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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

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 multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E 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
SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1975

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)
SHAWS SUPERMARKETS INC

PO BOX 6890
250 E. PARKCENTER BLVD
BOISE, ID 83726

2b Employer Identification Number (EIN) 04-1123420

2c Plan Sponsor's telephone number 208-395-4864

2d Business code (see instructions) 445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	BRIAN DOOLEY
	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

3a Plan administrator's name and address [X] 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**	7675
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)**	5289
a(2) Total number of active participants at the end of the plan year	**6a(2)**	5067
b Retired or separated participants receiving benefits	**6b**	348
c Other retired or separated participants entitled to future benefits	**6c**	1577
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	6992
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	45
f Total. Add lines **6d** and **6e**	**6f**	7037
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**	718
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:

1B 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) Insurance	[ ]	**(1)** Insurance	[ ]
(2) Code section 412(e)(3) insurance contracts	[ ]	**(2)** Code section 412(e)(3) insurance contracts	[ ]
(3) Trust	[X]	**(3)** Trust	[X]
(4) General assets of the sponsor	[ ]	**(4)** General assets of the sponsor	[ ]

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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_____

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

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
SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
04-1123420

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	311475955
b Actuarial value	**2b**	283023398

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	868	78705116	78705116
b For terminated vested participants	1518	31717953	31717953
c For active participants	5289	135981141	139080097
d Total	7675	246404210	249503166

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**	5.59 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	5891159
b Expected plan-related expenses	**6b**	2099000
c Total (line 6a + line 6b)	**6c**	7990159

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/06/2022
Date

SHANE L. FELDHAUS
Type or print name of actuary

20-07011
Most recent enrollment number

AON CONSULTING, INC.
Firm name

952-886-8000
Telephone number (including area code)

5600 W 83RD STREET
8200 TOWER SUITE 1100
MINNEAPOLIS, MN 55437
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 [ ]

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	11143784
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	11143784
10	Interest on line 9 using prior year's actual return of 14.95 %	0	1665996
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		5454708
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 5.76 %		314191
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		5768899
d	Portion of (c) to be added to prefunding balance		5768899
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	18578679

Part III Funding Percentages

14	Funding target attainment percentage	14	105.98 %
15	Adjusted funding target attainment percentage	15	113.43 %
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	104.17 %
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:	2nd segment:	3rd segment:	
4.75 %	5.36 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is 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**	7990159
b Excess assets, if applicable, but not greater than line 31a	**31b**	7990159

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	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

	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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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

A Name of plan	**B** Three-digit plan number (PN) ▶
SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SHAWS SUPERMARKETS INC	04-1123420

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CONDUENT HR SERVICES, LLC

04-3609848

(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?
15 50	NONE	473023	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON CONSULTING, INC.

22-2232264

(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 49 50	NONE	323154	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(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?
21 24 28 50 51 52 99	NONE	87276	Yes [ ] No [X]	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)

DELOITTE & TOUCHE LLF

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	40000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE NORTHERN TRUST COMPANY

36-1561860

(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?
25 50 51	NONE	35693	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY

13-3040307

(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	31623	Yes [ ] No [X]	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)

HERRONPALMER

46-5438594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	23779	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS CAPITAL MANAGEMENT

95-3692822

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	22057	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPITAL GUARDIAN

95-2553868

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	21220	Yes [ ] No [X]	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)

TRUCKER HUSS

ONE EMBARCADERO CENTER
12TH FLOOR
SAN FRANCISCO, CA 94111-3617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	11741	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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

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

A Name of plan
SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SHAWS SUPERMARKETS INC

D Employer Identification Number (EIN)
04-1123420

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: SHAWS SPRMRKTS PN PL UN EE MT RT TR

b Name of sponsor of entity listed in (a): SHAWS SUPERMARKETS INC.

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)
04-1123420-301	M	286242500

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)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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

A Name of plan
SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SHAWS SUPERMARKETS INC

D Employer Identification Number (EIN)
04-1123420

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 reported 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)	6000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	10894413
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)	305707056	286242500
(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	311707056	297136913
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	53713	229943
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	21956252
k	Total liabilities (add all amounts in lines 1g through1j)	1k	53713	22186195
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	311653343	274950718

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		34500888
(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		34500888
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	68478151	
(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)		68478151
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)	1096682	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1628680	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2725362
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		71203513
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-36702625
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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.)	**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?	**4k**	X		
l	Has the plan failed to provide any benefit when due under the plan?	**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? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)

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.) ..... [X] Yes [ ] No [ ] Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 438979.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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).

▶ **File as an attachment to Form 5500.**

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

A Name of plan
SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SHAWS SUPERMARKETS INC

D Employer Identification Number (EIN)
04-1123420

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 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): 04-3275867 36-3046063

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** 229

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☒ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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: 60.8 % Investment-Grade Debt: 29.7 % High-Yield Debt: 0.5 % Real Estate: 0.0 % Other: 9.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☒ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate 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 _____

Shaw's Supermarkets, Inc. Pension Plan for Union Employees

Employer ID No: 41-1123420
Plan Number: 002

Financial Statements as of and for the Years Ended December 31, 2021 and 2020,
Supplemental Schedule as of December 31, 2021,
and Independent Auditor's Report

SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020:	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Statements of Accumulated Plan Benefits	7
Statements of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9
SUPPLEMENTAL SCHEDULE AS OF DECEMBER 31, 2021—	19
Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year)	20

NOTE: All schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte.

Deloitte & Touche LLP
800 West Main Street
Suite 1400
Boise, ID 83702-7734
USA

Tel:+1 208 342 9361
www.deloitte.com

INDEPENDENT AUDITOR'S REPORT

To the Participants of the Shaw's Supermarket, Inc. Pension Plan for Union Employees:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of the Shaw's Supermarket, Inc. Pension Plan for Union Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 13, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Deloitte & Touche LLP

October 14, 2022

SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2021 AND 2020
(In thousands)

	2021	2020
ASSETS:		
Plan's interest in Master Trust and Shaw's Master Trust (Note 6)	$ 286,242	$ 305,707
Receivables:		
Accrued investment income	385	—
Due from broker for securities sold	10,510	—
Employer contribution receivable	—	6,000
Total receivables	10,895	6,000
Total assets	297,137	311,707
LIABILITIES		
Due to broker for securities purchased	21,956	—
Accrued expenses	230	54
Total liabilities	22,186	54
NET ASSETS AVAILABLE FOR BENEFITS	$ 274,951	$ 311,653

See notes to financial statements.

SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020
(In thousands)

	2021	2020
ADDITIONS:		
Investment income, net - Plan's interest in Master Trust and Shaw's Master Trust (Note 6)	$ 34,501	$ 42,302
Employer contributions	—	6,000
Total additions	34,501	48,302
DEDUCTIONS:		
Benefits paid directly to participants	(20,953)	(17,832)
Purchases of annuity contracts	(47,525)	—
Pension Benefit Guaranty Corporation premiums	(1,629)	(1,836)
Administrative expenses	(1,096)	(967)
Total deductions	(71,203)	(20,635)
(DECREASE) INCREASE IN NET ASSETS	(36,702)	27,667
Transfer to other plan	—	(999)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	311,653	284,985
End of year	$ 274,951	$ 311,653

See notes to financial statements.

SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

STATEMENTS OF ACCUMULATED PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020
(In thousands)

	2021	2020
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	$ 47,642	$ 93,436
Other participants	267,754	293,116
Total vested benefits	315,396	386,552
Nonvested benefits	5,770	5,609
Total actuarial present value of accumulated plan benefits	$ 321,166	$ 392,161

See notes to financial statements.

SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 and 2020
(In thousands)

	2021	2020
Actuarial present value of accumulated plan benefits at beginning of period	$ 392,161	$ 351,831
Increase (decrease) during the year attributable to:		
Interest accumulation	10,116	11,490
Change in actuarial assumptions	(26,847)	37,497
Benefits accumulated and other (Note 5)	14,418	9,175
Plan amendments	(47,725)	—
Benefits paid	(20,957)	(17,832)
Net increase (decrease)	(70,995)	40,330
Total actuarial present value of accumulated plan benefits at end of period	$ 321,166	$ 392,161

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

1. DESCRIPTION OF THE PLAN

The following description of the Shaw's Supermarkets, Inc. Pension Plan for Union Employees (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General - The Plan was established effective January 1, 1975, as a noncontributory defined benefit pension plan covering certain union associates of Shaw's Supermarkets, Inc. (the "Company"), the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On March 21, 2013, AB Acquisition, LLC completed the acquisition of SUPERVALU's New Albertson's, Inc. subsidiary, including the Acme, Albertsons, Jewel-Osco, Shaw's and Star Market retail banners and the associated Osco and Sav-on in-store pharmacies. The acquisition of New Albertson's Inc. by AB Acquisition, LLC included the purchase of Shaw's Supermarkets, Inc. As of December 31, 2013, Shaw's Supermarkets, Inc. was a wholly owned business of New Albertson's, Inc. ("New Albertson's").

Effective January 1, 2016, the Plan was amended to provide benefits for certain part-time employees who are members of the United Food and Commercial Workers Union Local 464A at stores that were acquired by Acme Markets, Inc.

Effective August 31, 2021, the Plan was amended to allow for the purchase of a group annuity contract to cover pension benefit payments for certain retirees in pay status under the Plan. The group annuity contract provides for continued payment of the individuals pension benefit, in the same amount that was in effect under the Plan immediately before the purchase of the group annuity contract. As a result, the Plan has no liability for the payment of such benefits. The annuity contracts issued for the year ended December 31, 2021 was $47,525,138 and has been included in Purchases of annuity contracts in the Statements of changes in net assets available for benefits.

Effective October 1, 2021, the assets of the Plan and the Retirement Plan for Employees of United Supermarkets, LLC (the "United Plan") were transferred to the Safeway Inc. Master Retirement Trust (the "Master Trust") with the Employee Retirement Plan of Safeway Inc. and Its Domestic Subsidiaries (the "Safeway Plan"). After the asset transfer, the Plan, the United Plan and the Safeway Plan each hold a proportionate share of the Master Trust's assets. The Company has delegated to the Albertsons Companies Retirement Benefit Plan Committee the responsibility for the general administration of the Plan. Northern Trust serves as the trustee and custodian.

Accumulation of Benefits - Except as provided below for members of Teamsters Local 222 (Salt Lake City drivers), participants earn "benefit units" based on hours worked each year according to the following schedule:

Hours of Service	Benefit Units Earned
Less than 450 hours	0
450-899	0.25
900-1,040	0.50
1,041-1,559	0.75
1,560 or more	1.00

In the last year of an employee's participation in the Plan, the employee will earn 0.125 benefit units if the employee is credited with more than 112.5 hours of service, but less than 450 hours of service, during the Plan Year.

Participants may earn up to 40 benefit units. Upon retirement, total benefit units will be multiplied by factors as specified in the Plan document ("benefit multiplier") to determine a monthly benefit.

Participants who are members of Teamsters Local 222 (Salt Lake City drivers) earn "credited service" based on hours worked each anniversary year of employment according to the following schedule:

Hours of Service	Credited Service Earned
Less than 1,000 hours	0.0 year
1,000 - 1,199 hours	0.6 year
1,200 - 1,399 hours	0.7 year
1,400 - 1,599 hours	0.8 year
1,600 - 1,799 hours	0.9 year
1,800 or more hours	1.0 year

Members of Teamsters Local 222 who became employees of Albertson's LLC on March 22, 2013 and who were participants in the SUPERVALU INC. Retirement Plan (the "SUPERVALU Plan") on March 21, 2013 received credited service under this Plan for service earned under the SUPERVALU Plan as of March 21, 2013.

Participants who are members of United Food and Commercial Workers Union Local 464A (Acme Markets, Inc. acquired A&P Stores) earn "benefit units" based on hours worked each Plan Year during which the member performs services according to the following schedule:

Hours of Service	Benefit Unit Earned
Less than 750 hours	0.0 Unit
750 or more hours	1.0 Unit

Each part-time employee of the Company who, as of December 31, 2015, is (i) employed as a member of the Unified Food and Commercial Workers Union Local 464A at one of the A&P Stores that was acquired by Acme Markets, Inc. on or after September 29, 2015 and (ii) age eighteen (18) years or older, became a member in the Plan on January 1, 2016. All other part-time employees became a member in the Plan on the first day of the month coinciding with or next following the later of (a) date of part-time employment at one of the stores that was acquired by Acme Markets, Inc. on or after September 29, 2015 or (b) the date the part-time employee attains age twenty-one (21).

Upon retirement, credited service earned will be used in the benefit formula as specified in the Plan to determine a monthly benefit.

Pension Benefits - Except as provided below for members of Local 222, the Plan provides pension benefits for normal retirement at age 62 and for early retirement, disability retirement, and in the event of death, under certain conditions as described in the Plan document. Effective July 1, 2019, the Plan was amended to also provide for the payment of pension benefits upon a participant's termination of employment after completing 5 years of vesting service but before becoming eligible to retire on his or her early retirement or normal retirement date (the "optional retirement" date), under conditions as described in the Plan document.

Retirement benefits paid to participants retiring at age 62 (normal retirement) are defined in the Plan and are based solely on the number of benefit units and the monthly benefit multiplier. The monthly benefit multipliers vary by collective bargaining agreements and years of service. The early retirement options are available with reduced benefits for each year that the commencement of such pension precedes the participant's attainment of age 62. Effective July 1, 2019, optional retirement benefits are available and payable as the participant's normal retirement benefit multiplied by the appropriate factor set forth in the Plan document for each year that the participant's annuity starting date precedes his or her normal retirement date.

The participants' accumulated plan benefits become 100% vested after completion of five years of vesting service or attainment of normal retirement age of 62. The benefits under the Plan are normally payable monthly for the life of the participant.

For participants who are members of Teamsters Local 222, the Plan provides pension benefits for normal retirement at age 62, early retirement at age 55 and 10 or more years of vesting service, and in the event of disability or death under certain conditions described in the Plan document. Effective July 1, 2019, the Plan was amended to also provide for the payment of pension benefits to members of Teamsters Local 222 upon the participant's optional retirement date, under conditions as described in the Plan document.

Retirement benefits paid to participants retiring at age 62 (normal retirement) are determined based on the participants credited service and the benefit formula provisions set forth in the Plan. Early retirement options are available with reduced benefits for each year that the commencement of such pension precedes the participant's attainment of age 62. Plan benefits become 100% vested after completion of five years of vesting service or attainment age of 62. Effective July 1, 2019, optional retirement benefits are available and payable to members of Teamsters Local 222 as the participant's normal retirement benefit multiplied by the appropriate factor set forth in the Plan document for each year that the participant's annuity starting date precedes his or her normal retirement date.

The benefits under the Plan are normally payable monthly for the life of the participant.

Certain members of Teamsters Local 222 were participants in and accrued benefits under the SUPERVALU Plan on or before March 21, 2013. Such benefits will be payable from the SUPERVALU Plan. Benefits payable from this Plan are based on an all-service basis with the accrued benefit from the SUPERVALU Plan as of March 21, 2013, offset from the total benefit accrued under this Plan.

Certain part-time participants employed as a member of the Unified Food and Commercial Workers Union Local 464A at one of the A&P Stores that was acquired by Acme Markets, Inc. shall be credited with one year of vesting service for each Plan year beginning on or after January 1, 2016 in which the part-time employee is credited with at least 750 hours of service. The maximum number of benefit units that any member can earn under the Plan is forty (40).

