participants or beneficiaries	2,508
Investment loss	3,019
Administrative expenses	903
Total deductions	6,430
Net Decrease before Other Changes	(6,374)
Transfer in from the Smart & Final Pension Plan (Note 1)	51,752
Transfer out to the US Foods Consolidated Defined Benefit Retirement Plan	(45,378)
Net Increase	-
Net Assets Available for Benefits	
Beginning of year	-
End of year	\$ -

Smart Stores Pension Plan

Statement of Accumulated Plan Benefits

January 1, 2020

(000s omitted)

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Participants receiving benefits

\$ 36,332

Participants with deferred benefits

30,663

Active employees

3,504

Total Actuarial Present Value of Accumulated Plan Benefits

\$ 70,499

Smart Stores Pension Plan

Statement of Changes in Accumulated Plan Benefits

	Year Ended January 1, 2020
	(000s omitted)
Actuarial Present Value of Accumulated Plan Benefits - Inception	\$ -
Increase during the year attributable to - Obligation transferred in	<u>70,499</u>
Actuarial Present Value of Accumulated Plan Benefits - January 1, 2020	<u><u>\$ 70,499</u></u>

December 31, 2020

(000s omitted)

Note 1 - Plan Description

The following description of Smart Stores Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established effective January 1, 2020 as the result of a spinoff of certain participants from the Smart & Final Pension Plan. As of the effective date, the Plan is a defined benefit plan covering all eligible employees acquired from the Smart & Final Pension Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On January 1, 2020, assets of \$51,752 and accumulated benefit obligations of \$70,499 were transferred into the Plan from the Smart & Final Pension Plan.

On December 31, 2020, the Plan was merged with and into the US Foods Consolidated Defined Benefit Retirement Plan, and all assets and liabilities of the Plan were transferred to the US Foods Consolidated Defined Benefit Retirement Plan effective December 31, 2020. Total assets merged out were \$45,378 and total accumulated benefit obligation merged out was \$68,853. As of this date, this Plan ceased to exist as a separate plan.

Pension Benefits

Eligible employees with 5 or more years of service are entitled to normal annual pension benefits beginning at the participant's normal retirement age of 65 as described in the Plan. The individual pension benefit is generally equal to credited service times a percent of final average pay. All pension benefits were frozen before the date of acquisition. Special provisions for retirement at other than the normal retirement age are described in the Plan. Employees with at least 10 years of service that have attained the age of 55 may elect early retirement and receive a monthly retirement benefit reduced for each year prior to age 65.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

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

Administrative Expenses

Various administrative costs are paid by the plan sponsor.

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including September 24, 2021, which is the date the financial statements were available to be issued.

December 31, 2020

(000s omitted)

Note 3 - Actuarial Present Value of Future Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries.

Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in the valuation as of January 1, 2020 were as follows:

- Assumed Rate of Return - 3.0 percent compounded annually as of 2020
- Healthy and Disabled Mortality - Pri-2012 blue collar mortality table projected generationally from 2012 using MP-2020
- Retirement Age - Graded schedule from age 55 to 67

In the event that the participant had met the service requirement for early retirement at the date of termination, they may elect to receive their benefit at their early retirement date or on the first day of any month thereafter prior to their normal retirement date. Such benefit will be reduced as described under early retirement.

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

As the accumulated plan benefits were measured as of January 1, 2020, the statement of changes in accumulated plan benefits does not reflect the obligation merged out as of December 31, 2020. See Note 1 for more details.

Note 4 - Information Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following information included in the accompanying financial statements is complete and accurate:

- Interest and investment loss, as shown in the statement of changes in net assets available for benefits as of December 31, 2020

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

December 31, 2020

(000s omitted)

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2020

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	8	4	0	0	0	0	0	0	0	12
40-44	0	12	8	0	0	0	0	0	0	0	20
45-49	0	2	13	6	0	0	0	0	0	0	21
50-54	0	5	6	5	0	0	0	0	0	0	16
55-59	0	5	6	8	1	0	0	0	0	0	20
60-64	0	2	5	6	0	0	0	0	0	0	13
65-69	0	2	3	0	0	0	0	0	0	0	5
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	36	45	25	1	0	0	0	0	0	107

