

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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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 <u>WEINGARTEN REALTY RETIREMENT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>05/24/1980</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>KIMCO REALTY CORPORATION</u> <u>500 NORTH BROADWAY, SUITE #201</u> <u>JERICO, NY 11753</u>
2b	Employer Identification Number (EIN) <u>13-2744380</u>
2c	Plan Sponsor's telephone number <u>516-869-9000</u>
2d	Business code (see instructions) <u>531190</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	DENA MOON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	DENA MOON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
3c Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name WEINGARTEN REALTY INVESTORS c Plan Name WEINGARTEN REALTY RETIREMENT PLAN		4b EIN 74-1464203 4d PN 001	
5 Total number of participants at the beginning of the plan year		5	508
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)	229
a(2) Total number of active participants at the end of the plan year		6a(2)	81
b Retired or separated participants receiving benefits.....		6b	48
c Other retired or separated participants entitled to future benefits		6c	56
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	185
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	187
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	6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan WEINGARTEN REALTY RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KIMCO REALTY CORPORATION	D Employer Identification Number (EIN) 13-2744380

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

(a) Name of insurance carrier
CMFG LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0230590	62626	031-2632-1/790	73	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 104142	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HUB INTERNATIONAL NEW ENGLAND, LLC 300 BALLARDVALE STREET
WILMINGTON, MA 01887

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
104142			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ► **AMOUNT PAID BY THE CONTRACTHOLDER FOR THE PROVISION OF BENEFITS & ADMIN SERVICES TO ANNUITANTS**

b	Premiums paid to carrier	6b	5195741
c	Premiums due but unpaid at the end of the year	6c	115316
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ►	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☒ other (specify) ► **SINGLE PREMIUM GROUP ANNUITY**

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ►

b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>WEINGARTEN REALTY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KIMCO REALTY CORPORATION</u>	D Employer Identification Number (EIN) <u>13-2744380</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>68295834</u>
b Actuarial value	2b <u>61466251</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>118</u> (2) Vested Funding Target <u>23726452</u> (3) Total Funding Target <u>23726452</u>
b For terminated vested participants.....	<u>161</u> <u>9248673</u> <u>9248673</u>
c For active participants	<u>229</u> <u>12420563</u> <u>12573822</u>
d Total.....	<u>508</u> <u>45395688</u> <u>45548947</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.63</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>730490</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>730490</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>06/29/2022</u>
Signature of actuary		Date
<u>PHILIP A. ORETO, FCA, EA, MAAA</u>		<u>20-06377</u>
Type or print name of actuary		Most recent enrollment number
<u>STANDARD RETIREMENT SERVICES, INC.</u>		<u>781-756-3425</u>
Firm name		Telephone number (including area code)
<u>300 TRADE CENTER, SUITE 2460</u> <u>WOBURN, MA 01801</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1180763	3799782
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)	1180763	3799782
10 Interest on line 9 using prior year's actual return of <u>17.89</u> %	211239	679781
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.43</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1392002	4479563

Part III Funding Percentages

14 Funding target attainment percentage	14	122.05 %
15 Adjusted funding target attainment percentage	15	134.94 %
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	119.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
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:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

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** 730490**b** Excess assets, if applicable, but not greater than line 31a **31b** 730490**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 WEINGARTEN REALTY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 KIMCO REALTY CORPORATION	D Employer Identification Number (EIN) 13-2744380	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BANK OF AMERICA, N.A.
94-1687665

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

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

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

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

BANK OF AMERICA, N.A.

94-1687665

(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	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>WEINGARTEN REALTY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KIMCO REALTY CORPORATION</u>	D Employer Identification Number (EIN) <u>13-2744380</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TERM FUND 2025</u>		
b Name of sponsor of entity listed in (a): <u>GSAM STABLE VALUE, LLC.</u>		
c EIN-PN <u>85-3895732-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TERM FUND 2020</u>		
b Name of sponsor of entity listed in (a): <u>GSAM STABLE VALUE, LLC.</u>		
c EIN-PN <u>47-5518163-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TERM FUND 2021</u>		
b Name of sponsor of entity listed in (a): <u>GSAM STABLE VALUE, LLC.</u>		
c EIN-PN <u>81-4567639-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TERM FUND 2022</u>		
b Name of sponsor of entity listed in (a): <u>GSAM STABLE VALUE, LLC.</u>		
c EIN-PN <u>82-3429818-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TERM FUND 2023</u>		
b Name of sponsor of entity listed in (a): <u>GSAM STABLE VALUE, LLC.</u>		
c EIN-PN <u>83-2733840-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TERM FUND 2024</u>		
b Name of sponsor of entity listed in (a): <u>GSAM STABLE VALUE, LLC.</u>		
c EIN-PN <u>84-3842960-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) 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
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan WEINGARTEN REALTY RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 KIMCO REALTY CORPORATION	D Employer Identification Number (EIN) 13-2744380	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	94	99
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3911001	26245918
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	8433932	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	55950807	17407105
(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	68295834 43653122
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	115316
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 115316
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	68295834 43537806

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1574
	(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)	1574
(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)	449890
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	449890
(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)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-66850
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		7417062
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7801676
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	27248647	
(2) To insurance carriers for the provision of benefits.....	2e(2)	5311057	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		32559704
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		32559704
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-24758028
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CALVETTI FERGUSON

(2) EIN: 13-4255527

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		7000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 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.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 422720			

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

A Name of plan WEINGARTEN REALTY RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 KIMCO REALTY CORPORATION	D Employer Identification Number (EIN) 13-2744380

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): 94-1687665		
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	243

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☒ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

WEINGARTEN REALTY

RETIREMENT PLAN

**FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULES
AND
INDEPENDENT AUDITORS' REPORT**

DECEMBER 31, 2021 AND 2020

INDEX

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Independent Auditor's Report

To the Participants and Plan Administrator of the
Weingarten Realty Retirement Plan
Houston, Texas

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Weingarten Realty Retirement Plan (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 (in liquidation) as of December 31, 2021, and the related statement of changes in net assets available for benefits (in liquidation) for the year then ended, and the related notes to the financial statements ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 ("DOL") 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2021 Financial Statements* section of our report:

- The amounts and disclosures in the accompanying 2021 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 ("GAAP").
- The information in the accompanying 2021 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 on the 2021 Financial Statements

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 2021 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.