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates—The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan utilizes various investment securities, including common collective trust funds, mutual funds, U.S. government securities, corporate bonds, mortgage- and other asset-backed securities, common and preferred stocks, derivative financial instruments, and other securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment

securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

Investment Valuation and Income Recognition—Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a description of the valuation methods.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits—Benefit payments to participants are recorded upon distribution.

Administrative Expenses—Administrative expenses are principally paid by the Plan, as provided in the Plan document.

Subsequent Events—Subsequent events were evaluated through October 14, 2022, the date the financial statements were available to be issued. No material subsequent events have occurred during this time which would require recognition in the financial statements or footnotes as of or for the year ended December 31, 2021.

3. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the certified investment information regarding the Plan as of and for the years ended December 31, 2021 and December 31, 2020, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by Northern Trust, the trustee of the Plan, and furnished to the Plan administrator (in thousands). The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	2021	2020
Statement of net assets available for benefits:		
Plan's interest in Master Trust and Shaw's Master Trust	$ 286,242	$ 305,707
Statement of changes in net assets available for benefits:		
Plan's interest in Master Trust investment income	34,501	42,302

Note 6: All investment balances and investment information.

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).

4. FUNDING POLICY

It is the Company's policy to contribute amounts sufficient to meet the minimum funding requirements set forth in employee benefit and tax laws plus such additional amounts as the Company may determine appropriate. The Company made no contributions during 2021 and made $6.0 million in contributions during 2020.

The Company met the minimum funding requirements of ERISA for the years ended December 31, 2021 and 2020.

5. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributed under the Plan's provisions to the employee's compensation (if applicable), and service employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries and (2) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability or 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 independent actuaries. The amount 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 payments (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment.

Assumptions - The significant actuarial assumptions used in the valuations as of December 31, 2021, are as follows:

The significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits in the December 31, 2021 valuation were: (a) mortality rates based upon the PRI-2012 blue-collar mortality table with projection scale MP-2021, (b) average active retirement age of 64, (c) average TV retirement age of 64, (d) discount rate of 2.95%, (e) 50% of actives assumed to take lump-sum and 65% of TVs assumed to take lump-sum, and (f) lump sum payments determined using 417(e) interest rates.

The foregoing actuarial assumptions are based upon the presumption that the Plan continues indefinitely. If the Plan were to be terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

6. MASTER TRUST

The Plan assets were previously held in Fidelity Trust historically until August 1, 2016 at which time the Plan was amended and assets were transferred to the Shaw's Supermarkets, Inc. Pension Plan for Union Employees Master Retirement Trust (the "Shaw's Master Trust") held by Northern Trust.

Between August 1, 2016 and April 1, 2017, no other plans participated in the Shaw's Master Trust. As a result there were no commingling of investments during the period.

Beginning on April 1, 2017, the Retirement Plan for Employees of United Supermarkets, L.L.C. began participating in the Shaw's Master Trust. Beginning October 1, 2021, the assets of the Shaw's Plan and the United Plan were transferred to the Master Trust with the Safeway Plan. After the asset transfer, the Plan, the United Plan and the Safeway Plan each hold a proportionate share of the Master Trust's assets. Although assets of the plans are commingled in the Master Trust, the Trustee maintains supporting records for the purposes of allocating the net gain or loss of the investment account to the participating plans. The net investment income and administrative expenses are allocated by the Trustee to each participating plan based on the relationship of the interest of each plan of the total of the interests of the participating plans.

The following presents the investment securities of the Master Trust and Shaw's Master Trust, and the Plan's share of investment securities, as of December 31, 2021 and 2020 (in thousands):

	2021		2020	
	Master Trust	Plan's Proportionate Share	Shaw's Master Trust	Plan's Proportionate Share
Investments at fair value:				
Cash and cash equivalents	$ 4,948	$ 741	$ 4,091	$ 1,676
Short-term investment collective trust fund	88,210	27,692	—	—
Common stock	236,144	35,489	—	—
Collective trust funds	712,931	101,320	231,869	211,770
Corporate bonds	133,223	19,414	—	—
Mortgage- and other asset-backed securities	36,997	5,350	—	—
Mutual funds	249,158	37,499	111,139	92,261
U.S. government securities	335,193	49,067	—	—
Other securities	66,100	9,580	—	—
Derivative assets	881	132	—	—
Derivative liabilities	(284)	(42)	—	—
Total net assets of the Master Trust and Shaw's Master Trust	$ 1,863,501		$ 347,099	
Plan's interest in investment securities in Master Trust and Shaw's Master Trust		$ 286,242		$ 305,707
Plan's interest in the Master Trust and Shaw's Master Trust as a percentage of the total		15.4 %		88.1 %

The following presents the increase in the Master Trust and Shaw's Master Trust assets, and the Plan's share of the increase in the Master Trust and Shaw's Master Trust assets for 2021 and 2020:

	2021(1)	2020
Total net appreciation in the fair value of trust assets	$ 204,409	$ 47,105
Interest and dividends	16,909	9
Total additions	221,318	47,114
Administrative expenses	(21,951)	(967)
Total increase in trust assets	$ 199,367	$ 46,147
Plan's interest in Trust investment activities	$ 34,501	$ 42,302

(1) Effective October 1, 2021, the assets of the Plan and the United Plan were transferred from the Shaw's Master Trust to the Master Trust. For the year ended December 31, 2021, there were no significant transfers in or out of Levels 1, 2 or 3.

The accounting guidance for fair value measurements defines fair value, establishes a framework for measuring fair value in accordance with GAAP, and requires disclosures about fair value measurements. The guidance prioritizes the inputs for measuring fair value into the following hierarchy:

Level 1—Quoted prices (unadjusted) in active markets for identical assets or liabilities

Level 2—Securities not traded on an active market but for which observable market inputs are readily available

Level 3—Unobservable inputs in which little or no market activity exists, therefore requiring an entity to develop its own assumptions about the assumptions that market participants would use in pricing.

The level within the fair value hierarchy is based on the lowest level of any input which is deemed significant to the fair value measurement.

The Plan's policy is to recognize significant transfers between levels at the beginning of the reporting period.

Assets measured at fair value on a recurring basis consisted of the following as of December 31, 2021 (in thousands):

	Master Trust Fair Value Measurements				
Asset Category	**Total**	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**	**Assets Measured at NAV**
Investments at fair value:					
Cash and cash equivalents	$ 4,948	$ 4,948	$ —	$ —	$ —
Short-term investment collective trust fund	88,210	—	88,210	—	—
Common stock:					
Domestic common stock	171,025	171,025	—	—	—
International common stock	65,119	65,119	—	—	—
Collective trust funds	712,931	—	—	—	712,931
Corporate bonds	133,223	—	133,223	—	—
Mortgage- and other asset-backed securities	36,997	—	36,997	—	—
Mutual funds	249,158	249,158	—	—	—
U.S. government securities	335,193	—	335,193	—	—
Other securities	66,100	—	17,270	—	48,830
Derivative assets	881	150	731	—	—
Derivative liabilities	(284)	(61)	(223)	—	—
Total Investment Securities in Master Trust	$1,863,501	$ 490,339	$ 611,401	$ —	$ 761,761

Effective October 1, 2021, the assets of the Plan and the United Plan were transferred to the Master Trust with the Safeway Plan. For the year ended December 31, 2021, there were no significant transfers in or out of Levels 1, 2 or 3.