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Smart Stores Pension Plan
 EIN / PN: 95-4882764/003
 Plan Sponsor: Smart Foodservice Stores LLC
 Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Name

Smart Stores Pension Plan

Economic Assumptions

Funding Interest rate basis

Applicable month September 2019
Interest rate basis Segment Rates

Funding Interest rates	Reflecting Corridors	Not Reflecting Corridors
First segment rate	3.64%	2.79%
Second segment rate	5.21%	3.92%
Third segment rate	5.94%	4.38%
Effective interest rate	5.39%	4.07%

Administrative expenses \$500,000 for 2020

Based on expected PBGC premium payment for the 2020 plan year plus an estimate of non-PBGC administrative expenses, which included consideration of administrative expenses paid in the prior year, rounded to the next \$50,000.

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees, since the plan has been closed to new hires.

Plan Name: Smart Stores Pension Plan
EIN / PN: 95-4882764/003
Plan Sponsor: Smart Foodservice Stores LLC
Valuation Date January 1, 2020

SCHEDULE SB ATTACHMENTS

Mortality

Healthy and Disabled

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjust backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).

Termination (not due to disability or retirement) rates

Rates varying by age

Percentage leaving during the year	
Age	
20	16.5%
25	13.1%
30	12.2%
35	10.8%
40	9.2%
45	7.6%
50	5.2%
55	5.2%
60	5.2%
65	0.0%

Disability (not due to disability or retirement) rates

Rates varying by age

Percentage becoming disabled during the year		
Age	Males	Females
20	0.1200%	0.1800%
25	0.1200%	0.1800%
30	0.1200%	0.1800%
35	0.1275%	0.1915%
40	0.1470%	0.2205%
45	0.1975%	0.2965%
50	0.3565%	0.5350%
55	0.6810%	1.0215%
60	1.3800%	2.0700%
65	0.0000%	0.0000%

Plan Name: Smart Stores Pension Plan
EIN / PN: 95-4882764/003
Plan Sponsor: Smart Foodservice Stores LLC
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Retirement rates

Rates varying by age

Percentage leaving during the year	
Age	
55-59	5%
60	10%
61	5%
62	20%
63	15%
64	10%
65-66	50%
67	100%

Benefit commencement dates

Preretirement death benefit	The later of the death of the active participant and the date the participant would have attained early retirement
Deferred vested benefit	The later of age 62 and the termination of the participant
Disability benefit	The later of age 65 and disablement
Retirement benefit	Upon termination of employment
Form of payment	50% J&S upon commencement
Percent married	100% for males and females
Spouse age	Wife 3 years younger than husband
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.

Plan Name:	Smart Stores Pension Plan
EIN / PN:	95-4882764/003
Plan Sponsor:	Smart Foodservice Stores LLC
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets Average of the fair market value of assets over the last two years preceding the valuation date with annual determination points, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of fair value, including contributions receivable.

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued All benefits described in the Plan Provisions section of this report were valued.

Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant required to be valued that were not.

Participants with certain Prior Plan Benefits (Plan 89 and SFI Plan) may elect a lump sum with respect to such benefits. In addition, separate early retirement factors apply to such benefits. Such benefits are not explicitly valued; rather, such participants' benefits are valued using the early retirement provisions and benefit choice assumptions described above.

Plan Name: Smart Stores Pension Plan
EIN / PN: 95-4882764/003
Plan Sponsor: Smart Foodservice Stores LLC
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Smart Foodservice furnished participant data as of 1/1/2020 as part of the 4044 asset allocation and true-up reconciliation for the spinoff of the Smart Stores Pension Plan from the Smart & Final Inc. Pension Plan. Information on assets, contributions and plan provisions was also supplied by Smart Foodservice. Data and other information were reviewed for reasonableness and consistency, but no full audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	This assumption was kept consistent with the assumption used for the Smart & Final Pension Plan for the 2019 plan year.
Retirement	This assumption was kept consistent with the assumption used for the Smart & Final Pension Plan for the 2019 plan year.