Emphasis of Matter — Plan Termination and Liquidation Basis of Accounting

As further discussed in Notes 1 and 7 to the financial statements, the Company made the decision to terminate the Plan in 2021. As a result, the Plan changed its basis of accounting from the ongoing plan basis used in presenting the 2020 financial statements to the liquidation basis used in presenting the 2021 financial statements. Our opinion is not modified with respect to this matter.

Management's Responsibilities for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 available to be 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 2021 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements* 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 judgement 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 2021 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 GAAP.

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 GAAP.

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 Matters

2021 Supplemental Information Required by ERISA

The supplemental information listed in the index as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the DOL'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 information, 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 information 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 information, we evaluated whether the supplemental information, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental information, other than the information in the supplemental information that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental information 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).

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 DOL'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 September 16, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Calvetti Ferguson

Houston, Texas
October 5, 2022

WEINGARTEN REALTY RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2021 (in Liquidation) and 2020 (Ongoing)

	2021	2020
	(in Liquidation)	(Ongoing)
Assets:		
Investments, at fair value (Note 5)	\$ 43,653,023	\$ 68,295,740
Cash	99	94
Total assets	<u>43,653,122</u>	<u>68,295,834</u>
Liabilities:		
Other liabilities	(115,316)	-
Net assets available for benefits	<u>\$ 43,537,806</u>	<u>\$ 68,295,834</u>

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

WEINGARTEN REALTY RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2021 (in Liquidation) and 2020 (Ongoing)

	2021	2020
	(in Liquidation)	(Ongoing)
Additions:		
Investment income:		
Dividend and interest	\$ 451,464	\$ 2,568,080
	7,350,212	
Net appreciation in fair value of investments		7,911,787
Total investment income	7,801,676	10,479,867
Total additions	7,801,676	10,479,867
Deductions:		
Benefits paid to participants	27,248,647	2,599,994
Purchases of annuity contracts	5,311,057	-
Total deductions	32,559,704	2,599,994
Net change	(24,758,028)	7,879,873
Net assets available for benefits, beginning of year	68,295,834	60,415,961
Net assets available for benefits, end of year	\$ 43,537,806	\$ 68,295,834

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

WEINGARTEN REALTY RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

1. Plan Description

General

The Weingarten Realty Retirement Plan (the “Plan”) is a defined benefit plan subject to the provision of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended, and regulations promulgated thereunder. Further information relating to the Plan’s provision is available in the Summary Plan Description provided to all eligible employees. The general purpose of the Plan is to provide retirement, death and disability benefits to the participants and their beneficiaries.

The Plan is a cash balance plan under which the accrued benefit of each participant is expressed through a hypothetical bookkeeping account. Each participant’s hypothetical account is credited at the end of each year with a contribution credit and an interest credit. The contribution credit (a minimum of 3% and a maximum of 5% of pay) was based on the number of years of service and pay at December 31 of the prior year. Effective January 1, 2011, the interest credit rate was established to be 4.5%. Participants active as of April 1, 2002, but born before January 1, 1952 and hired immediately preceding January 1, 1997 (“Grandfathered Participants”), continued to accrue benefits under the provisions of the prior Plan and were fully vested as of April 1, 2002.

Plan Sponsor Merger

On August 3, 2021, Weingarten Realty Investors (the “Company”) merged with and into Kimco Realty Corporation (“Kimco”), with Kimco continuing as the surviving public company (the “Merger”), pursuant to the definitive merger agreement (“Merger Agreement”). As a result, Kimco assumed sponsorship of the Plan. In addition, effective upon the closing of the Merger, the Plan was frozen and ceased the future accrual of benefits under the plan, including, the freezing of credited service, earnings, and accrued benefits offered to participants of the Plan, as well as closed the Plan to new participants.

Plan Termination

The Plan was terminated effective December 31, 2021. Upon termination, all participants with an account balance remaining in the Plan became fully vested in all contribution sources, regardless of status or years of vested service. As a result of the decision to terminate the Plan, and in accordance with accounting principles generally accepted in the United States of America (“GAAP”), the Plan’s financial statements as of and for the year ended December 31, 2021, are presented using the liquidation basis of accounting. For periods prior to the decision to terminate the Plan, the financial statements were prepared using the ongoing basis of accounting.

Eligibility

All employees of the Company prior to the Merger, were eligible to participate in the Plan upon their hire date except for those individuals as defined in the Plan agreement, including those classified as a leased employee, a temporary employee, an independent contractor or a non-resident alien with no United States earned income. Employees defined as project employees were immediately eligible to participate in the Plan after serving a minimum of 1,000 hours.

Pension Benefits

A participant was generally eligible to receive certain benefits after completing three or more years of vesting service and attaining the normal retirement age of 65. A participant may have received early retirement benefits starting at the age of 55 if 15 years of vesting service had been completed. Married participants will receive their pension benefits in the form of a joint and survivor annuity. Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or employment termination or Plan termination if the lump-sum distribution exceeds \$1,000 but is not greater than \$5,000, and an annuity form of distribution shall not be available. Following employment termination or Plan termination, if the participant’s accrued benefit exceeds \$5,000 but is not greater than \$50,000, the participant may elect to receive the value of their accumulated plan benefits as a lump-sum distribution, or they may elect to receive their benefits in an annuity form of distribution (including

single life annuity, a 100%, 75% or 50% joint and survivor annuity). If participants terminate before rendering three years of service, they forfeit the right to receive their accumulated plan benefits.

On August 15, 2021, a lump-sum distribution window was established for participants terminated prior to August 15, 2021 that had not yet commenced receiving benefits under the Plan, which allowed these eligible participants to make an election to receive their vested benefit in a lump sum payment paid on December 1, 2021 or an annuity (including single life annuity, a 100%, 75% or 50% joint and survivor annuity) to begin distributions on December 1, 2021. During 2021, there were \$24.8 million in lump-sum payments to participants.

The Plan also provided for late retirement benefits where the required minimum distribution age was 72. Participants received the greater of the actuarial equivalent of the cash balance account or benefit accrued for Grandfathered Participants at the actual retirement date and the actuarially increased normal retirement benefit or accrued benefit for Grandfathered Participants determined at the normal retirement date.

Death and Disability Benefits

If a participant was not vested, no death benefits were payable. If the participant was vested and was not eligible for early retirement, then a death benefit payable to the beneficiary was 50% of the amount that would have been payable to the participant under the 50% Joint and Survivor option if the participant had retired on the day before the participant's death. If the participant was eligible for early retirement, the death benefit payable to the beneficiary was 50% of the amount the participant was eligible to receive upon death with no reduction for early retirement. If the participant has retired, death benefits will be paid according to the annuity selected.