Assets measured at fair value on a recurring basis consisted of the following as of December 31, 2020 (in thousands):

	Shaw's Master Trust Fair Value Measurements				
Asset Category	**Total**	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Observable Inputs (Level 2)**	**Significant Unobservable Inputs (Level 3)**	**Assets Measured at NAV**
Investments at fair value:					
Cash and cash equivalents	$ 4,091	$ —	$ 4,091	$ —	$ —
Common and collective trust funds	231,869	—	—	—	231,869
Mutual funds	111,139	—	—	—	111,139
Total Investment Securities in Shaw's Master Trust	$ 347,099	$ —	$ 4,091	$ —	$ 343,008

For the year ended December 31, 2020, there were no significant transfers in or out of Levels 1, 2 or 3.

Below is a description of the valuation methodologies used for the fair value measurements.

Cash and Cash Equivalents—The carrying value of these items approximates fair value.

Common Collective Trust Funds and Short-Term Investment Collective Trust Fund—These investments are valued based on the Net Asset Value ("NAV") of the underlying investments and are provided by the fund issuers. There are no unfunded commitments or redemption restrictions for these funds.

Common and Preferred Stock—The fair value of common and preferred stock is generally based on the exchange quoted market prices. When quoted prices are not available for identical stock, an industry standard valuation model is used which maximizes observable inputs.

Corporate Bonds—The fair value of corporate bonds is generally based on yields currently available on comparable securities of the same or similar issuers with similar credit ratings and maturities. When quoted prices are not available for identical or similar bonds, the fair value is based upon an industry valuation model, which maximizes observable inputs.

Mortgage- and Other Asset-Backed Securities—The fair value of mortgage- and other asset-backed securities is generally based on yields currently available on comparable securities of the same or similar issuers with similar credit ratings and maturities. When quoted prices are not available for comparable securities, the fair value is based upon an industry model which maximizes observable inputs.

Mutual Funds—Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. Government Securities—The fair value of U.S. government securities is based on quoted market prices when available. When quoted prices are not available, the fair value of U.S. government securities is based on yields currently available on comparable securities or on an industry valuation model which maximizes observable inputs.

Other Securities—Other securities, which consist primarily of U.S. municipal bonds, foreign government bonds and foreign agency securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Also included in Other securities is a commingled fund valued based on the NAV of the underlying investments and is provided by the issuer and exchange-traded derivatives that are valued based on quoted prices in an active market for identical derivatives, assets and liabilities.

Derivative Financial Instruments—Exchange-traded derivatives are valued based on quoted prices in an active market for identical derivatives assets and liabilities. Non-exchange-traded derivatives are valued using industry valuation models, which maximize observable inputs, such as interest-rate yield curve data, foreign exchange rates, and applicable spot and forward rates.

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

As of December 31, 2021, certain Plan investments are shares of mutual funds managed by Northern Trust. Northern Trust is the trustee as defined by the Plan and these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA

8. FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by letter dated August 24, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC").

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not wound not be sustained upon examination by the IRS. The Plan's administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

9. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

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

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid,

and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided at all.

******

SUPPLEMENTAL SCHEDULE

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	383	299								
25-29	119	252	93							
30-34	75	145	108	38						
35-39	54	127	69	32	26					
40-44	41	111	51	18	58	43				2
45-49	59	130	83	34	49	64	114			
50-54	75	169	88	35	64	55	90	85		2
55-59	74	180	120	38	58	59	84	93	54	1
60-64	61	182	142	27	42	49	49	58	34	11
65-69	41	101	92	8	13	18	16	10	4	11
70+	34	88	65	8	10	5	1	2	2	4

N-5,289

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor/floor as permitted under ARPA.
1st Segment Rate	4.75%.
2nd Segment Rate	5.36%.
3rd Segment Rate	6.11%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2020), without regard to interest rate stabilization.
1st Segment Rate	2.22%.
2nd Segment Rate	3.38%.
3rd Segment Rate	3.92%.
Optional Payment Form Election Percentage	
Actives Terminations	25% Immediate Lump Sum. 50% Deferred to 60 Lump Sum. 20% Deferred to 60 Single Life Annuity. 5% Deferred to 60 100% Joint & Survivor Annuity.
Actives Retirements	50% Immediate Lump Sum. 40% Single Life Annuity. 10% 100% Joint & Survivor Annuity.
Current Terminated Vested Participants Commencing Within One Year of Termination	100% Immediate Lump Sum.
Current Terminated Vested Participants Commencing After One Year of Termination	65% Lump Sum. 28% Single Life Annuity. 7% 100% Joint & Survivor Annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates.
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Retirement Age	
Active Participants	See Table 1.
Current Terminated Vested Participants Within One Year of Termination	15% Commence Immediately. 85% See Table 2.
Current Terminated Vested Participants More Than One Year from Termination	See Table 2.
Mortality Rates	
Healthy and Disabled	2021 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2019-67.
Withdrawal Rates	See Table 3.
Disability Rates	See Table 4.
Benefit Service Accrual	
Shaw’s	0.75 year of service annually.
A&P	0.85 year of service annually.
Albertsons	1.00 year of service annually.
Decrement Timing	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses. It is assumed that 99% of those who elected a Joint and Survivor optional form will have a surviving spouse when they die.
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $230,000 and the IRC section 401(a)(17) compensation limit of $290,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2019 Plan Year	6.75%, before limited by 3rd segment rate of 6.11%.
2020 Plan Year	6.50%, before limited by 3rd segment rate of 6.27%.
2021 Plan Year	6.25%, before limited by 3rd segment rate of 6.11%.
Trust Expenses Included in Target Normal Cost	Based on the prior year's plan administrative expenses plus the estimated PBGC premiums for the current year (resulted in $2,099,000 for 2021).
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2021.

Table 1

Active Retirement Rates

Age	Rate
55	3.50%
56	3.50%
57	2.50%
58	2.50%
59	3.50%
60	2.50%
61	7.00%
62	17.00%
63	15.00%
64	15.00%
65	25.00%
66	19.00%
67	19.00%
68	19.00%
69	19.00%
70+	100.00%

Table 2

Terminated Vested Retirement Rates

Age	Rate
20–34	0.00%
35–54	2.00%
55	2.00%
56	2.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	21.00%
62	33.00%
63	8.00%
64	10.00%
65	17.00%
66	17.00%
67	17.00%
68	17.00%
69	17.00%
70+	100.00%

Table 3

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
Up to 24	60.00%	42.00%	37.00%	28.00%
25	60.00%	40.00%	28.00%	16.00%
26	60.00%	40.00%	28.00%	16.00%
27	60.00%	40.00%	28.00%	16.00%
28	60.00%	40.00%	28.00%	16.00%
29	60.00%	40.00%	28.00%	16.00%
30	60.00%	35.00%	22.00%	11.00%
31	60.00%	35.00%	22.00%	11.00%
32	60.00%	35.00%	22.00%	11.00%
33	60.00%	35.00%	22.00%	11.00%
34	60.00%	35.00%	22.00%	11.00%
35	60.00%	35.00%	20.00%	9.00%
36	60.00%	35.00%	20.00%	9.00%
37	60.00%	35.00%	20.00%	9.00%
38	60.00%	35.00%	20.00%	9.00%
39	60.00%	35.00%	20.00%	9.00%
40	60.00%	35.00%	20.00%	6.00%
41	60.00%	35.00%	20.00%	6.00%
42	60.00%	35.00%	20.00%	6.00%
43	60.00%	35.00%	20.00%	6.00%
44	60.00%	35.00%	20.00%	6.00%
45	50.00%	35.00%	15.00%	5.00%
46	50.00%	35.00%	15.00%	5.00%
47	50.00%	35.00%	15.00%	5.00%
48	50.00%	35.00%	15.00%	5.00%
49	50.00%	35.00%	15.00%	5.00%
50	45.00%	35.00%	15.00%	5.00%
51	45.00%	35.00%	15.00%	5.00%
52	45.00%	35.00%	15.00%	5.00%
53	45.00%	35.00%	15.00%	5.00%
54	45.00%	35.00%	15.00%	5.00%
55+	40.00%	30.00%	15.00%	10.00%