Plan Name:	Smart Stores Pension Plan
EIN / PN:	95-4882764/003
Plan Sponsor:	Smart Foodservice Stores LLC
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

**Benefit commencement
date for deferred benefits**

Deferred vested participants are assumed to begin benefits at age 62 (or current age if later) because it is expected that many participants will retire and begin benefits when Social Security benefits are first available. In addition, the plan provides early retirement subsidies, so it is expected that participants will commence benefits prior to normal retirement age.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in this statement of actuarial assumptions and methods, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Since the passage of the Pension Protection Act (PPA), there has been little guidance to assist plan sponsors dealing with spinoffs in terms of funding and benefit restriction rules. In preparing the results presented in this report, we have relied upon formal guidance (e.g., Rev. Proc. 2017-57), informal guidance (e.g., Enrolled Actuaries Gray Book Q&As), and the principles of pre-PPA guidance (e.g., Rev. Rul. 81-212). Note that the spinoff occurred at the beginning of the year and the methods used for funding purposes are consistent with those used by the predecessor plan; therefore, we do not believe there has been a change in funding method.

Plan Name:	Smart Stores Pension Plan
EIN / PN:	95-4882764/003
Plan Sponsor:	Smart Foodservice Stores LLC
Valuation Date	January 1, 2020



Form 5500, Schedule H, Line 4j
EIN 95-4882764, Plan No. 003
Year Ended December 31, 2020

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2020 THROUGH DECEMBER 31, 2020

SMART STORES PENSION PLAN
ACCOUNT NUMBER 26386100

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE			0.00			
COMPARATIVE VALUE (5%)			0.00			
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
01/30/20 B	1	1.000	0	1-*	1	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
01/30/20 S	1	1.000	0	1 *	1	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
02/25/20 B	2,000,000	1.000	0	2,000,000-*	2,000,000	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
03/02/20 S	241,492	1.000	0	241,492 *	241,492	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
03/09/20 B	2,677	1.000	0	2,677-*	2,677	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
03/26/20 S	2,924	1.000	0	2,924 *	2,924	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
04/01/20 S	240,370	1.000	0	240,370 *	240,370	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
04/02/20 S	4,692	1.000	0	4,692 *	4,692	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
04/06/20 S	3,614	1.000	0	3,614 *	3,614	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
04/09/20 S	1,715	1.000	0	1,715 *	1,715	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
04/14/20 S	402	1.000	0	402 *	402	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
04/16/20 S	230	1.000	0	230 *	230	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
04/16/20 S	202	1.000	0	202 *	202	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
04/17/20 B	43,500,000	1.000	0	43,500,000-*	43,500,000	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
04/23/20 S	20,275	1.000	0	20,275 *	20,275	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
05/01/20 S	238,466	1.000	0	238,466 *	238,466	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
05/11/20 S	27,435	1.000	0	27,435 *	27,435	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
06/01/20 S	230,731	1.000	0	230,731 *	230,731	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
06/04/20 B	4,016	1.000	0	4,016-*	4,016	



Form 5500, Schedule H, Line 4j
EIN 95-4882764, Plan No. 003
Year Ended December 31, 2020

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2020 THROUGH DECEMBER 31, 2020

SMART STORES PENSION PLAN
ACCOUNT NUMBER 26386100

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
06/04/20 S	31,873	1.000	0	31,873 *	31,873	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
06/15/20 B	6,251,810	1.000	0	6,251,810-*	6,251,810	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
06/22/20 S	2,131	1.000	0	2,131 *	2,131	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
06/24/20 B	30	1.000	0	30-*	30	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
06/25/20 S	72,864	1.000	0	72,864 *	72,864	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
06/29/20 S	7,500	1.000	0	7,500 *	7,500	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
07/01/20 S	235,733	1.000	0	235,733 *	235,733	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
07/01/20 B	2,808	1.000	0	2,808-*	2,808	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
07/07/20 S	166	1.000	0	166 *	166	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
07/09/20 S	2,639	1.000	0	2,639 *	2,639	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
07/16/20 S	140	1.000	0	140 *	140	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
07/23/20 S	24,357	1.000	0	24,357 *	24,357	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
08/03/20 S	238,690	1.000	0	238,690 *	238,690	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
08/03/20 S	116,570	1.000	0	116,570 *	116,570	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
08/05/20 S	48,500,000	1.000	0	48,500,000 *	48,500,000	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
08/24/20 B	983	1.000	0	983-*	983	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
09/01/20 S	247,180	1.000	0	247,180 *	247,180	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
09/04/20 S	773	1.000	0	773 *	773	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
09/21/20 S	7,570	1.000	0	7,570 *	7,570	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
09/22/20 S	80,995	1.000	0	80,995 *	80,995	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
10/01/20 S	249,105	1.000	0	249,105 *	249,105	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
10/02/20 S	55,326	1.000	0	55,326 *	55,326	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
10/05/20 S	1,582	1.000	0	1,582 *	1,582	0



