

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed 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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>	
<div>Part I Annual Report Identification Information</div> <div>For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021</div> <div><div>A This return/report is for:</div><div>☒ a single-employer plan☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</div><div><div>B This return/report is</div><div>☐ the first return/report☐ the final return/report ☐ an amended return/report☐ a short plan year return/report (less than 12 months)</div><div><div>C Check box if filing under:</div><div>☒ Form 5558☐ automatic extension☐ DFVC program ☐ special extension (enter description)</div><div><div>D If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶</div><div>☐</div></div></div></div></div>					
<div>Part II Basic Plan Information—enter all requested information</div> <div><div><div>1a Name of plan</div><div>CHIEF SUPER MARKET, INC. (BRODBECK'S UNION EMPLOYEES) PENSION PLAN</div></div><div><div>1b Three-digit plan number (PN) ▶</div><div>003</div></div><div><div>1c Effective date of plan</div><div>05/24/1969</div></div></div> <div><div><div>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)</div><div>CHIEF SUPER MARKET, INC. 317 WEST MAIN CROSS STREET FINDLAY, OH 45840</div></div><div><div>2b Employer Identification Number (EIN)</div><div>34-4430575</div></div><div><div>2c Sponsor's telephone number</div><div>419-422-8090</div></div><div><div>2d Business code (see instructions)</div><div>445110</div></div></div> <div><div><div>3a Plan administrator's name and address ☐ Same as Plan Sponsor.</div><div>PLAN COMMITTEE CHIEF SUPER MARKET, INC. 317 WEST MAIN CROSS STREET FINDLAY, OH 45840</div></div><div><div>3b Administrator's EIN</div><div>34-4430575</div></div><div><div>3c Administrator's telephone number</div><div>419-422-8090</div></div></div> <div><div><div>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.</div><div><div>a Sponsor's name</div><div>c Plan Name</div></div></div><div><div>4b EIN</div><div>4d PN</div></div></div> <div><div><div>5a Total number of participants at the beginning of the plan year</div><div>5b Total number of participants at the end of the plan year</div><div>5c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</div><div>5d(1) Total number of active participants at the beginning of the plan year</div><div>5d(2) Total number of active participants at the end of the plan year</div><div>5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</div></div><div><div>76</div><div>76</div><div></div><div>40</div><div>33</div><div>0</div></div></div> <div><div>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</div><div>Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.</div></div> <div><div><div>SIGN HERE</div><div>Filed with authorized/valid electronic signature.</div><div>08/19/2022</div><div>MARK GEPHART</div></div><div><div>SIGN HERE</div><div>Signature of plan administrator</div><div>Date</div><div>Enter name of individual signing as plan administrator</div></div><div><div>SIGN HERE</div><div>Signature of employer/plan sponsor</div><div>Date</div><div>Enter name of individual signing as employer or plan sponsor</div></div></div> <div><div>For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.</div><div>Form 5500-SF (2021) v 201201</div></div>					

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 428092. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2351056	2777617
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2351056	2777617
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	152558	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	358382	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		510940
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	82304	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	2075	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		84379
i Net income (loss) (subtract line 8h from line 8c)	8i		426561
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		3000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below.....	☒ Yes ☐ No
a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.....	11a 0
b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.	☐ Yes ☒ No
a 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 letter ruling granting the waiver. Month Day Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year.....	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
13c(3) PN(s)	

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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 <u>CHIEF SUPER MARKET, INC. (BRODBECK'S UNION EMPLOYEES) 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 or 5500-SF <u>CHIEF SUPER MARKET, INC.</u>	D Employer Identification Number (EIN) <u>34-4430575</u>
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 <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>2350542</u>
b Actuarial value	2b <u>2350542</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>17</u> (2) Vested Funding Target <u>596872</u> (3) Total Funding Target <u>596872</u>
b For terminated vested participants.....	<u>19</u> <u>391671</u> <u>391671</u>
c For active participants	<u>40</u> <u>1627160</u> <u>1627160</u>
d Total.....	<u>76</u> <u>2615703</u> <u>2615703</u>
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 <u>5.57</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>2000</u>
c Total (line 6a + line 6b)	6c <u>2000</u>