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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

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
SHAWS SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
04-1123420

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	311,475,955
b Actuarial value	**2b**	283,023,398

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	868	78,705,116	78,705,116
b For terminated vested participants	1,518	31,717,953	31,717,953
	5,289	135,981,141	139,080,097
	7,675	246,404,210	249,503,166

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**	5.59%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	5,891,159
b Expected plan-related expenses	**6b**	2,099,000
c Total (line 6a + line 6b)	**6c**	7,990,159

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

SHANE L. FELDHAUS — Signature of actuary

09/06/2022 — Date

SHANE L. FELDHAUS — Type or print name of actuary

2007011 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

952-886-8000 — Telephone number (including area code)

5600 W 83RD STREET
8200 TOWER SUITE 1100
MINNEAPOLIS MN 55437
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 [ ]

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	11,143,784
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	11,143,784
10	Interest on line 9 using prior year's actual return of 14.95%	0	1,665,996
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5,454,708
	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 5.76%		314,191
	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		5,768,899
	d Portion of (c) to be added to prefunding balance		5,768,899
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	18,578,679

Part III Funding Percentages

14	Funding target attainment percentage	14	105.98%
15	Adjusted funding target attainment percentage	15	113.43%
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	104.17%
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:	2nd segment:	3rd segment:	
4.75 %	5.36 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is 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**	7,990,159
b Excess assets, if applicable, but not greater than line 31a	**31b**	7,990,159

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	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

	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 Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.50%	1.0000	1.94
56.5	3.50%	0.9650	1.91
57.5	2.50%	0.9312	1.34
58.5	2.50%	0.9079	1.33
59.5	3.50%	0.8852	1.84
60.5	2.50%	0.8543	1.29
61.5	7.00%	0.8329	3.59
62.5	17.00%	0.7746	8.23
63.5	15.00%	0.6429	6.12
64.5	15.00%	0.5465	5.29
65.5	25.00%	0.4645	7.61
66.5	19.00%	0.3484	4.40
67.5	19.00%	0.2822	3.62
68.5	19.00%	0.2286	2.97
69.5	19.00%	0.1851	2.44
70	100.00%	0.1500	10.50
		Weighted Average	64.42

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2020), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor/floor as permitted under ARPA.
1st Segment Rate	4.75%.
2nd Segment Rate	5.36%.
3rd Segment Rate	6.11%.
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2020), without regard to interest rate stabilization.
1st Segment Rate	2.22%.
2nd Segment Rate	3.38%.
3rd Segment Rate	3.92%.
Optional Payment Form Election Percentage	
Actives Terminations	25% Immediate Lump Sum. 50% Deferred to 60 Lump Sum. 20% Deferred to 60 Single Life Annuity. 5% Deferred to 60 100% Joint & Survivor Annuity.
Actives Retirements	50% Immediate Lump Sum. 40% Single Life Annuity. 10% 100% Joint & Survivor Annuity.
Current Terminated Vested Participants Commencing Within One Year of Termination	100% Immediate Lump Sum.
Current Terminated Vested Participants Commencing After One Year of Termination	65% Lump Sum. 28% Single Life Annuity. 7% 100% Joint & Survivor Annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates.
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Retirement Age	
Active Participants	See Table 1.
Current Terminated Vested Participants Within One Year of Termination	15% Commence Immediately. 85% See Table 2.
Current Terminated Vested Participants More Than One Year from Termination	See Table 2.
Mortality Rates	
Healthy and Disabled	2021 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2019-67.
Withdrawal Rates	See Table 3.
Disability Rates	See Table 4.
Benefit Service Accrual	
Shaw’s	0.75 year of service annually.
A&P	0.85 year of service annually.
Albertsons	1.00 year of service annually.
Decrement Timing	Middle-of-year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%).
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses. It is assumed that 99% of those who elected a Joint and Survivor optional form will have a surviving spouse when they die.
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $230,000 and the IRC section 401(a)(17) compensation limit of $290,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2019 Plan Year	6.75%, before limited by 3rd segment rate of 6.11%.
2020 Plan Year	6.50%, before limited by 3rd segment rate of 6.27%.
2021 Plan Year	6.25%, before limited by 3rd segment rate of 6.11%.
Trust Expenses Included in Target Normal Cost	Based on the prior year's plan administrative expenses plus the estimated PBGC premiums for the current year (resulted in $2,099,000 for 2021).
Actuarial Method	Standard unit credit cost method.
Valuation Date	January 1, 2021.

Table 1

Active Retirement Rates

Age	Rate
55	3.50%
56	3.50%
57	2.50%
58	2.50%
59	3.50%
60	2.50%
61	7.00%
62	17.00%
63	15.00%
64	15.00%
65	25.00%
66	19.00%
67	19.00%
68	19.00%
69	19.00%
70+	100.00%

Table 2

Terminated Vested Retirement Rates

Age	Rate
20–34	0.00%
35–54	2.00%
55	2.00%
56	2.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	21.00%
62	33.00%
63	8.00%
64	10.00%
65	17.00%
66	17.00%
67	17.00%
68	17.00%
69	17.00%
70+	100.00%

Table 3

Withdrawal Rates

	Years of Service			
Age	**0**	**1**	**2**	**3+**
Up to 24	60.00%	42.00%	37.00%	28.00%
25	60.00%	40.00%	28.00%	16.00%
26	60.00%	40.00%	28.00%	16.00%
27	60.00%	40.00%	28.00%	16.00%
28	60.00%	40.00%	28.00%	16.00%
29	60.00%	40.00%	28.00%	16.00%
30	60.00%	35.00%	22.00%	11.00%
31	60.00%	35.00%	22.00%	11.00%
32	60.00%	35.00%	22.00%	11.00%
33	60.00%	35.00%	22.00%	11.00%
34	60.00%	35.00%	22.00%	11.00%
35	60.00%	35.00%	20.00%	9.00%
36	60.00%	35.00%	20.00%	9.00%
37	60.00%	35.00%	20.00%	9.00%
38	60.00%	35.00%	20.00%	9.00%
39	60.00%	35.00%	20.00%	9.00%
40	60.00%	35.00%	20.00%	6.00%
41	60.00%	35.00%	20.00%	6.00%
42	60.00%	35.00%	20.00%	6.00%
43	60.00%	35.00%	20.00%	6.00%
44	60.00%	35.00%	20.00%	6.00%
45	50.00%	35.00%	15.00%	5.00%
46	50.00%	35.00%	15.00%	5.00%
47	50.00%	35.00%	15.00%	5.00%
48	50.00%	35.00%	15.00%	5.00%
49	50.00%	35.00%	15.00%	5.00%
50	45.00%	35.00%	15.00%	5.00%
51	45.00%	35.00%	15.00%	5.00%
52	45.00%	35.00%	15.00%	5.00%
53	45.00%	35.00%	15.00%	5.00%
54	45.00%	35.00%	15.00%	5.00%
55+	40.00%	30.00%	15.00%	10.00%

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

January 1, 1975.

Covered Employees

Employees that are members of:

- United Food and Commercial Workers Union Local 791 AFL CIO;
- United Food and Commercial Workers International Local 371 AFL CIO CLC; and
- United Food and Commercial Workers Union Local 1445 AFL CIO.
- United Food and Commercial Workers Union Local 464A and who are employed on a part-time basis.

Participation Date

The first day of the month coincident with or next following the later of (a) date of employment or (b) date of attainment of age 21. For members of Local 464A, no earlier than January 1, 2016.

Definitions

Vesting Service

One year for each 750-hour plan year of employment by Shaw's Supermarkets, Inc. after attainment of age 18.