Form 5500, Schedule H, Line 4j
EIN 95-4882764, Plan No. 003
Year Ended December 31, 2020

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2020 THROUGH DECEMBER 31, 2020

SMART STORES PENSION PLAN
ACCOUNT NUMBER 26386100

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
10/05/20 B	103	1.000	0	103-*	103	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
10/07/20 S	103	1.000	0	103 *	103	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
10/13/20 S	270,590	1.000	0	270,590 *	270,590	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
10/14/20 B	3,218	1.000	0	3,218-*	3,218	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
11/02/20 S	247,340	1.000	0	247,340 *	247,340	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
11/03/20 B	103	1.000	0	103-*	103	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
11/05/20 S	103	1.000	0	103 *	103	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
11/09/20 B	2,410	1.000	0	2,410-*	2,410	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
11/16/20 S	6,435	1.000	0	6,435 *	6,435	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
11/17/20 S	23	1.000	0	23 *	23	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
11/23/20 S	75,983	1.000	0	75,983 *	75,983	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
12/01/20 S	248,178	1.000	0	248,178 *	248,178	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
12/09/20 S	124	1.000	0	124 *	124	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
12/11/20 S	2,636	1.000	0	2,636 *	2,636	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
12/14/20 S	521	1.000	0	521 *	521	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
12/14/20 B	755	1.000	0	755-*	755	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
12/17/20 S	755	1.000	0	755 *	755	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
12/21/20 S	7,368	1.000	0	7,368 *	7,368	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
12/28/20 B	1,500,000	1.000	0	1,500,000-*	1,500,000	
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
12/29/20 S	126,254	1.000	0	126,254 *	126,254	0
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/01/20 B	48,500,000	1.000	\$48500000	48,500,000-*	48,500,000	
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/01/20 S	48,500,000	1.000	0	48,500,000 *	48,500,000	0
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/01/20 B	1,945	1.000	1,945	1,945-*	1,945	



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EIN 95-4882764, Plan No. 003
Year Ended December 31, 2020

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD JANUARY 1, 2020 THROUGH DECEMBER 31, 2020

SMART STORES PENSION PLAN
ACCOUNT NUMBER 26386100

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/31/20 B	0	1.000	0	0-*	0	
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
11/30/20 B	0	1.000	0	0-*	0	
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
12/31/20 B	0	1.000	0	0-*	0	
ISSUE: 543992879 - LONG TERM GOV BOND INDEX						
10/01/20 B	2,095,833	23.141	\$48500000	48,500,000-*	48,500,000	
ISSUE: 543992879 - LONG TERM GOV BOND INDEX						
12/31/20 S	69,793	21.492	0	1,500,000 *	1,615,089	-115,089
GRAND TOTAL			\$97001945	252,145,015	252,260,104	-115,089

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION



Form 5500, Schedule H, Line 4j
 EIN 95-4882764, Plan No. 003
 Year Ended December 31, 2020

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
 FOR THE PERIOD JANUARY 1, 2020 THROUGH DECEMBER 31, 2020