Active Grandfathered Participants who become totally disabled with at least 10 years of service and were eligible to receive a social security disability benefit, received annual disability benefits that were equal to the normal retirement benefits they had accumulated as of the time they become disabled. Disability benefits were paid until normal retirement age at which time disabled participants began receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as it was at the time the participant became disabled.

2. Summary of Significant Accounting Policies

Basis of Accounting

As a result of the decision to terminate the Plan, and in accordance with accounting principles generally accepted in the United States of America ("GAAP"), the Plan's financial statements as of and for the year ended December 31, 2021, are presented using the liquidation basis of accounting. For periods prior to the decision to terminate the Plan, the financial statements were prepared using the ongoing basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires 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 at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The categorization of the Plan's financial instruments within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Investments that are valued using quoted prices are classified within level 1 of the valuation hierarchy, those valued using internally-developed models that use, as their basis, readily observable market parameters, are classified within level 2 of the valuation hierarchy, while those valued based upon models with significant unobservable market parameters are classified within level 3 of the valuation hierarchy.

The following is a description of the valuation methodologies used for the Plan's instruments measured at fair value, including the general classification of such instruments pursuant to the aforementioned valuation hierarchy:

- Mutual funds – These have been valued at publicly quoted active market prices and are classified within level 1 of the valuation hierarchy.
- Money market accounts – These have been valued at publicly quoted active market prices and are classified within level 1 of the valuation hierarchy.
- Term funds – These funds are composed of primarily short duration fixed income securities and other assets, less liabilities and expenses. These funds have been valued at the net asset value of the underlying fund investments. The net asset value is used as a practical expedient to estimate fair value. Purchase and sale transactions may occur daily.

Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses are recorded in net appreciation in fair value of investments in the Statements of Changes in Net Assets Available for Benefits. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

For additional disclosures associated with fair value, see Note 5 to the financial statements.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Plan Expenses

Most administrative expenses of the Plan are paid by the Company.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

Subsequent Events

The Plan has evaluated all events and transactions that occurred through October 5, 2022, the date these financial statements were available to be issued.

3. Funding Policy

The Company funds the Plan using the mandated funding method and other requirements of the Internal Revenue Code Section 430. Based on this method, there was no minimum required contribution for both 2021 and 2020 and maximum deductible contribution levels were \$26,978,543 and \$23,110,403 for 2021 and 2020, respectively. For additional disclosures related to plan termination, see Note 7 to the financial statements.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount resulting from applying actuarial assumptions to adjust accumulated plan benefits for the time value of money and the probability of payment. The Plan uses a beginning of the year actuarial valuation and the significant actuarial assumptions used in the valuation were as follows: (a) the RP-2014 (White Collar) Mortality Table with MP-2020 improvement scale and the RP-2014 (White Collar) Mortality Table with MP-2019 improvement scale at January 1, 2021 and 2020, respectively, were used for the life expectancy of participants; (b) retirement rate tables were used for retirement age; and (c) 7.0% per annum for 2021, compounded annually, was used for the investment return. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The most recent actuarial valuation was prepared as of January 1, 2021. The actuarial present value of accumulated plan benefits consists of the following:

	January 1, 2021
Vested Benefits:	
Participants currently receiving benefits	\$ 21,673,974
Other benefits	18,844,150
Total vested benefits	40,518,124
Nonvested benefits	137,908
Total actuarial present value of accumulated plan benefits	\$ 40,656,032

The changes in actuarial present value of accumulated plan benefits from January 1, 2020 to January 1, 2021, are attributable to the following:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 39,146,668
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	2,650,806
Benefits accumulated	1,458,552
Benefits paid	(2,599,994)
Net increase	1,509,364
Actuarial present value of accumulated plan benefits, end of year	\$ 40,656,032

5. Fair Value Measurements

The following table presents the Plan's financial instruments carried at fair value as of December 31, 2021 and 2020, by type of investment and by valuation hierarchy:

	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value at December 31, 2021
Mutual funds	\$ 17,407,105	-	-	\$ 17,407,105
Money market account	26,245,918	-	-	26,245,918
Investments at fair value	\$ 43,653,023	-	-	\$ 43,653,023

	Quoted Prices in Active Markets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value at December 31, 2020
Mutual funds	\$ 55,950,807	-	-	\$ 55,950,807
Money market account	3,911,001	-	-	3,911,001
Total assets in the fair value hierarchy	59,861,808	-	-	59,861,808
Investments measured at net asset value ^(a)	-	-	-	8,433,932
Investments at fair value	\$ 59,861,808	-	-	\$ 68,295,740

- (a) Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2020:

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Term funds	\$ 8,433,932	N/A	Daily	N/A

The Plan had no assets or liabilities measured at fair value on a nonrecurring basis as of December 31, 2021 and 2020.

6. Information Prepared and Certified by the Plan's Trustees

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Additionally, effective December 1, 2020, Reliance Trust was terminated as the trustee and Bank of America, N.A. was appointed as the successor trustee. Accordingly, Reliance Trust Company and Bank of America, N.A., the trustees, have certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate.

	December 31,	
	2021	2020
Cash	\$ 99	\$ 94
Money market account	26,245,918	3,911,001
Term funds	-	8,433,932
Mutual funds	17,407,105	55,950,807

	Years Ended December 31,	
	2021	2020
Dividend/interest income	\$ 451,464	\$ 2,568,080
Net appreciation in fair value of investments	7,350,212	7,911,787

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

7. Plan Termination

The Plan was terminated as of December 31, 2021; therefore, accrued benefits vested and became non-forfeitable to the extent that the assets of the Plan are sufficient to cover such benefits. Upon termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits payable to participants who have retired or are eligible to retire.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
3. All other non-forfeitable benefits (that is, vested benefits not insured by the PBGC).
4. All other benefits.

Certain vested benefits under the Plan are guaranteed by the PBGC if the Plan terminates. Such benefits include most vested normal age requirements, early retirement benefits, and certain disability and survivors' pensions, but are subject to certain limitations set forth by the PBGC. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits, will depend on the sufficiency of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan's sponsor and the level of benefits guaranteed by the PBGC.