Benefit Service

No service is credited prior to effective date. For each plan year after the effective date, credited service is as follows.

Number of Hours of Service During Plan Year	Number of Benefit Units
Less than 450	0.00
450–899	0.25
900–1,040	0.50
1,041–1,559	0.75
1,560+	1.00

In the first plan year (for plan years prior to 2003) and last plan year of participation, 0.125 benefit units are earned if credited with more than 112.5 and less than 450 hours of service.

Local 464A participants earn 1.0 benefit unit if credited with 750 or more hours of service, and no benefit units if credited with less than 750 hours of service.

No member shall be credited with more than 40 benefit units under the plan.

For members of Local 464A, future service accruals commencing no earlier than January 1, 2016, with a maximum of 40 years.

Normal Retirement Date

The day the member attains age 62.

Monthly Pension Benefit

A monthly pension equal to the sum of certain number of dollars determined as set forth below, multiplied by the number of benefit units credited. Effective for any retirement, death, or termination, monthly pension benefit levels are as follows:

Store and Warehouse

Employees hired on or before August 4, 2013:

	Benefit Level for Service Prior to January 1, 2006	
Effective Date	**Store Employees**	**Warehouse Employees**
November 5, 1988	$24	$29
July 27, 1989	$25	$30
July 27, 1990	$26	$31
July 27, 1991	$27	$32
July 27, 1992	$28	$33
July 27, 1993	$29	$34
August 1, 1996	$32	$37
August 1, 1997	$33	$38
August 1, 1998	$34	$39
August 1, 1999	$35	$40
August 1, 2000	$36	$41
August 1, 2001	$37	$43
August 1, 2002	$38	$43
August 1, 2003	$39	$44

	Benefit Level for Service On or After Effective Date	
Effective Date	**Store Employees**	**Warehouse Employees**
January 1, 2006	$40	$45
January 1, 2008	$41	$46
January 1, 2022	$42	$46

Employees hired after August 4, 2013 and on or before June 4, 2017:

	Benefit Level for Service On or After Effective Date	
Effective Date	**Store Employees**	**Warehouse Employees**
January 1, 2013	$36	$46
January 1, 2014	$37	$46
January 1, 2015	$38	$46
January 1, 2016	$39	$46
January 1, 2017	$40	$46
June 4, 2017	$41	$46
January 1, 2022	$42	$46

Employees hired after June 4, 2017:

	Benefit Level for Service On or After Effective Date	
Effective Date	**Store Employees**	**Warehouse Employees**
June 4, 2017	$36	$46
January 1, 2018	$37	$46
January 1, 2019	$38	$46
January 1, 2020	$39	$46
January 1, 2021	$40	$46
January 1, 2022	$41	$46

Methuen

Employees hired before March 8, 2014:

Benefit Level for Service Effective Date	**On or After Effective Date**
November 5, 1988	$34
January 1, 1999	$35
January 1, 2000	$36
January 1, 2001	$37
January 1, 2002	$38
January 1, 2003	$39
January 1, 2004	$40
January 1, 2005	$41
January 1, 2006	$42
January 1, 2007	$43
January 1, 2008	$44
January 1, 2009	$45

Employees hired after March 8, 2014:

Effective Date	Benefit Level for Service On or After Effective Date
January 1, 2014	$40
January 1, 2015	$41
January 1, 2016	$42
January 1, 2017	$43

Wells

Employees hired on or before August 4, 2013:

Effective Date	Benefit Level for Service On or After Effective Date
January 1, 2005	$41
January 1, 2006	$42
January 1, 2007	$43

Employees hired after August 4, 2013 and on or before June 4, 2017:

Effective Date	Benefit Level for Service On or After Effective Date
January 1, 2013	$38
January 1, 2014	$39
January 1, 2015	$40
January 1, 2016	$41
January 1, 2017	$42
June 4, 2017	$43

Employees hired after June 4, 2017:

Effective Date	Benefit Level for Service On or After Effective Date
June 4, 2017	$38
January 1, 2018	$39
January 1, 2019	$40
January 1, 2020	$41
January 1, 2021	$42
January 1, 2022	$43

Connecticut Stores

There are no future benefit accruals for Connecticut Stores, effective July 1, 2001.

Local 464A

Part-time employees on or after January 1, 2016:

Effective Date	Benefit Level for Service On or After Effective Date
January 1, 2016	$13

Monthly Preretirement Spouse Benefit

The lifetime amount that would have been payable to the spouse had the participant retired, choosing the 50% joint and survivor annuity form of payment as follows.

- If eligible for early retirement, retirement is assumed on the first day of the month in which death occurred. Monthly payments begin on the first day of the month following the month in which death occurred, unless spouse elects a later date but prior to the participant's normal retirement date.
- If not eligible for early retirement and had completed at least 10 years of vesting service, the participant is assumed to separate from service on his date of death, survive to his earliest retirement date, and then retire. Payments begin on the date that would have been his earliest retirement date.
- If the participant did not complete 10 years of vesting service, he is assumed to survive until his normal retirement date and then retire. Payments begin on the date that would have been the participant's normal retirement date.

Benefit Eligibility

Normal Retirement

Retire on normal retirement date.

Early Retirement

Retire before normal retirement date and on or after both attaining age 55 and completing 10 years of vesting service.

Postponed Retirement

Retire after normal retirement date.

Deferred Vested

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

Preretirement Spouse Benefits

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

Monthly Benefits Paid Upon the Following Events	
Normal Retirement	Monthly pension benefit determined as of normal retirement date, payable immediately.
Early Retirement	Monthly pension benefit determined as of early retirement date, reduced by 6% for each year that commencement of payment precedes the participant's normal retirement date to age 60. For retirement before age 60, the monthly pension benefit determined as of early retirement date is reduced using actuarial equivalence from normal retirement.
Postponed Retirement	Monthly pension benefit determined as of actual retirement date, payable immediately.
Termination With Deferred Vested Benefit	Monthly pension determined as of termination date, payable at normal retirement date.
Death With Preretirement Spouse Benefits	Monthly preretirement spousal benefit is payable. See above.
Automatic Form of Annuity	The actuarial equivalent 100% joint and survivor annuity for married employees; Life annuity for single employees.

Albertsons Union Participants

Covered Employees	Certain employees that are members of Teamsters Local 222 (i.e., Salt Lake City Drivers).
Participation Date	January 1 or July 1 immediately following the date on which the employee attained age 21 and completed one year of service.
Normal Retirement Eligibility	Attainment of normal retirement date, age 62, and fifth anniversary of initial participation in the plan.
Monthly Benefit	Attributable to years of credited service. Equal to the sum of the following (1) through (5) shown below. (1) $7.00 for each year of credited service for anniversary years of employment ending prior to January 1, 1971; (2) $14.00 for each year of credited service for anniversary years of employment ending subsequent to December 31, 1970 and prior to February 1, 1991; (3) 1/12 of 1.0% of annual compensation in excess of $12,000, but not in excess of $30,000, for each plan year subsequent to January 31, 1976 and prior to February 1, 1988; (4) 1/12 of 1.0% of annual compensation in excess of $12,000, but not in excess of $40,000, for each plan year subsequent to January 31, 1988 and prior to February 1, 1991; (5) For each year of service ending subsequent to January 31, 1991 during which a year of credited service is earned, the greater of: (a) $15.00 × year of credited service for each year; or (b) 1/12 of 1.5% of annual compensation up to $45,000 for each year.