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	<u>08/16/2022</u> Date
Signature of actuary	<u>20-03631</u> Most recent enrollment number
<u>STEPHEN M. COLEMAN, FSA, EA, MAAA</u> Type or print name of actuary	<u>971-321-8558</u> Telephone number (including area code)
<u>STANDARD RETIREMENT SERVICES, INC.</u> Firm name	
<u>PO BOX 711</u> <u>PORTLAND, OR 97207-0711</u> 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) 2021
v. 201209

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)	3038	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)	3038	0
10 Interest on line 9 using prior year's actual return of <u>10.46</u> %	318	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		71
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>5.33</u> %		4
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		75
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)	3356	0

Part III Funding Percentages

14 Funding target attainment percentage	14	89.73 %
15 Adjusted funding target attainment percentage	15	89.73 %
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	85.84 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/05/2021	25484				
07/13/2021	25484				
10/04/2021	25482				
01/12/2022	25482				
04/06/2022	22313				
07/06/2022	28313				
Totals ▶			18(b)	152558	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	145381

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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

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 6c)..... **31a** 2000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 268517 Installment 111251**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** 113251**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** 113251**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 145381**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 32130**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

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan

Appendix C – Other Attachments to Schedule SB of Form 5500

*For attachment to 2021 Schedule SB, Line 19 – Discounted Employer Contributions
EIN 34-4430575 / PN 003*

2021 Plan Year Employer Contributions

Date Paid	Date Due	Amount	Discounted to 01/01/2021 at Effective Interest Rate of 5.57%	Receivables Discounted to 01/01/2022 at 5.57%	Late Interest Penalty (5% + Effective Interest Rate)
04/05/2021	04/15/2021	\$25,484	\$25,131	\$0	\$0
07/13/2021	07/15/2021	25,484	24,764	0	0
10/04/2021	10/15/2021	25,482	24,459	0	0
01/12/2022	01/15/2022	25,482	24,098	25,440	0
04/06/2022	09/15/2022	22,313	20,840	22,000	0
07/06/2022	09/15/2022	28,313	26,089	27,542	0
Total:		\$152,558	\$145,381	\$74,982	\$0

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan

Appendix C – Other Attachments to Schedule SB of Form 5500

*For attachment to 2021 Schedule SB, Line 26 – Schedule of Active Participant Data
EIN 34-4430575 / PN 003*

Active Participant Age/Service Distribution

Age	Years of Credit Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
<25											0
25-29											0
30-34											0
35-39					1	1					2
40-44						2					2
45-49								2			2
50-54					1	3			1		5
55-59					2		2	1	1	1	7
60-64						5		1	2	5	13
65-69					2	3				2	7
>70					1	1					2
Total	0	0	0	0	7	15	2	4	4	8	40

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan

Appendix C – Other Attachments to Schedule SB of Form 5500

*For attachment to 2021 Schedule SB, Line 32 – Schedule of Amortization Bases
EIN 34-4430575 / PN 003*

Shortfall Amortization Bases

Date Established	Type of Base	Amortization Amount	Years Remaining	Present Value of Installments
1/1/2021	Shortfall	(\$3,656)	7	(\$22,187)
1/1/2020	Shortfall	(10,606)	6	(56,603)
1/1/2019	Shortfall	38,196	5	174,427
1/1/2018	Shortfall	(5,986)	4	(22,364)
1/1/2017	Shortfall	36,988	3	106,008
1/1/2016	Shortfall	34,485	2	67,406
1/1/2016	Shortfall	21,830	1	21,830
		<hr/> \$111,251		<hr/> \$268,517

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan

Appendix B – Summary of Actuarial Assumptions and Methods

*For attachment to 2021 Schedule SB, Part V – Actuarial Assumptions and Methods
EIN 34-4430575 / PN 003*