SMART STORES PENSION PLAN
 ACCOUNT NUMBER 26386100

SERIES / BY BROKER						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
BEGINNING MARKET VALUE			0.00			
COMPARATIVE VALUE (5%)			0.00			
-----			-----			
BROKER: MISCELLANEOUS						
ISSUE: 543992879 - LONG TERM GOV BOND INDEX						
10/01/20 B	2,095,833	23.141	\$48500000	48,500,000-*	48,500,000	
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/01/20 B	48,500,000	1.000	\$48500000	48,500,000-*	48,500,000	
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/01/20 S	48,500,000	1.000	0	48,500,000 *	48,500,000	0
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/01/20 B	1,945	1.000	1,945	1,945-*	1,945	
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/31/20 B	0	1.000	0	0-*	0	
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
11/30/20 B	0	1.000	0	0-*	0	
ISSUE: 543992879 - LONG TERM GOV BOND INDEX						
12/31/20 S	69,793	21.492	0	1,500,000 *	1,615,089	-115,089
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
12/31/20 B	0	1.000	0	0-*	0	
SUB-TOTAL			\$97001945	147,001,945	147,117,034	-115,089
GRAND TOTAL			\$97001945	147,001,945	147,117,034	-115,089

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION



Form 5500, Schedule H, Line 4j
EIN 95-4882764, Plan No. 003
Year Ended December 31, 2020

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2020 THROUGH DECEMBER 31, 2020

SMART STORES PENSION PLAN
ACCOUNT NUMBER 26386100

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----			-----	-----	-----	-----
BEGINNING MARKET VALUE			0.00			
COMPARATIVE VALUE (5%)			0.00			
-----			-----			
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND N						
01/30/20 B	1	1.000	0	1-*	1	
02/25/20 B	2,000,000	1.000	0	2,000,000-*	2,000,000	
03/09/20 B	2,677	1.000	0	2,677-*	2,677	
04/17/20 B	43,500,000	1.000	0	43,500,000-*	43,500,000	
06/04/20 B	4,016	1.000	0	4,016-*	4,016	
06/15/20 B	6,251,810	1.000	0	6,251,810-*	6,251,810	
06/24/20 B	30	1.000	0	30-*	30	
07/01/20 B	2,808	1.000	0	2,808-*	2,808	
08/24/20 B	983	1.000	0	983-*	983	
10/05/20 B	103	1.000	0	103-*	103	
10/14/20 B	3,218	1.000	0	3,218-*	3,218	
11/03/20 B	103	1.000	0	103-*	103	
11/09/20 B	2,410	1.000	0	2,410-*	2,410	
12/14/20 B	755	1.000	0	755-*	755	
12/28/20 B	1,500,000	1.000	0	1,500,000-*	1,500,000	
SUB-TOTAL OF BUYS # 15			0	53,268,914	53,268,914	
01/30/20 S	1	1.000	0	1 *	1	0
03/02/20 S	241,492	1.000	0	241,492 *	241,492	0
03/26/20 S	2,924	1.000	0	2,924 *	2,924	0
04/01/20 S	240,370	1.000	0	240,370 *	240,370	0
04/02/20 S	4,692	1.000	0	4,692 *	4,692	0
04/06/20 S	3,614	1.000	0	3,614 *	3,614	0
04/09/20 S	1,715	1.000	0	1,715 *	1,715	0
04/14/20 S	402	1.000	0	402 *	402	0
04/16/20 S	230	1.000	0	230 *	230	0
04/16/20 S	202	1.000	0	202 *	202	0
04/23/20 S	20,275	1.000	0	20,275 *	20,275	0
05/01/20 S	238,466	1.000	0	238,466 *	238,466	0
05/11/20 S	27,435	1.000	0	27,435 *	27,435	0
06/01/20 S	230,731	1.000	0	230,731 *	230,731	0
06/04/20 S	31,873	1.000	0	31,873 *	31,873	0
06/22/20 S	2,131	1.000	0	2,131 *	2,131	0
06/25/20 S	72,864	1.000	0	72,864 *	72,864	0



Form 5500, Schedule H, Line 4j
 EIN 95-4882764, Plan No. 003
 Year Ended December 31, 2020

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2020 THROUGH DECEMBER 31, 2020