The Company contributions for 2021 are recorded to the extent that amounts due are pursuant to formal commitments and the purchase of annuity contracts in relation to the plan liquidation. Accrued liabilities in the amount of \$115,316, that were incurred in 2022 in relation to the Plan liquidation were accrued as of December 31, 2021 in line with the liquidation basis of accounting to accelerate recognition of these costs.

8. Tax Status

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated November 16, 2020, that the Plan and the related trust as then designed was in accordance with applicable sections of the Internal Revenue Code (the "Code"). In the opinion of the Plan's trustee and legal counsel, the Plan is currently designed and being operated in compliance with the applicable requirements of the Code, and qualifies the Plan and related trust funds for tax-exempt status.

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 would not be sustained upon examination by the IRS. The Plan 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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2018.

9. Party-in-Interest Transactions

The Plan assets were managed by The Standard based on investment advice by SWBC Investment Advisory Services, LLC. The Standard is the custodian and actuary as defined by the Plan, and these transactions qualify as party-in-interest transactions. Fees paid by related to the Plan for the daily operational services of the Plan to the trustees, custodian, and advisor amounted to \$187,713 and \$201,978 for the years ended December 31, 2021 and 2020, respectively.

WEINGARTEN REALTY RETIREMENT PLAN
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

EIN: 74-1464203

PN: 001

FORM: 5500

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* Cash	Bank of America	\$ 99	\$ 99
* Money Market Account: Bank of America	Bank of America Money Market Savings Account	26,245,918	26,245,918
Mutual Funds:			
Dodge & Cox	Dodge & Cox Income Fund	4,150,017	4,259,912
Dodge & Cox	Dodge & Cox Stock Fund	908,351	1,416,982
Vanguard Group	Vanguard 500 Index Fund Admiral	1,392,801	2,871,288
T. Rowe Price	T. Rowe Price Growth Stock I Fund	894,814	1,411,316
Vanguard Group	Vanguard Windsor II Fund Admiral	1,021,245	1,430,620
Fidelity Investments	Fidelity Blue Chip Growth Fund	563,469	1,425,248
Dodge & Cox	Dodge & Cox International Stock Fund	847,173	986,769
iShares	iShares Russell 2000 Small Cap Index Fund	1,363,041	1,295,925
Vanguard Group	Vanguard International Growth Fund	802,133	984,890
T. Rowe Price	T. Rowe Price Mid Cap Value Fund	591,422	662,149
T. Rowe Price	T. Rowe Price New Horizons Fund	649,601	662,006
Total Mutual Funds		13,184,067	17,407,105
Total Assets (Held at End of Year)		\$ 39,430,084	\$ 43,653,122

* Party-in-interest in accordance with ERISA.

WEINGARTEN REALTY RETIREMENT PLAN
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
For The Year Ended December 31, 2021

EIN: 74-1464203

PN: 001

FORM: 5500

<i>(a) Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>	<i>(c) Cost of acquisitions</i>	<i>(d) Proceeds of Dispositions</i>
Bank of America	Bank of America Temporary Overnight Deposit	\$ 18,021,548	\$ 18,021,548

WEINGARTEN REALTY RETIREMENT PLAN
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2021

EIN: 74-1464203

PN: 001

FORM: 5500

<i>(a) Identity of Party Involved</i>	<i>(b) Description of Asset</i>	<i>(c) Purchase Price</i>	<i>(d) Selling Price</i>	<i>(g) Cost of Asset</i>	<i>(h) Current Value of Asset on Transaction Date</i>	<i>(i) Net Gain or (Loss)</i>
Series of Transactions Exceeding 5% of Plan Assets:						
Bank of America	Bank of America Money Market Savings Account	\$ -	\$ 3,911,001	\$ 3,911,001	\$ 3,911,001	\$ -
Custody Bank of America	Bank of America Money Market Savings Account	\$ 61,761,067	\$ 35,515,149	\$ 61,761,067	\$ 35,515,149	\$ -
Bank of America	Bank of America Temporary Overnight Deposit	\$ 18,021,548	\$ 18,021,548	\$ -	\$ -	\$ -
Dodge & Cox	Dodge & Cox Income Fund	\$ -	\$ 5,529,018	\$ 5,328,708	\$ 5,699,345	\$ (170,327)
Dodge & Cox	Dodge & Cox Stock Fund	\$ -	\$ 5,933,603	\$ 3,939,689	\$ 4,825,161	\$ 1,108,442
Fidelity Investments	Fidelity Blue Chip Growth Fund	\$ -	\$ 5,843,705	\$ 2,280,287	\$ 5,132,606	\$ 721,099
T. Rowe Price	T. Rowe Price Growth Stock Fund	\$ -	\$ 5,267,792	\$ 3,168,808	\$ 4,557,986	\$ 709,806
Vanguard	Vanguard Windsor II Fund	\$ -	\$ 5,474,384	\$ 3,960,657	\$ 4,655,114	\$ 819,270
Vanguard	Vanguard 500 Index Fund Admiral	\$ -	\$ 5,818,581	\$ 3,010,157	\$ 4,889,708	\$ 928,874

Weingarten Realty Retirement Plan

*For attachment to 2021 Schedule SB, Line 22 – Description of Weighted Average Retirement Age
EIN 74-1464203 / PN 001
For the Plan Year 01/01/2021 through 12/31/2021*

Weighted Average Retirement Age

Age	Estimated Plan Participants	Percentage Expected to Retire	Number Expected to Retire	Weighted Factor
55	100.00	2.5%	2.50	137.50
56	97.50	2.5%	2.44	136.64
57	95.06	2.5%	2.38	135.66
58	92.68	2.5%	2.32	134.56
59	90.36	2.5%	2.26	133.34
60	88.10	5%	4.41	264.60
61	83.69	5%	4.18	254.98
62	79.51	25%	19.88	1,232.56
63	59.63	10%	5.96	375.48
64	53.67	10%	5.37	343.68
65	48.30	100%	48.30	3,139.50
			100.00	6,288.50

Weighted Average Retirement Age: 63

Weingarten Realty Retirement Plan

*For attachment to 2021 Schedule SB, Line 26 – Schedule of Active Participant Data
EIN 74-1464203 / PN 001
For the Plan Year 01/01/2021 through 12/31/2021*