Actuarial Value of Assets:	Market Value Method.								
Retirement:	Normal Retirement Age.								
Turnover:	T-8 Less GA51 (Male).								
	Sample Rates:								
	<table><tr><td><u>Age</u></td><td><u>Rate</u></td></tr><tr><td>25</td><td>11.62%</td></tr><tr><td>40</td><td>9.40%</td></tr><tr><td>55</td><td>1.73%</td></tr></table>	<u>Age</u>	<u>Rate</u>	25	11.62%	40	9.40%	55	1.73%
<u>Age</u>	<u>Rate</u>								
25	11.62%								
40	9.40%								
55	1.73%								
Disability Incidence:	None.								
Marital Status:	100% of males and females are assumed to be married with males 3 years older than spouses.								
Assumed Form of Payment:	25% of participants are assumed to elect a Life Annuity, with the remaining 75% electing a Lump Sum.								
Lump Sum Valuation Method:	Annuity substitution.								
Mortality Table for Lump Sums:	2021 417(e) Applicable Mortality Table.								
Interest Rates for Lump Sums:	Same as Liability Interest rates (Segment rates).								
Expenses:	Expense are assumed to be paid from plan assets.								
Plan Benefits Not Considered:	None.								

Funding Assumptions

For Minimum Funding and AFTAP (ARPA Rates)

Funding Target Discount Rates:

<i>Years 0 to 5:</i>	4.75%
<i>Years 6 to 20:</i>	5.36%
<i>Years 21 on:</i>	6.11%

For PBGC Premiums (PPA Rates)

Funding Target Discount Rates:

<i>Years 0 to 5:</i>	2.22%
<i>Years 6 to 20:</i>	3.38%
<i>Years 21 on:</i>	3.92%

Appendix B – Summary of Actuarial Assumptions and Methods (cont.)

<i>Mortality Table:</i>	2021 IRS Small Plan Combined Static Mortality Table (dynamic).
<i>Changes Since Prior Year</i>	The mortality table, lump sum rates, and segment rates were updated per IRS regulations. The provisions of ARPA (The American Rescue Plan Act, 2021) have been reflected for interest rate stabilization.
<u>ASC 960 Assumptions</u>	
<i>ASC 960 Discount Rate</i>	7.00%
<i>Mortality Table:</i>	Pri-2012 Total Dataset Amount-Weighted Mortality with MP-2020.
<i>Lump Sum Valuation Method:</i>	Annuity substitution.
<i>Mortality Table for Lump Sums:</i>	2021 417(e) Applicable Mortality Table.
<i>Interest Rates for Lump Sums:</i>	0.53%, 2.31%, 3.09%.
<i>Changes Since Prior Year</i>	The mortality table, lump sum rates, and segment rates were updated per IRS regulations.

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan

Appendix A – Summary of Principal Plan Provisions

*For attachment to 2021 Schedule SB, Part V – Summary of Plan Provisions
EIN 34-4430575 / PN 003*