SMART STORES PENSION PLAN
 ACCOUNT NUMBER 26386100

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/29/20 S	7,500	1.000	0	7,500 *	7,500	0
07/01/20 S	235,733	1.000	0	235,733 *	235,733	0
07/07/20 S	166	1.000	0	166 *	166	0
07/09/20 S	2,639	1.000	0	2,639 *	2,639	0
07/16/20 S	140	1.000	0	140 *	140	0
07/23/20 S	24,357	1.000	0	24,357 *	24,357	0
08/03/20 S	238,690	1.000	0	238,690 *	238,690	0
08/03/20 S	116,570	1.000	0	116,570 *	116,570	0
08/05/20 S	48,500,000	1.000	0	48,500,000 *	48,500,000	0
09/01/20 S	247,180	1.000	0	247,180 *	247,180	0
09/04/20 S	773	1.000	0	773 *	773	0
09/21/20 S	7,570	1.000	0	7,570 *	7,570	0
09/22/20 S	80,995	1.000	0	80,995 *	80,995	0
10/01/20 S	249,105	1.000	0	249,105 *	249,105	0
10/02/20 S	55,326	1.000	0	55,326 *	55,326	0
10/05/20 S	1,582	1.000	0	1,582 *	1,582	0
10/07/20 S	103	1.000	0	103 *	103	0
10/13/20 S	270,590	1.000	0	270,590 *	270,590	0
11/02/20 S	247,340	1.000	0	247,340 *	247,340	0
11/05/20 S	103	1.000	0	103 *	103	0
11/16/20 S	6,435	1.000	0	6,435 *	6,435	0
11/17/20 S	23	1.000	0	23 *	23	0
11/23/20 S	75,983	1.000	0	75,983 *	75,983	0
12/01/20 S	248,178	1.000	0	248,178 *	248,178	0
12/09/20 S	124	1.000	0	124 *	124	0
12/11/20 S	2,636	1.000	0	2,636 *	2,636	0
12/14/20 S	521	1.000	0	521 *	521	0
12/17/20 S	755	1.000	0	755 *	755	0
12/21/20 S	7,368	1.000	0	7,368 *	7,368	0
12/29/20 S	126,254	1.000	0	126,254 *	126,254	0
SUB-TOTAL OF SALES # 47			0	51,874,156	51,874,156	0
SUB-TOTAL			0	105,143,070	105,143,070	0
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/01/20 B	48,500,000	1.000	\$48500000	48,500,000-*	48,500,000	
10/01/20 B	1,945	1.000	1,945	1,945-*	1,945	
10/31/20 B	0	1.000	0	0-*	0	
11/30/20 B	0	1.000	0	0-*	0	
12/31/20 B	0	1.000	0	0-*	0	



Form 5500, Schedule H, Line 4j
 EIN 95-4882764, Plan No. 003
 Year Ended December 31, 2020

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2020 THROUGH DECEMBER 31, 2020

SMART STORES PENSION PLAN
 ACCOUNT NUMBER 26386100

SERIES / BY ISSUE						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
	SUB-TOTAL OF BUYS # 5		\$48501945	48,501,945	48,501,945	
10/01/20 S	48,500,000	1.000	0	48,500,000 *	48,500,000	0
	SUB-TOTAL OF SALES # 1		0	48,500,000	48,500,000	0
	SUB-TOTAL		\$48501945	97,001,945	97,001,945	0
ISSUE: 543992879 - LONG TERM GOV BOND INDEX						
10/01/20 B	2,095,833	23.141	\$48500000	48,500,000-*	48,500,000	
	SUB-TOTAL OF BUYS # 1		\$48500000	48,500,000	48,500,000	
12/31/20 S	69,793	21.492	0	1,500,000 *	1,615,089	-115,089
	SUB-TOTAL OF SALES # 1		0	1,500,000	1,615,089	-115,089
	SUB-TOTAL		\$48500000	50,000,000	50,115,089	-115,089
	GRAND TOTAL		\$97001945	252,145,015	252,260,104	-115,089

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION



Form 5500, Schedule H, Line 4j
 EIN 95-4882764, Plan No. 003
 Year Ended December 31, 2020

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
 FOR THE PERIOD JANUARY 1, 2020 THROUGH DECEMBER 31, 2020