Active Participant Age/Service Distribution

Age	Years of Credit Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	
<25	2										2
25-29	4	6	3								13
30-34	8	8	6	3							25
35-39	2	7	6	3	2						20
40-44	3	2	2	9	9						25
45-49	1	11	8	5	11	1					37
50-54	2		6	8	11	3	1				31
55-59	1	3	3	6	9	3	2	2	1		30
60-64			3	9	11	4	3	5	2	1	38
65-69		2		1	4				1		8
>70											0
Total	23	39	37	44	57	11	6	7	4	1	229

Weingarten Realty Retirement Plan

For attachment to 2021 Schedule SB, Part V – Actuarial Assumptions and Methods
EIN 74-1464203 / PN 001
For the Plan Year 01/01/2021 through 12/31/2021

Actuarial Value of Assets: 24 months of adjusted average of market value

Turnover:	<u>Age</u>	<u>Rate</u>
	25	17.13%
	30	15.72%
	35	13.55%
	40	11.03%
	45	8.07%
	50	4.46%
	55 or more	0.00%

Disability Incidence: Not Applicable

Retirement:	<u>Age</u>	<u>Rate</u>
	55 - 59	2.50%
	60 - 61	5.00%
	62	25.00%
	63 - 64	10.00%
	65	100.00%

Salary Scale (compounded annually): 5.00%

Future Increase in Wage Base: 4.00%

Future Increase in CPI: 3.00%

Marital Status: 90% of males and 85% of females are assumed to be married. Spouses are assumed to be the same age as employees. 100% of terminated vested grandfathered participants eligible for subsidized joint and survivor assumed to be married.

Assumed Form of Payment: 90% of Participants are assumed to elect an eligible lump sum and the other 10% are assumed to elect an annuity.

Expenses: Administrative expenses are assumed to be paid from the corporate fund.

Plan Benefits Not Considered: None

Weingarten Realty Retirement Plan

Summary of Actuarial Assumptions and Methods (cont.)

Funding Assumptions

For Minimum Funding and AFTAP (ARP Rates)

Funding Target Discount Rates:

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

For Maximum Deductible Contribution

PBGC Premiums (PPA Rates)

Funding Target Discount Rates:

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

Mortality Table: 2021 IRS Static Mortality Table

ASC 960 Assumptions

ASC 960 Discount Rate: 7.00%

Mortality Table: RP-2014 (White Collar) with MP-2020 improvement scale

Changes Since Prior Year:

The interest segment rates used to determine minimum funding requirements and the AFTAP were changed to 4.75%, 5.36% and 6.11% from 3.64%, 5.21% and 5.94%.

The interest segment rates used for maximum contribution were changed to 2.22%, 3.38% and 3.92% from 2.79%, 3.92% and 4.38%.

The mortality tables have been updated to the 2021 tables, per IRS regulations.

Weingarten Realty Retirement Plan

*For attachment to 2021 Schedule SB, Part V – Summary of Plan Provisions
EIN 74-1464203 / PN 001
For the Plan Year 01/01/2021 through 12/31/2021*

Original Effective Date: May 24, 1980

Last Restatement: January 1, 2020

Subsequent Amendments: January 1, 2020

Employee: Any person who is employed by the employer, other than a person whose terms of employment are established by a collective bargaining agreement and the agreement does not provide for participation in the Plan. An individual who performs services for the employer pursuant to an agreement between the employer and an employee leasing organization or a non-resident alien shall not be considered to be an employee.

Participation: Each employee who was an active participant immediately prior to January 1, 2002, and who is an active employee on April 1, 2002, shall become an active participant as of April 1, 2002. Each other person shall become an active participant as of the entry date coinciding with or immediately following the date he becomes an employee.

Grandfathered Participant: Any participant who was born prior to January 1, 1952, was hired by an employer prior to January 1, 1997, and was an active employee on April 1, 2002.

Cash Balance Participant: A participant who is an active participant on or after April 1, 2002 and who is not a grandfathered participant.

Service: The period of an employee's employment with the employer, as determined by the employer from its personnel records.

Vesting Service: The sum of the plan years during which a participant has at least 1,000 hours of service.

Credited Service: The sum of the plan years in which the employee has been credited with 2,080 hours of service. Fractional years of service will be credited. Notwithstanding the foregoing, no credited service shall be credited to an employee for the following periods:

- (1) Periods before his attainment of age 21.
 - (2) The freeze period, unless the employee was an active employee on April 1, 2002.
-

Weingarten Realty Retirement Plan

Summary of Plan Provisions (cont.)

<i>Freeze Period:</i>	The period beginning January 2, 2002 and ending close of business March 31, 2002.
<i>Normal Retirement Date:</i>	The first day of the calendar month coincident with or next following the later of age 65 and the effective date of participation.
<i>Early Retirement Date:</i>	Any participant who has attained age 55 and completed 15 years of vesting service may elect early retirement on the first day of any calendar month following the termination of service.
<i>Earnings:</i>	The forms of income reported by the employer to the Internal Revenue Service for federal income tax purposes, excluding automobile allowances, proceeds from the exercise of incentive stock options and non-qualified stock options, restricted stock dividend income, restricted stock income upon vesting, compensation paid after termination of employment (for example, severance pay or vacation pay) other than compensation earned for services provided prior to the date of termination of employment, distributions from any non-qualified deferred compensation plan, personal use of company vehicle, and market bonus.
<i>Average Annual Earnings:</i>	A grandfathered participant's highest average annual earnings received for any five consecutive earnings computation periods (or the grandfathered participant's period of employment, if shorter) during the ten consecutive earnings computation periods immediately preceding the date the grandfathered participant's employment terminates. If a grandfathered participant is credited with less than a full year of credited service for any earnings computation period, his earnings for such earnings computation period shall be annualized for purposes of determining his average annual earnings by multiplying his actual earnings for such earnings computation period by the ratio that 2080 bears to the number of hours of service credited to the grandfathered participant for the earnings computation period. The average annual earnings of a grandfathered participant who becomes disabled shall be determined assuming the grandfathered participant continues to receive earnings during the period he is disabled, but has not commenced retirement benefit payments under the Plan, at the rate in effect for such grandfathered participant immediately prior to the date he became disabled, adjusted as provided above to reflect full-time employment.

Weingarten Realty Retirement Plan

Summary of Plan Provisions (cont.)

Regular Benefit Amount (Grandfathered Participants):

An eligible grandfathered participant's monthly normal retirement benefit shall be equal to 1/12th of the following:

- (1) 1.50% of the grandfathered participant's average annual earnings multiplied by his number of years of "adjusted credited service" at retirement; minus
- (2) 1.50% of the grandfathered participant's Social Security benefit multiplied by his number of years of "adjusted credited service" at retirement not in excess of 33.3 years (excluding any years of credited service credited to the participant prior to July 1, 1976).