	Benefits accrued prior to March 21, 2013 are payable from the SUPERVALU INC. Retirement Plan. Benefits payable from the Shaw's Supermarket's, Inc. Pension Plan for Union Employees are calculated on an all-service basis, with the accrued benefit as of March 21, 2013 offset from the total benefit.
Commencement	Age 62 and fifth anniversary of initial participation in the plan. The accrued benefit earned at normal retirement.
Early Retirement	
Eligibility	Attainment of age 55 and 10 years of service.
Monthly Benefit	The accrued benefit reduced by ½% for each month that benefit commencement precedes the participant's normal retirement date.
Late Retirement	
Eligibility	Continued employment after becoming eligible for normal retirement.
Monthly Benefit	The accrued benefit earned at actual retirement.
Deferred Vested Retirement	
Eligibility	Termination after five years of service.
Monthly Benefit	The accrued benefit earned at time of termination.
Disability	
Eligibility	Receiving disability payment under a company provided long term disability plan.
Monthly Benefit	Disabled employees are credited with hours of service for all purposes under the plan. Upon attaining normal retirement date, benefits commence, although still considered an employee, and are adjusted annually to include any additional accruals.
Preretirement Spouse's Benefit	
Eligibility	Death, whether or not currently employed, of a married participant after five years of service.
Monthly Benefit	If the participant dies prior to the earliest date on which he could have retired under the plan, the participant's spouse shall be entitled to a benefit as if the participant had terminated employment on his date of death, if not already terminated, survived to the earliest date at which he could have retired under the plan, retired under a joint and 100% survivor annuity and then died.

If the participant dies on or after the earliest date on which he could have retired under the plan, the participant's spouse shall be entitled to a benefit as if the participant had retired under a joint and 100% survivor annuity on the day preceding his death and then died.

Definitions

Year of Service

A 12 consecutive month period measured from the anniversary date of employment during which at least 1,000 hours of service are completed.

Year of Credited Service

Based on the hours of service while employed as an employee in each employment anniversary year as follows.

Hours	Credited Service
Less than 1,000 Hours	0.0 year
1,000–1,199 Hours	0.6 year
1,200–1,399 Hours	0.7 year
1,400–1,599 Hours	0.8 year
1,600–1,799 hours	0.9 year
1,800 or More Hours	1.0 year

Annual Compensation

All compensation, but excluding reimbursements or other expense allowances, fringe benefits, moving expenses, and welfare benefits.

Automatic Form of Annuity

The actuarial equivalent 100% joint and survivor annuity for married employees; Life annuity for single employees.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on assets (before being limited by the third segment rate) from 6.50% for 2020 plan year to 6.25% for 2021 plan year.
- A change in the active retirement rates and withdrawal rates to better reflect anticipated future experience.
- A change in the assumed retirement age for current and future vested terminations to better reflect anticipated future experience.
- A change in the optional payment to better reflect anticipated future experience.

The non-prescribed funding assumption change did not reduce the funding shortfall by more than the thresholds stated in Internal Revenue Code Section 430(h)(5); as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2021

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	383	299								
25-29	119	252	93							
30-34	75	145	108	38						
35-39	54	127	69	32	26					
40-44	41	111	51	18	58	43				2
45-49	59	130	83	34	49	64	114			
50-54	75	169	88	35	64	55	90	85		2
55-59	74	180	120	38	58	59	84	93	54	1
60-64	61	182	142	27	42	49	49	58	34	11
65-69	41	101	92	8	13	18	16	10	4	11
70+	34	88	65	8	10	5	1	2	2	4

N-5,289

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	3.50%	1.0000	1.94
56.5	3.50%	0.9650	1.91
57.5	2.50%	0.9312	1.34
58.5	2.50%	0.9079	1.33
59.5	3.50%	0.8852	1.84
60.5	2.50%	0.8543	1.29
61.5	7.00%	0.8329	3.59
62.5	17.00%	0.7746	8.23
63.5	15.00%	0.6429	6.12
64.5	15.00%	0.5465	5.29
65.5	25.00%	0.4645	7.61
66.5	19.00%	0.3484	4.40
67.5	19.00%	0.2822	3.62
68.5	19.00%	0.2286	2.97
69.5	19.00%	0.1851	2.44
70	100.00%	0.1500	10.50
		Weighted Average	64.42

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date

January 1, 1975.

Covered Employees

Employees that are members of:

- United Food and Commercial Workers Union Local 791 AFL CIO;
- United Food and Commercial Workers International Local 371 AFL CIO CLC; and
- United Food and Commercial Workers Union Local 1445 AFL CIO.
- United Food and Commercial Workers Union Local 464A and who are employed on a part-time basis.

Participation Date

The first day of the month coincident with or next following the later of (a) date of employment or (b) date of attainment of age 21. For members of Local 464A, no earlier than January 1, 2016.

Definitions

Vesting Service

One year for each 750-hour plan year of employment by Shaw's Supermarkets, Inc. after attainment of age 18.

Benefit Service

No service is credited prior to effective date. For each plan year after the effective date, credited service is as follows.

Number of Hours of Service During Plan Year	Number of Benefit Units
Less than 450	0.00
450–899	0.25
900–1,040	0.50
1,041–1,559	0.75
1,560+	1.00

In the first plan year (for plan years prior to 2003) and last plan year of participation, 0.125 benefit units are earned if credited with more than 112.5 and less than 450 hours of service.

Local 464A participants earn 1.0 benefit unit if credited with 750 or more hours of service, and no benefit units if credited with less than 750 hours of service.

No member shall be credited with more than 40 benefit units under the plan.

For members of Local 464A, future service accruals commencing no earlier than January 1, 2016, with a maximum of 40 years.

Normal Retirement Date

The day the member attains age 62.

Monthly Pension Benefit

A monthly pension equal to the sum of certain number of dollars determined as set forth below, multiplied by the number of benefit units credited. Effective for any retirement, death, or termination, monthly pension benefit levels are as follows:

Store and Warehouse

Employees hired on or before August 4, 2013:

	Benefit Level for Service Prior to January 1, 2006	
Effective Date	**Store Employees**	**Warehouse Employees**
November 5, 1988	$24	$29
July 27, 1989	$25	$30
July 27, 1990	$26	$31
July 27, 1991	$27	$32
July 27, 1992	$28	$33
July 27, 1993	$29	$34
August 1, 1996	$32	$37
August 1, 1997	$33	$38
August 1, 1998	$34	$39
August 1, 1999	$35	$40
August 1, 2000	$36	$41
August 1, 2001	$37	$43
August 1, 2002	$38	$43
August 1, 2003	$39	$44

	Benefit Level for Service On or After Effective Date	
Effective Date	**Store Employees**	**Warehouse Employees**
January 1, 2006	$40	$45
January 1, 2008	$41	$46
January 1, 2022	$42	$46

Employees hired after August 4, 2013 and on or before June 4, 2017:

	Benefit Level for Service On or After Effective Date	
Effective Date	**Store Employees**	**Warehouse Employees**
January 1, 2013	$36	$46
January 1, 2014	$37	$46
January 1, 2015	$38	$46
January 1, 2016	$39	$46
January 1, 2017	$40	$46
June 4, 2017	$41	$46
January 1, 2022	$42	$46

Employees hired after June 4, 2017:

	Benefit Level for Service On or After Effective Date	
Effective Date	**Store Employees**	**Warehouse Employees**
June 4, 2017	$36	$46
January 1, 2018	$37	$46
January 1, 2019	$38	$46
January 1, 2020	$39	$46
January 1, 2021	$40	$46
January 1, 2022	$41	$46

Methuen

Employees hired before March 8, 2014:

Benefit Level for Service Effective Date	**On or After Effective Date**
November 5, 1988	$34
January 1, 1999	$35
January 1, 2000	$36
January 1, 2001	$37
January 1, 2002	$38
January 1, 2003	$39
January 1, 2004	$40
January 1, 2005	$41
January 1, 2006	$42
January 1, 2007	$43
January 1, 2008	$44
January 1, 2009	$45

Employees hired after March 8, 2014:

Effective Date	Benefit Level for Service On or After Effective Date
January 1, 2014	$40
January 1, 2015	$41
January 1, 2016	$42
January 1, 2017	$43

Wells

Employees hired on or before August 4, 2013:

Effective Date	Benefit Level for Service On or After Effective Date
January 1, 2005	$41
January 1, 2006	$42
January 1, 2007	$43

Employees hired after August 4, 2013 and on or before June 4, 2017:

Effective Date	Benefit Level for Service On or After Effective Date
January 1, 2013	$38
January 1, 2014	$39
January 1, 2015	$40
January 1, 2016	$41
January 1, 2017	$42
June 4, 2017	$43

Employees hired after June 4, 2017:

Effective Date	Benefit Level for Service On or After Effective Date
June 4, 2017	$38
January 1, 2018	$39
January 1, 2019	$40
January 1, 2020	$41
January 1, 2021	$42
January 1, 2022	$43

Connecticut Stores

There are no future benefit accruals for Connecticut Stores, effective July 1, 2001.