SMART STORES PENSION PLAN
 ACCOUNT NUMBER 26386100

SINGLE / BY BROKER						
DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
-----	-----	-----	-----	-----	-----	-----
BEGINNING MARKET VALUE			0.00			
COMPARATIVE VALUE (5%)			0.00			
-----			-----			
BROKER: MISCELLANEOUS						
ISSUE: 543992879 - LONG TERM GOV BOND INDEX						
10/01/20 B	2,095,833	23.141	\$48500000	48,500,000-*	48,500,000	
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/01/20 B	48,500,000	1.000	\$48500000	48,500,000-*	48,500,000	
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/01/20 S	48,500,000	1.000	0	48,500,000 *	48,500,000	0
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/01/20 B	1,945	1.000	1,945	1,945-*	1,945	
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
10/31/20 B	0	1.000	0	0-*	0	
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
11/30/20 B	0	1.000	0	0-*	0	
ISSUE: 543992879 - LONG TERM GOV BOND INDEX						
12/31/20 S	69,793	21.492	0	1,500,000 *	1,615,089	-115,089
ISSUE: 092992544 - BLACKROCK SHORT-TERM INV FUND						
12/31/20 B	0	1.000	0	0-*	0	
SUB-TOTAL			\$97001945	147,001,945	147,117,034	-115,089
GRAND TOTAL			\$97001945	147,001,945	147,117,034	-115,089

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

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

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

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

OMB No. 1210-0110

2020**This Form is Open to Public
Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ 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 SMART STORES PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SMART FOODSERVICE STORES LLC	D Employer Identification Number (EIN) 95-4882764
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020			
2 Assets:			
a Market value.....	2a	59,261,404	
b Actuarial value.....	2b	59,261,404	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	265	31,467,901	31,467,901
b For terminated vested participants.....	553	20,903,551	20,903,551
c For active participants.....	107	2,178,376	2,178,376
d Total.....	925	54,549,828	54,549,828
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.39%	
6 Target normal cost.....	6	500,000	

Statement by Enrolled Actuary

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

SIGN HERE	MICHAEL KRAVITZ <i>mk</i>	9/27/2021
Signature of actuary		Date
MICHAEL KRAVITZ		2006149
Type or print name of actuary		Most recent enrollment number
WILLIS TOWERS WATSON US LLC		312-288-7700
Firm name		Telephone number (including area code)
233 SOUTH WACKER DRIVE SUITE 1800 Chicago IL 60606		
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, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2020
v. 200204

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>0.00</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>0.00</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage.....	14	108.63%
15	Adjusted funding target attainment percentage.....	15	108.63%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	94.17%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
		</			

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	500,000	
b Excess assets, if applicable, but not greater than line 31a	31b	500,000	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor Smart Foodservice Stores LLC

EIN/PN 95-4882764/003

Plan Name Smart Stores Pension Plan

Valuation Date January 1, 2020

Enrolled Actuary Michael Kravitz

Enrollment Number 20-06149

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2020

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

(A)	(B)	(C)	(D)	(E)
Retirement Age	Retirement Rate	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	5%	10,000	500	27,500
56	5%	9,500	475	26,600
57	5%	9,025	451	25,721
58	5%	8,574	429	24,864
59	5%	8,145	407	24,028
60	10%	7,738	774	46,427
61	5%	6,964	348	21,240
62	20%	6,616	1,323	82,036
63	15%	5,293	794	50,016
64	10%	4,499	450	28,792
65	50%	4,049	2,024	131,589
66	50%	2,024	1,012	66,807
67	100%	1,012	1,012	67,819
Total			10,000	623,438
Average				62.34

Plan Name:	Smart Stores Pension Plan
EIN / PN:	95-4882764/003
Plan Sponsor:	Smart Foodservice Stores LLC
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The following plan provisions were effective January 1, 2020.