A grandfathered participant's "adjusted credited service" means the following:

- (1) For a grandfathered participant who is eligible for a normal retirement benefit, his actual years of credited service.
- (2) For a grandfathered participant who is not eligible for a normal retirement benefit, his actual years of credited service plus the additional years of credited service the grandfathered participant would have at normal retirement date if he continued in employment as an employee to normal retirement date.

In calculating the retirement benefit of a grandfathered participant whose employment as an employee has not continued to normal retirement date, the amount determined under paragraph (1) and (2) above shall be separately multiplied by a fraction, not to exceed one, the numerator of which is the grandfathered participant's actual years of credited service and the denominator of which is the number of years of credited service the grandfathered participant would have at normal retirement date if he continued employment as an employee to normal retirement date excluding years of credited service in excess of the limit, specified in paragraph (1) or (2), as applicable, and excluding for purposes of paragraph (2), years of credited service credited to the participant prior to July 1, 1976.

In no event will a reduction in a grandfathered participant's average annual earnings or an increase in his Social Security benefit reduce the normal retirement benefit payable to him below the amount that would have been payable to him under the same form of payment had he retired prior to his normal retirement date when eligible for an early retirement benefit.

Weingarten Realty Retirement Plan

Summary of Plan Provisions (cont.)

***Regular Benefit Amount
(Cash Balance Participants):***

An eligible cash balance participant's normal retirement benefit shall be equal to 1/12th of the greater of:

- (1) The annual participant's frozen accrued benefit; or
- (2) The annual amount of normal retirement benefit payable to the participant commencing on his normal retirement date (or his annuity starting date, if later) that is the actuarial equivalent of his cash balance account.

Frozen Accrued Benefit:

A cash balance participant's benefit accrued as of January 1, 2002 under the terms of the Plan in effect on that date.

Social Security Benefit:

Monthly "primary insurance amount" payable under the Social Security Act determined on the date of calculation of benefits. Level future earnings are assumed for terminations before normal retirement date. Estimated compensation will be used for past years in which records are not available.

***401(a)(17) Fresh Start
Adjustments:***

The monthly normal retirement benefit of a grandfathered participant whose earnings exceeded the IRC 401(a)(17) earnings limitations for earnings computation periods ending before the earnings computation periods in which the limitations were effective shall be the greatest of (a), (b), (c) or (d) below:

- (a) The grandfathered participant's accrued benefit determined as of the end of the 1988 Earnings Computation Period, using the Plan formula in effect on that date (without regard to any amendments made after that date), as if the grandfathered participant terminated employment on that date;
 - (b) The grandfathered participant's accrued benefit determined under the Plan formula in effect after the 1993 Earnings Computation Period applying the \$150,000 earnings limitation;
 - (c) The sum of (i) the grandfathered participant's accrued benefit determined as of the end of the 1993 Earnings Computation Period, using the Plan formula in effect on that date (without regard to any amendment made after that date), as if the grandfathered participant terminated employment on that date; plus (ii) the grandfathered participant's accrued benefit under the Plan formula as amended to comply with the \$150,000 earnings limitation, taking into account only the grandfathered participant's years of credited service for earnings computation periods beginning on or after January 1, 1994; or,
-

Weingarten Realty Retirement Plan

Summary of Plan Provisions (cont.)

401(a)(17) Fresh Start Adjustments (cont):

- (d) The grandfathered participant's accrued benefit determined under the Plan formula in effect on December 31, 2001, applying the applicable IRC 401(a)(17) earnings limitation.

Opening Balance:

The opening balance of a cash balance participant who was an active participant in the Plan prior to January 1, 2002 and was an active employee on April 1, 2002 is the actuarially equivalent present value of his frozen accrued benefit. For purposes of determining such present value, the following factors shall be used:

- (a) The 1983 Group Annuity Mortality Table adjusted for 50% male content and 50% female content and
- (b) An interest rate of six percent (6%) and the calculation shall be based on a deferred annuity payable at normal retirement date.

The opening balance for a re-hired participant who earned a vested accrued benefit under the Plan prior to January 1, 2002 shall be determined as the present value of the vested accrued benefit. For purposes of determining this present value, the mortality table and 30-year Treasury Interest Rate in effect on the re-hire date shall be used to determine this opening balance.

The opening balance of any cash balance participant is \$0.

Interest Credits:

On the last day of each plan year beginning on or after January 1, 2002, an interest credit shall be credited to the cash balance account of a participant whose annuity starting date has not occurred. Prior to January 1, 2011, the interest credit rate shall be equal to the 10-year U.S. Treasury Bill Auction Rate in effect on the October 1 immediately preceding the plan year. The interest credit shall be based on the value of a participant's cash balance account on the first day of the plan year. The interest credit for the plan year in which a participant's annuity starting date occurs shall be credited to the participant's cash balance account as of the last day of the calendar month preceding the month in which the participant's annuity starting date occurs and shall accrue only through such day. No further interest credits shall be credited to a participant's cash balance account following his annuity starting date.

The interest credit for a re-hired participant will be determined as above, but will be based on the participant's cash balance account on the re-hire date during the first year of re-hire and on the first day of each plan year thereafter.

Weingarten Realty Retirement Plan

Summary of Plan Provisions (cont.)

Interest Credits (cont.):

The interest credit on a cash balance participant's cash balance account for the 2002 Plan Year shall be based on the participant's opening balance and interest on that balance for the full calendar year, including the freeze period.

Effective January 1, 2011, the plan was amended to use an interest crediting rate of 4.50%.

Service Credits:

For each plan year beginning on or after January 1, 2002, a service credit shall be credited to the cash balance account of any cash balance participant who is an active participant at any time during such plan year. The amount of such service credit shall be a percentage of the cash balance participant's earnings for the plan year determined from the following chart based on the cash balance participant's years of credited service on the last day of the immediately preceding plan year:

<u>Years of Credited Service</u>	<u>Percentage of Earnings</u>
0 thru 9.99	3%
10 thru 19.99	4%
20 or more	5%

Termination Benefit:

A grandfathered participant's personal stake in his accrued benefit shall be at all times 100%.