Original Effective Date:	May 24, 1969.						
Last Restatement:	January 1, 2020.						
Participation:	Entry into the plan was frozen on 10-12-2007. Prior to 10-12-2007, employees were eligible to enter the plan after completing one year of employment working at a rate of 1,000 hours or more and attaining age 21. Plan entry was each anniversary or six months following the plan anniversary.						
Benefit Service:	Accrual of benefit service was frozen on 10-12-2007. Prior to 10-12-2007, participants received a year of benefit service for each plan year in which they worked at least 1,000 hours. For the short plan year from May 24, 2005 to December 31, 2005, participants received a fractional year of service if they worked less than 1,000 hours. This fractional amount was equal to the actual hours worked divided by 1,000.						
Vesting Service:	The sum of the plan years during which a participant has at least 1,000 hours of service.						
Normal Retirement Date:	Normal retirement is upon attainment of age 65 with 5 years of participation.						
Early Retirement Date:	At any time after completion of ten years of Vesting Service and attainment of age 55 a participant may elect early retirement.						
Average Monthly Earnings:	Average monthly compensation (AMC) is the participant's highest five consecutive calendar year earnings divided by 60. This was frozen on 10-12-2007.						
Retirement Benefit Amount:	<p>Benefits were frozen on 10-12-2007.</p> <p>Prior to 10-12-2007, the monthly benefit at normal retirement age was equal to (a) + (b) multiplied by (c) as follows:</p> <table><tr><td>(a)</td><td>1% times average monthly compensation (AMC), plus</td></tr><tr><td>(b)</td><td>.65% times AMC in excess of the Social Security Integration Level, multiplied by</td></tr><tr><td>(c)</td><td>Years of benefit service not to exceed 35 years.</td></tr></table>	(a)	1% times average monthly compensation (AMC), plus	(b)	.65% times AMC in excess of the Social Security Integration Level, multiplied by	(c)	Years of benefit service not to exceed 35 years.
(a)	1% times average monthly compensation (AMC), plus						
(b)	.65% times AMC in excess of the Social Security Integration Level, multiplied by						
(c)	Years of benefit service not to exceed 35 years.						

Appendix A - Summary of Plan Provisions (cont.)

Retirement Benefit Amount (cont.): Social Security Integration Level as used in the benefit formula which considers the permitted disparity rules of Section 401(l) of the Code means the participant's Covered Compensation for the plan year.

Termination Benefit: A terminating participant who has completed 5 years of service is entitled to receive a vested benefit as described above starting on his normal retirement date. The amount of the benefit is the normal retirement benefit earned on the basis of service and salary to termination date multiplied by the appropriate vested percentage from the following table:

<u>Years of Service</u>	<u>Vested Interest</u>
less than 5	0%
5 or more	100%

In addition, a participant becomes 100% vested upon death, total and permanent disability, or attainment of normal retirement age while an active employee.

Early Retirement Benefit: The amount of retirement income earned on the basis of service to date is reduced 1/15th for the first 5 years and 1/30th for the next 5 years by which early retirement precedes normal retirement.

Disability Benefit: The monthly pension amount equal to unreduced normal retirement benefit.

Late Retirement Benefit: Better of continued accrual or normal retirement benefit actuarially adjusted.

Normal Form of Benefit: The normal annuity form is a monthly income payable as a straight life annuity. At the participant's option, retirement income may be paid on a joint and survivor basis, as a certain and life option, or as a lump sum. Election of an optional annuity form may be made at any time before retirement. When an optional annuity form is elected, the amount of income is adjusted so the cost to the fund is the same as it would have been under the normal annuity form.

Optional Benefit Forms: Single Life Annuity, Joint and Survivor Annuity (100%, 75%, 67% or 50%), Certain and Life Annuity (60-, 120- or 180-months certain), and Lump Sum.

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan

Appendix A - Summary of Plan Provisions (cont.)

**Death Benefits
(Pre-Retirement):**

In the event of a participant's death before retirement but after becoming vested in a portion of the accrued benefit, the death benefit will be payable to the surviving spouse in the form of a Qualified Preretirement Survivor Annuity. The remaining value of the vested accrued benefit will be payable to the participant's surviving spouse or other beneficiary.

**Death Benefits
(Post-Retirement):**

None except as provided by the annuity form elected.

Changes Since Last Year:

None.

Chief Super Market, Inc. (Brodbeck's Union) Pension Plan

Appendix C – Other Attachments to Schedule SB of Form 5500

*For attachment to 2021 Schedule SB, Line 22 – Description of Weighted Average Retirement Age
EIN 34-4430575 / PN 003*

Weighted Average Retirement Age

Age	Estimated Plan Participants	Percentage Expected to Retire	Number Expected to Retire	Weighted Factor
65	100.00	100%	100.00	6500.00
			100.00	6500.00
Weighted Average Retirement Age:				65.00

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

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

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

OMB No. 1210-0110

2021**This Form is Open to Public
Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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.