Covered employees	Participation is limited to individuals whose accrued benefits and associated liabilities were spun off from the Smart & Final Inc. Pension Plan to the Smart Stores Pension Plan effective January 1, 2020
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Definitions

Vesting service	One year for each 1,000-hour calendar year of employment
Pension service	Years and months of service as a covered employee through January 1, 1992. After January 1, 1992 and before June 1, 2008, one year of service is earned for each year with 1,000 hours of service. On or after June 1, 2008, only covered employees in the warehouse or transportation department of the Company's Commerce Distribution Center are eligible to accrue future years of service. There are no benefit accruals under the plan for periods on and after January 1, 2020.
Pensionable pay	Base pay, overtime, bonuses, and other amounts received for services rendered in the course of employment to the extent that amounts are includible in gross income (excluding any fringe benefit compensation)
Average earnings	The average of the highest 60 consecutive calendar months of pensionable pay during the 120-month period ending on the earlier of the participant's termination date or retirement date. For employees not currently employed in the warehouse or transportation department of the Company's Commerce Distribution Center, the average earnings is frozen as of June 1, 2008.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of pension service

Plan Name:	Smart Stores Pension Plan
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SCHEDULE SB ATTACHMENTS

Monthly pension benefit

The greater of:

- (a) 1.5% of final average pay times service before January 1, 1992 plus 1.0% of final average pay times service since January 1, 1992 (less any benefit provided by a previous company- sponsored plan), or
- (b) The accrued benefit as of March 31, 1992 under Plan 89 or, for participants in Plan 89 on March 31, 1992, the benefit that would have been provided by Plan 89 had the plan continued unchanged.

There are no benefit accruals under the plan for periods on and after January 1, 2020.

Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service

Postponed retirement

Retirement after NRD

Deferred vested termination

Termination for reasons other than death or retirement after completing five years of vesting service

Disability

Permanent and total disability after completing 10 years of vesting service

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit determined as of NRD

Plan Name: Smart Stores Pension Plan
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Early retirement	The monthly pension benefit determined as of the early retirement date, reduced 6.0% for each year of payment before age 65
Postponed retirement	The monthly pension benefit determined as of the actual retirement date
Deferred vested termination	The monthly pension benefit determined as of the termination date, reduced 6.0% for each year of payment before the participant's NRD
Disablement	The monthly pension benefit determined as of the date of the disablement, reduced 6.0% for each year of payment before the participant's NRD
Preretirement death	<p>If eligible for retirement but not receiving benefits, the amount paid to the participant's spouse is equal to the amount that the spouse would have received had the participant retired on the date of death, elected a 50% joint and survivor annuity, and died the next day.</p>

If vested but not yet eligible for retirement, the amount paid to the participant's spouse is equal to the amount the spouse would have received, using the participant's vested accrued benefit as of the date of death, had the participant retired at the first date eligible, elected a joint and 50% survivor annuity, and died the next day.

Other Plan Provisions

Forms of payment Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms of payment are a 50%, 66⅔%, 75% or 100% joint and survivor annuity, a 10- or 15- year certain and life annuity, or (for married participants) a life annuity. Certain benefits may be paid in the form of a lump sum payment. Actuarial equivalence for annuities is based upon GAM-83 male mortality and 8% interest.

Pension Increases None

Plan Name: Smart Stores Pension Plan
EIN / PN: 95-4882764/003
Plan Sponsor: Smart Foodservice Stores LLC
Valuation Date: January 1, 2020

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**Plan participants'
contributions**

None

**Maximum limits on benefits
and pay**

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Future Plan Changes

No future plan changes were recognized in determining pension cost. Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

Not applicable.

Plan Name: Smart Stores Pension Plan
EIN / PN: 95-4882764/003
Plan Sponsor: Smart Foodservice Stores LLC
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions Since Prior Valuation
as of January 1, 2020

- The assumed deferred vested commencement age was changed from the later of age 65 and the termination of the participant to the later of age 62 and the termination of the participant.
- The assumed percent married was change from 80% of males; 40% of females to 100% for males and females.
- The assumed form of payment was changed from Married: 25% as life annuity, 75% as 100% Joint & Survivor; Single and deferred inactive participants: 100% as life annuity to 50% Joint & Survivor.

Plan Name:	Smart Stores Pension Plan
EIN / PN:	95-4882764/003
Plan Sponsor:	Smart Foodservice Stores LLC
Valuation Date	January 1, 2020