A cash balance participant's vested interest in his accrued benefit shall be determined in accordance with one of the following schedules, whichever is applicable, based upon the number of full years of service credited to him.

Vesting Schedules:

As of January 1, 2008, the vesting schedule is:

<u>Years of Service</u>	<u>Vested Interest</u>
Less than 3	0%
3 or more	100%

Notwithstanding any other provision of the Plan to the contrary, a cash balance participant's vested interest in his accrued benefit shall be 100% if he is employed by an employer or an affiliated company on his normal retirement date, regardless of whether he has completed the number of years of service required under the above schedule for 100% vesting.

Weingarten Realty Retirement Plan

Summary of Plan Provisions (cont.)

Early Retirement Benefit:

An eligible grandfathered participant's monthly early retirement benefit shall be equal to his accrued benefit on the date of his early retirement; provided, however, that the amount of such benefit shall be reduced by 1/15th for each of the first 5 years and 1/30th for each of the next 5 years by which his annuity starting date precedes his normal retirement date.

An eligible cash balance participant's monthly early retirement benefit shall be equal to the greater of:

- (1) His monthly frozen accrued benefit reduced by 1/15 for each of the first 5 years and 1/30 for each of the next 5 years and reduced actuarially for each additional month by which his annuity starting date precedes his normal retirement date, or
- (2) The monthly retirement benefit payable as of his annuity starting date in a single life annuity that is the actuarial equivalent of his cash balance account.

Late Retirement Benefit:

For a grandfathered participant: the greater of the benefit accrued at actual retirement date and the actuarially increased Accrued Benefit at Normal Retirement Date.

For a Cash Balance participant: the greater of the actuarial equivalent of Cash Balance account at actual retirement date and actuarially increased normal retirement benefit, determined at Normal Retirement Date.

Disability Benefit:

Each grandfathered participant who retires from employment with his employer and all affiliated companies prior to his normal retirement date due to disability shall be eligible for a disability retirement benefit. An eligible grandfathered participant's monthly disability retirement benefit shall be equal to his accrued benefit determined as of his annuity starting date; provided, however, that if the grandfathered participant is eligible to elect to begin benefit payments before his normal retirement date the amount of such benefit shall be reduced for early commencement in the same way as an early retirement benefit. A disabled grandfathered participant shall be credited with service while he is disabled based on his hours of service credited in accordance with the provisions of the Plan. Such grandfathered participant's average annual earnings shall be determined assuming earnings continued while he is disabled. A disabled grandfathered participant's accrued benefit shall be determined under the provisions of the Plan in effect on the date the disabled grandfathered participant ceases to be credited with hours of service.

Weingarten Realty Retirement Plan

Summary of Plan Provisions (cont.)

Disability Benefit (cont.):

A monthly disability retirement benefit shall be paid to an eligible grandfathered participant commencing as of his normal retirement date; provided, however, that a grandfathered participant who has 15 years of service may elect to begin benefit payments as of the first day of any month following the month in which he attains age 55.

Normal Form of Benefit:

A participant who is not married on his annuity starting date shall receive such benefit in the form of a single life annuity. Such participant shall receive a monthly retirement benefit payable for his lifetime, the last monthly payment being for the month in which his death occurs.

A participant who is married on his annuity starting date and who is either (1) a grandfathered participant whose benefit is determined under the regular benefit formula or (2) a cash balance participant whose benefit is based on his frozen accrued benefit and such frozen accrued benefit was determined under the regular benefit of the Plan as in effect on December 31, 2001, shall receive such benefit in the form of a subsidized 50% Qualified Joint and Survivor Annuity. Such participant shall receive an unreduced monthly retirement benefit payable for his lifetime, the last monthly payment being for the month in which his death occurs. If the participant's spouse survives him, then commencing with the month following the month in which the participant's death occurs, his spouse shall receive a monthly benefit for his or her remaining lifetime equal to one-half of the amount payable during the participant's lifetime, the last payment being for the month in which the spouse's death occurs. Notwithstanding the foregoing, if the participant's spouse is more than five years younger than the participant, the monthly amount payable to the surviving spouse following the death of the participant shall be reduced so that it is the actuarial equivalent of the benefit payable to a spouse who is exactly five years younger than the participant.

A cash balance participant who is married on his annuity starting date and whose benefit is either based on his cash balance account, or any participant whose benefit is determined under the minimum benefit amount of the Plan as in effect on December 31, 2001, shall receive such benefit in the form of a non-subsidized 50% Qualified Joint and Survivor Annuity. Such participant shall receive a reduced monthly retirement benefit payable for his lifetime, the last monthly payment being for the month in which his death occurs. If the participant's spouse survives him, then commencing with the month following the month in which the participant's death occurs, his spouse shall receive a monthly benefit for his or her remaining lifetime equal to one-half of the reduced amount payable during the participant's lifetime, the last payment being for the month in which the spouse's death occurs.

Weingarten Realty Retirement Plan

Summary of Plan Provisions (cont.)

<i>Normal Form of Benefit (conti):</i>	The reduced monthly payments to be made to the participant under the above paragraph shall be in an amount which, on the date of commencement thereof, is the actuarial equivalent of the monthly benefit otherwise payable to the participant under the straight-life annuity form of payment.
<i>Optional Benefit Forms:</i>	Single Life Annuity, 100%, 75%, or 50% Joint and Survivor Annuity, Ten-year Certain and Life Annuity, Five-year Certain and Life Annuity, and Single Sum Payment up to \$50,000.
<i>Death Benefits (Pre-Retirement):</i>	If the participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit payable to the spouse is 50% of the amount that would have been payable to the participant under the 50% Joint and Survivor option if he had retired on the day before his death. If a grandfathered participant is eligible for early retirement, the death benefit payable to the beneficiary is 50% of the amount the participant was eligible to receive upon death with no reduction for early retirement.
<i>Death Benefits (Post-Retirement):</i>	None except as provided by the annuity form elected.
<i>Changes Since Last Year:</i>	None

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Weingarten Realty Retirement Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Kimco Realty Corporation	D Employer Identification Number (EIN) 13-2744380	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2021</u>				
2 Assets:				
a Market value	2a	68,295,834		
b Actuarial value	2b	61,466,251		
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.....	118	23,726,452	23,726,452	
b For terminated vested participants.....	161	9,248,673	9,248,673	
c For active participants	229	12,420,563	12,573,822	
d Total.....	508	45,395,688	45,548,947	
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	5.63 %		
6 Target normal cost.....				
a Present value of current plan year accruals.....	6a	730,490		
b Expected plan-related expenses	6b	0		
c Total (line 6a + line 6b)	6c	730,490		