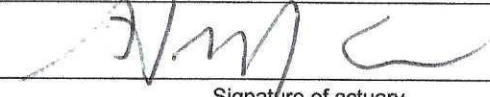
A Name of plan CHIEF SUPER MARKET, INC. (BRODBECK'S UNION EMPLOYEES) PENSION PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHIEF SUPER MARKET, INC.		D Employer Identification Number (EIN) 34-4430575
E Type of plan: ☒ Single ☐ Multiple-A ☐ 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 <u>1</u> Day <u>1</u> Year <u>2021</u>			
2 Assets:			
a Market value		2a	2,350,542
b Actuarial value		2b	2,350,542
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.....	17	596,872	596,872
b For terminated vested participants.....	19	391,671	391,671
c For active participants	40	1,627,160	1,627,160
d Total.....	76	2,615,703	2,615,703
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	5.57 %
6 Target normal cost.....			
a Present value of current plan year accruals.....		6a	0
b Expected plan-related expenses		6b	2,000
c Total (line 6a + line 6b)		6c	2,000

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		<u>8/16/2022</u> Date
STEPHEN M. COLEMAN, FSA, EA, MAAA Type or print name of actuary		20-03631 Most recent enrollment number
STANDARD RETIREMENT SERVICES, INC. Firm name		(971) 321-8558 Telephone number (including area code)
PO BOX 711 PORTLAND OR 97207-0711 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) 2021
v. 210624**

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)	3,038	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)	3,038	0
10 Interest on line 9 using prior year's actual return of <u>10.46%</u>	318	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		71
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>5.33%</u>		4
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		75
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)	3,356	0

Part III Funding Percentages

14 Funding target attainment percentage	14	89.73%
15 Adjusted funding target attainment percentage	15	89.73%
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	85.84%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/05/2021	25,484				
07/13/2021	25,484				
10/04/2021	25,482				
01/12/2022	25,482				
04/06/2022	22,313				
07/06/2022	28,313				
Totals ▶			18(b)	152,558	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	145,381

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
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
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 6c)		31a	2,000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		268,517	111,251
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	113,251
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	0
36 Additional cash requirement (line 34 minus line 35)		36	113,251
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	145,381
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	32,130
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

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed 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).OMB Nos. 1210-0110
1210-0089**2021****This Form is Open to
Public Inspection**▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)**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** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)**D** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐**Part II Basic Plan Information**—enter all requested information

1a Name of plan CHIEF SUPER MARKET, INC. (BRODBECK'S UNION EMPLOYEES) PENSION PLAN		1b Three-digit plan number (PN) ▶ 003
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) CHIEF SUPER MARKET, INC. 317 West Main Cross Street Findlay OH 45840		1c Effective date of plan 05/24/1969
3a Plan administrator's name and address ☐ Same as Plan Sponsor. PLAN COMMITTEE CHIEF SUPER MARKET, INC. 317 West Main Cross Street Findlay OH 45840		2b Employer Identification Number (EIN) 34-4430575
		2c Sponsor's telephone number (419) 422-8090
		2d Business code (see instructions) 445110
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		3b Administrator's EIN 34-4430575
		3c Administrator's telephone number (419) 422-8090
5a Total number of participants at the beginning of the plan year		4b EIN
b Total number of participants at the end of the plan year		4d PN
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		
d(1) Total number of active participants at the beginning of the plan year		5a 76
d(2) Total number of active participants at the end of the plan year		5b 76
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		5c
		5d(1) 40
		5d(2) 33
		5e 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>Mark Gephart</i>	8/19/2022	Mark Gephart
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2021)
v.210624

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 428092. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2,351,056	2,777,617
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2,351,056	2,777,617
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	152,558	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	358,382	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		510,940
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	82,304	
e Certain deemed and/or corrective distributions (see instructions) ..	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	2,075	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		84,379
i Net income (loss) (subtract line 8h from line 8c)	8i		426,561
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 3D
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		3,000,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)