Local 464A

Part-time employees on or after January 1, 2016:

Effective Date	Benefit Level for Service On or After Effective Date
January 1, 2016	$13

Monthly Preretirement Spouse Benefit

The lifetime amount that would have been payable to the spouse had the participant retired, choosing the 50% joint and survivor annuity form of payment as follows.

- If eligible for early retirement, retirement is assumed on the first day of the month in which death occurred. Monthly payments begin on the first day of the month following the month in which death occurred, unless spouse elects a later date but prior to the participant's normal retirement date.
- If not eligible for early retirement and had completed at least 10 years of vesting service, the participant is assumed to separate from service on his date of death, survive to his earliest retirement date, and then retire. Payments begin on the date that would have been his earliest retirement date.
- If the participant did not complete 10 years of vesting service, he is assumed to survive until his normal retirement date and then retire. Payments begin on the date that would have been the participant's normal retirement date.

Benefit Eligibility

Normal Retirement

Retire on normal retirement date.

Early Retirement

Retire before normal retirement date and on or after both attaining age 55 and completing 10 years of vesting service.

Postponed Retirement

Retire after normal retirement date.

Deferred Vested

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

Preretirement Spouse Benefits

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

Monthly Benefits Paid Upon the Following Events	
Normal Retirement	Monthly pension benefit determined as of normal retirement date, payable immediately.
Early Retirement	Monthly pension benefit determined as of early retirement date, reduced by 6% for each year that commencement of payment precedes the participant's normal retirement date to age 60. For retirement before age 60, the monthly pension benefit determined as of early retirement date is reduced using actuarial equivalence from normal retirement.
Postponed Retirement	Monthly pension benefit determined as of actual retirement date, payable immediately.
Termination With Deferred Vested Benefit	Monthly pension determined as of termination date, payable at normal retirement date.
Death With Preretirement Spouse Benefits	Monthly preretirement spousal benefit is payable. See above.
Automatic Form of Annuity	The actuarial equivalent 100% joint and survivor annuity for married employees; Life annuity for single employees.

Albertsons Union Participants

Covered Employees	Certain employees that are members of Teamsters Local 222 (i.e., Salt Lake City Drivers).
Participation Date	January 1 or July 1 immediately following the date on which the employee attained age 21 and completed one year of service.
Normal Retirement Eligibility	Attainment of normal retirement date, age 62, and fifth anniversary of initial participation in the plan.
Monthly Benefit	Attributable to years of credited service. Equal to the sum of the following (1) through (5) shown below. (1) $7.00 for each year of credited service for anniversary years of employment ending prior to January 1, 1971; (2) $14.00 for each year of credited service for anniversary years of employment ending subsequent to December 31, 1970 and prior to February 1, 1991; (3) 1/12 of 1.0% of annual compensation in excess of $12,000, but not in excess of $30,000, for each plan year subsequent to January 31, 1976 and prior to February 1, 1988; (4) 1/12 of 1.0% of annual compensation in excess of $12,000, but not in excess of $40,000, for each plan year subsequent to January 31, 1988 and prior to February 1, 1991; (5) For each year of service ending subsequent to January 31, 1991 during which a year of credited service is earned, the greater of: (a) $15.00 × year of credited service for each year; or (b) 1/12 of 1.5% of annual compensation up to $45,000 for each year.

	Benefits accrued prior to March 21, 2013 are payable from the SUPERVALU INC. Retirement Plan. Benefits payable from the Shaw's Supermarket's, Inc. Pension Plan for Union Employees are calculated on an all-service basis, with the accrued benefit as of March 21, 2013 offset from the total benefit.
Commencement	Age 62 and fifth anniversary of initial participation in the plan. The accrued benefit earned at normal retirement.
Early Retirement	
Eligibility	Attainment of age 55 and 10 years of service.
Monthly Benefit	The accrued benefit reduced by ½% for each month that benefit commencement precedes the participant's normal retirement date.
Late Retirement	
Eligibility	Continued employment after becoming eligible for normal retirement.
Monthly Benefit	The accrued benefit earned at actual retirement.
Deferred Vested Retirement	
Eligibility	Termination after five years of service.
Monthly Benefit	The accrued benefit earned at time of termination.
Disability	
Eligibility	Receiving disability payment under a company provided long term disability plan.
Monthly Benefit	Disabled employees are credited with hours of service for all purposes under the plan. Upon attaining normal retirement date, benefits commence, although still considered an employee, and are adjusted annually to include any additional accruals.
Preretirement Spouse's Benefit	
Eligibility	Death, whether or not currently employed, of a married participant after five years of service.
Monthly Benefit	If the participant dies prior to the earliest date on which he could have retired under the plan, the participant's spouse shall be entitled to a benefit as if the participant had terminated employment on his date of death, if not already terminated, survived to the earliest date at which he could have retired under the plan, retired under a joint and 100% survivor annuity and then died.

If the participant dies on or after the earliest date on which he could have retired under the plan, the participant's spouse shall be entitled to a benefit as if the participant had retired under a joint and 100% survivor annuity on the day preceding his death and then died.

Definitions

Year of Service

A 12 consecutive month period measured from the anniversary date of employment during which at least 1,000 hours of service are completed.

Year of Credited Service

Based on the hours of service while employed as an employee in each employment anniversary year as follows.

Hours	Credited Service
Less than 1,000 Hours	0.0 year
1,000–1,199 Hours	0.6 year
1,200–1,399 Hours	0.7 year
1,400–1,599 Hours	0.8 year
1,600–1,799 hours	0.9 year
1,800 or More Hours	1.0 year

Annual Compensation

All compensation, but excluding reimbursements or other expense allowances, fringe benefits, moving expenses, and welfare benefits.

Automatic Form of Annuity

The actuarial equivalent 100% joint and survivor annuity for married employees; Life annuity for single employees.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES

Employer ID No: 41-1123420

Plan Number: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2021

(In thousands)

(b) Identity of Issue, Borrower, (a) Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost	(e) Current Value
Master Trust	Plan's Interest in investments of the Master Trust	$ 212,934	$ 286,242
TOTAL		$ 212,934	$ 286,242

See accompanying Independent Auditor's Report.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Shaw's Supermarkets, Inc. Pension Plan for Union Employees
EIN: 04-1123420 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the expected return on assets (before being limited by the third segment rate) from 6.50% for 2020 plan year to 6.25% for 2021 plan year.
- A change in the active retirement rates and withdrawal rates to better reflect anticipated future experience.
- A change in the assumed retirement age for current and future vested terminations to better reflect anticipated future experience.
- A change in the optional payment to better reflect anticipated future experience.

The non-prescribed funding assumption change did not reduce the funding shortfall by more than the thresholds stated in Internal Revenue Code Section 430(h)(5); as such, approval of the Commissioner is not required.