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 Philip A. Oreto, FCA, EA, MAAA Type or print name of actuary Standard Retirement Services, Inc. Firm name 300 Trade Center, Suite 2460 Woburn Address of the firm	06/29/2022 Date 20-06377 Most recent enrollment number (781)756-3425 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2021
v. 210624

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,180,763	3,799,782
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)	1,180,763	3,799,782
10 Interest on line 9 using prior year's actual return of <u>17.89</u> %	211239	679781
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.43</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,392,002	4479563

Part III Funding Percentages

14 Funding target attainment percentage	14	122.05%
15 Adjusted funding target attainment percentage	15	134.94%
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	119.00%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
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:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

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** 730,490**b** Excess assets, if applicable, but not greater than line 31a **31b** 730,490**32** Amortization installments:**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

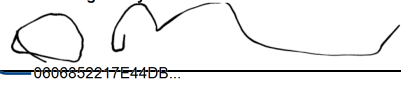
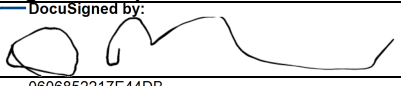
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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 <u>Weingarten Realty Retirement Plan</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>05/24/1980</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>Kimco Realty Corporation</u> <u>500 North Broadway, Suite #201</u> <u>Jericho</u> <u>NY</u> <u>11753</u>
2b	Employer Identification Number (EIN) <u>13-2744380</u>
2c	Plan Sponsor's telephone number <u>(516) 869-9000</u>
2d	Business code (see instructions) <u>531190</u>

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

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

SIGN HERE	DocuSigned by:  0000852217E44DB... Signature of plan administrator	10/12/2022	DENA MOON
	Date	Enter name of individual signing as plan administrator	
SIGN HERE	DocuSigned by:  0006852217E44DB... Signature of employer/plan sponsor	10/12/2022	DENA MOON
	Date	Enter name of individual signing as employer or plan sponsor	
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name Weingarten Realty Investors c Plan Name Weingarten Realty Retirement Plan	4b EIN 74-1464203 4d PN 001
5 Total number of participants at the beginning of the plan year	5 508
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 229 6a(2) 81 6b 48 6c 56 6d 185 6e 2 6f 187 6g 6h 6
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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_____

WEINGARTEN REALTY RETIREMENT PLAN
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

EIN: 74-1464203

PN: 001

FORM: 5500

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* Cash	Bank of America	\$ 99	\$ 99
* Money Market Account: Bank of America	Bank of America Money Market Savings Account	26,245,918	26,245,918
Mutual Funds:			
Dodge & Cox	Dodge & Cox Income Fund	4,150,017	4,259,912
Dodge & Cox	Dodge & Cox Stock Fund	908,351	1,416,982
Vanguard Group	Vanguard 500 Index Fund Admiral	1,392,801	2,871,288
T. Rowe Price	T. Rowe Price Growth Stock I Fund	894,814	1,411,316
Vanguard Group	Vanguard Windsor II Fund Admiral	1,021,245	1,430,620
Fidelity Investments	Fidelity Blue Chip Growth Fund	563,469	1,425,248
Dodge & Cox	Dodge & Cox International Stock Fund	847,173	986,769
iShares	iShares Russell 2000 Small Cap Index Fund	1,363,041	1,295,925
Vanguard Group	Vanguard International Growth Fund	802,133	984,890
T. Rowe Price	T. Rowe Price Mid Cap Value Fund	591,422	662,149
T. Rowe Price	T. Rowe Price New Horizons Fund	649,601	662,006
Total Mutual Funds		13,184,067	17,407,105
Total Assets (Held at End of Year)		\$ 39,430,084	\$ 43,653,122

* Party-in-interest in accordance with ERISA.

WEINGARTEN REALTY RETIREMENT PLAN
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
For The Year Ended December 31, 2021

EIN: 74-1464203

PN: 001

FORM: 5500

<i>(a) Identity of Issue, Borrower, Lessor or Similar Party</i>	<i>(b) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value</i>	<i>(c) Cost of acquisitions</i>	<i>(d) Proceeds of Dispositions</i>
Bank of America	Bank of America Temporary Overnight Deposit	\$ 18,021,548	\$ 18,021,548

WEINGARTEN REALTY RETIREMENT PLAN
FORM 5500, SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended December 31, 2021

EIN: 74-1464203

PN: 001

FORM: 5500

<i>(a) Identity of Party Involved</i>	<i>(b) Description of Asset</i>	<i>(c) Purchase Price</i>	<i>(d) Selling Price</i>	<i>(g) Cost of Asset</i>	<i>(h) Current Value of Asset on Transaction Date</i>	<i>(i) Net Gain or (Loss)</i>
Series of Transactions Exceeding 5% of Plan Assets:						
Bank of America	Bank of America Money Market Savings Account	\$ -	\$ 3,911,001	\$ 3,911,001	\$ 3,911,001	\$ -
Custody Bank of America	Bank of America Money Market Savings Account	\$ 61,761,067	\$ 35,515,149	\$ 61,761,067	\$ 35,515,149	\$ -
Bank of America	Bank of America Temporary Overnight Deposit	\$ 18,021,548	\$ 18,021,548	\$ -	\$ -	\$ -
Dodge & Cox	Dodge & Cox Income Fund	\$ -	\$ 5,529,018	\$ 5,328,708	\$ 5,699,345	\$ (170,327)
Dodge & Cox	Dodge & Cox Stock Fund	\$ -	\$ 5,933,603	\$ 3,939,689	\$ 4,825,161	\$ 1,108,442
Fidelity Investments	Fidelity Blue Chip Growth Fund	\$ -	\$ 5,843,705	\$ 2,280,287	\$ 5,132,606	\$ 721,099
T. Rowe Price	T. Rowe Price Growth Stock Fund	\$ -	\$ 5,267,792	\$ 3,168,808	\$ 4,557,986	\$ 709,806
Vanguard	Vanguard Windsor II Fund	\$ -	\$ 5,474,384	\$ 3,960,657	\$ 4,655,114	\$ 819,270
Vanguard	Vanguard 500 Index Fund Admiral	\$ -	\$ 5,818,581	\$ 3,010,157	\$ 4,889,708	\$ 928,874